

It's all about the journey.



BlueCross
of California



BC Life & Health
Insurance Company

PPO Share Plans



Individual and Family Health Plans

PPO Share Plans

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

- Those wanting comprehensive coverage with immediate (no deductible) benefits for preventive care, doctors' office visits and generic prescription drugs
- Adults planning a family/needing maternity benefits
- Families with school-age children



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

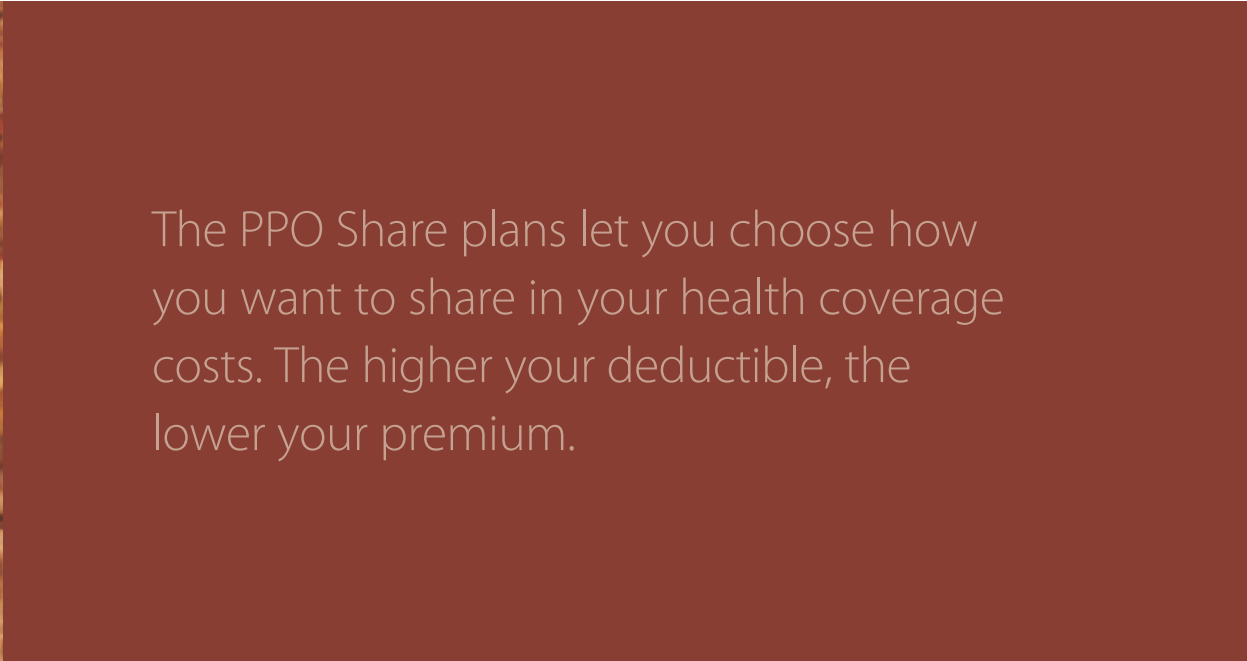
PPO Share Plans It's all about **balance.**

These comprehensive PPO plans from Blue Cross of California and BC Life & Health Insurance Company offer just the right balance between costs and benefits. Featuring prescription drug coverage, maternity benefits, doctors' office visits, hospitalization, professional services, emergency services and preventive care, it's no wonder that our PPO Share plans are among our most popular.

Consider the PPO Share plans if you are planning to have children or are already raising a family – they can also work well if you're on your own. You have the flexibility to choose from five levels of medical deductibles, and after meeting that deductible, you'll pay just 30% of the negotiated fee for most covered services.



It's all about
the journey.



The PPO Share plans let you choose how you want to share in your health coverage costs. The higher your deductible, the lower your premium.

Choose the annual deductible/monthly premium balance you're comfortable with, and enjoy the security of knowing that you have top-of-the-line health 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 PPO Share plans can help limit your out-of-pocket expenses, 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 annual checkups, preventive care screenings, health and wellness programs, 24-hour information by phone from registered nurses, and healthy living resources.



Our PPO Share 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 to you – because we've negotiated lower fees with our network doctors and hospitals, your share of costs is less while you're paying your deductible and coinsurance
- Immediate (no deductible) benefits for preventive care, doctors' office visits and generic prescription drugs
- 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



Select the monthly premium you want
and get the comprehensive coverage
you need.

PPO Share 500/1000/1500 Plans

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

Benefit	In-Network	Out-of-Network	
Annual Deductible(s)	\$500/\$1,000/\$1,500 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)		<p>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.</p> <p>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.</p> <p>³ Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.</p> <p>⁴ Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.</p> <p>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.</p> <p>⁶ Visits to participating and non-participating providers combined. Additional visits may be authorized.</p> <p>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.</p> <p>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.</p> <p>* Maximum annual physical exam benefit is \$200 for members covered more than 6 months; \$100 for members covered less than 6 months.</p>
Lifetime Maximum	\$5,000,000		
Annual Out-of-Pocket Maximum¹ <i>(includes deductible)</i> Participating and non-participating provider covered services combined	\$5,000/\$5,000/\$6,000 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)		
Doctors' Office Visits	30% of negotiated fee (deductible waived)	50% of negotiated fee plus all excess charges (deductible waived)	
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	30% of negotiated fee	50% of negotiated fee plus all excess charges	
Hospital Inpatient (Overnight Hospital Stays)	30% of negotiated fee ²	All charges except \$650 per day	
Hospital Outpatient (If You Don't Stay Overnight)	30% of negotiated fee ²	All charges except \$380 per day	
Emergency Room Services³	30% of negotiated fee	30% of customary and reasonable fees plus all excess charges	
Maternity	30% of negotiated fee	50% of negotiated fee plus all excess charges	
Preventive Care	Annual physical exam(s): 30% of negotiated fee* (deductible waived) OR HealthyCheck SM Centers ⁵ : \$25/\$75 copay for basic/premium screening (deductible waived) <hr/> Routine mammogram, Pap and PSA tests ⁴ : 30% of negotiated fee (deductible waived) Well Baby and Well Child (through age 6): 40% of negotiated fee (deductible waived)	Annual physical exam(s): 50% of negotiated fee* plus all excess charges (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	30% of negotiated fee	50% of negotiated fee plus all excess charges	
Physical and Occupational Therapy; Chiropractic Services	30% of negotiated fee, up to 12 visits per year ⁶	All charges except \$25 per visit, up to 12 visits per year ⁶	
Acupuncture/Acupressure	All charges except \$25 per visit, up to 24 visits per year (deductible waived)		
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 \$250 brand-name prescription drug deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$250 brand-name prescription drug deductible	



Ask about our Dental and Life Plans.

PPO Share 2500 Plan

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

Benefit	In-Network	Out-of-Network
Annual Deductible(s)	\$2,500 per member (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 combined	\$7,500 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	
Doctors' Office Visits	\$35 copay (deductible waived)	50% of negotiated fee plus all excess charges (deductible waived)
Professional Services (X-ray, lab, anesthesia, surgery, etc.)	30% of negotiated fee	50% of negotiated fee plus all excess charges
Hospital Inpatient (Overnight Hospital Stays)	30% of negotiated fee ²	All charges except \$650 per day
Hospital Outpatient (If You Don't Stay Overnight)	30% of negotiated fee ²	All charges except \$380 per day
Emergency Room Services³	30% of negotiated fee	30% of customary and reasonable fees plus all excess charges
Maternity	30% of negotiated fee	50% of negotiated fee plus all excess charges
Preventive Care	Annual physical exam(s): 30% of negotiated fee* (deductible waived) OR HealthyCheck SM Centers ⁵ : \$25/\$75 copay for basic/premium screening (deductible waived) <hr/> Routine mammogram, Pap and PSA tests ⁴ : 30% of negotiated fee (deductible waived) Well Baby and Well Child (through age 6): 40% of negotiated fee (deductible waived)	Annual physical exam(s): 50% of negotiated fee* plus all excess charges (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	30% of negotiated fee	50% of negotiated fee plus all excess charges
Physical and Occupational Therapy; Chiropractic Services	30% of negotiated fee, up to 12 visits per year ⁶	All charges except \$25 per visit, up to 12 visits per year ⁶
Acupuncture/Acupressure	All charges except \$25 per visit, up to 24 visits per year (deductible waived)	
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 \$500 brand-name prescription drug deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$500 brand-name prescription drug deductible

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.

* Maximum annual physical exam benefit is \$200 for members covered more than 6 months; \$100 for members covered less than 6 months.

PPO Share 5000 Plan

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

	Benefit	In-Network	Out-of-Network
<p>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.</p>	Annual Deductible(s)	\$5,000 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	
	Lifetime Maximum	\$5,000,000	
<p>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.</p>	Annual Out-of-Pocket Maximum¹ <i>(includes deductible)</i> Participating and non-participating provider covered services combined	\$7,500 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	
<p>³ Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.</p>	Doctors' Office Visits	\$40 copay (deductible waived)	50% of negotiated fee plus all excess charges (deductible waived)
<p>⁴ Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.</p>	Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	30% of negotiated fee	50% of negotiated fee plus all excess charges
<p>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.</p>	Hospital Inpatient (Overnight Hospital Stays)	30% of negotiated fee ²	All charges except \$650 per day
<p>⁶ Visits to participating and non-participating providers combined. Additional visits may be authorized.</p>	Hospital Outpatient (If You Don't Stay Overnight)	30% of negotiated fee ²	All charges except \$380 per day
<p>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.</p>	Emergency Room Services³	30% of negotiated fee	30% of customary and reasonable fees plus all excess charges
<p>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.</p>	Maternity	30% of negotiated fee	50% of negotiated fee plus all excess charges
<p>[*] Maximum annual physical exam benefit is \$200 for members covered more than 6 months; \$100 for members covered less than 6 months.</p>	Preventive Care	Annual physical exam(s): 30% of negotiated fee* (deductible waived) OR HealthyCheck SM Centers ⁵ : \$25/\$75 copay for basic/premium screening (deductible waived)	Annual physical exam(s): 50% of negotiated fee* plus all excess charges (deductible waived)
<p>⁹ Routine mammogram, Pap and PSA tests⁴: 30% of negotiated fee (deductible waived)</p>		Routine mammogram, Pap and PSA tests ⁴ : 30% of negotiated fee (deductible waived)	Routine mammogram, Pap and PSA tests ⁴ : 50% of negotiated fee plus all excess charges (deductible waived)
<p>¹⁰ Well Baby and Well Child (through age 6): 40% of negotiated fee (deductible waived)</p>		Well Baby and Well Child (through age 6): 40% of negotiated fee (deductible waived)	Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges (deductible waived)
<p>¹¹ All charges except \$25 per visit, up to 24 visits per year (deductible waived)</p>	Ambulance	30% of negotiated fee	50% of negotiated fee plus all excess charges
<p>¹² All charges except \$25 per visit, up to 12 visits per year⁶</p>	Physical and Occupational Therapy; Chiropractic Services	30% of negotiated fee, up to 12 visits per year ⁶	All charges except \$25 per visit, up to 12 visits per year ⁶
<p>¹³ All charges except \$25 per visit, up to 24 visits per year (deductible waived)</p>	Acupuncture/Acupressure	All charges except \$25 per visit, up to 24 visits per year (deductible waived)	
	Prescription Drugs (Blue Cross Formulary⁷) Amounts shown are for each 30-day retail or in-network mail order supply	\$10 copay generic; \$35 copay brand-name ⁸ after \$750 brand-name prescription drug deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$750 brand-name prescription drug deductible

General Provisions

Mental Health Coverage

Blue Cross of California and BC Life & Health Insurance Company provide 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 PPO Share 5000, PPO Share 2500 and PPO Share 1500/1000/500 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
- Professional Services (1 visit/day; 20 visits/year maximum) – You pay all charges except \$25/visit

For more details regarding these benefits, refer to the Policy/Combined Evidence of Coverage and Disclosure Form.

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 PPO Share Plans booklets contain a comprehensive list of the plans' exclusions and limitations. For a sample copy of a Policy/Combined Evidence of Coverage and Disclosure Form (EOC) booklet, ask your agent or contact Blue Cross of California/BC Life & Health Insurance Company.

Exclusions and Limitations

- 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/EOC.
- 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), except as specifically stated in the Policy/EOC.
- Any amounts in excess of the maximum amounts listed in the Policy/EOC.
- 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/EOC.
- Hearing aids.
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Policy/EOC.
- Infertility services.
- Private duty nursing.
- Eyeglasses or contact lenses, except as specifically stated in the Policy/EOC.
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Policy/EOC.
- Mental and nervous disorders and substance abuse, except as specifically stated in the Policy/EOC.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Policy/EOC.
- 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/EOC.
- Personal comfort items.
- Custodial care.
- Certain genetic testing.
- Outpatient speech therapy, except as specifically stated in the Policy/EOC.
- Any amounts in excess of maximums stated in the Policy/EOC.
- 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.

Rights and Obligations

No-Obligation Review Period

After you enroll in a plan offered by Blue Cross of California or BC Life and Health Insurance Company (Blue Cross), you will receive a Policy/EOC 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/EOC booklet along with a letter notifying us that you wish to discontinue coverage. Policy/EOC booklets are available for you to examine prior to enrolling. Ask your agent or Blue Cross.

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.

Utilization Management and Pre-Service Review

The Blue Cross Utilization Management and Pre-Services 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 Blue Cross 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 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

**Blue Cross of California/
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.

Department of Managed Health Care

The Department of Managed Health Care is responsible for regulating health care service plans, including Blue Cross of California. If you have a grievance against your health plan, you should first telephone your health plan at (800) 333-0912 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (888) HMO-2219 and a TDD line (877) 688-9891 for the hearing and speech impaired. The department's Internet Web site (www.hmohelp.ca.gov) has complaint forms, IMR application forms and instructions online.

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)

**Spouse includes domestic partner (when applicable). Domestic partner enrollment requires a valid Declaration of Domestic Partnership filed with and stamped by the California Secretary of State, or an equivalent document in accordance with the laws of another jurisdiction recognizing the creation of domestic partnership*

Medical Underwriting Requirement

We believe the cost of our plans should be consistent with a member's expectant health care needs and risk factors. That's why Blue Cross offers various levels of coverage. To determine individual medical risk factors, 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 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

For the PPO Share 5000, PPO Share 2500 and PPO Share 1500/1000/500 plans, 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

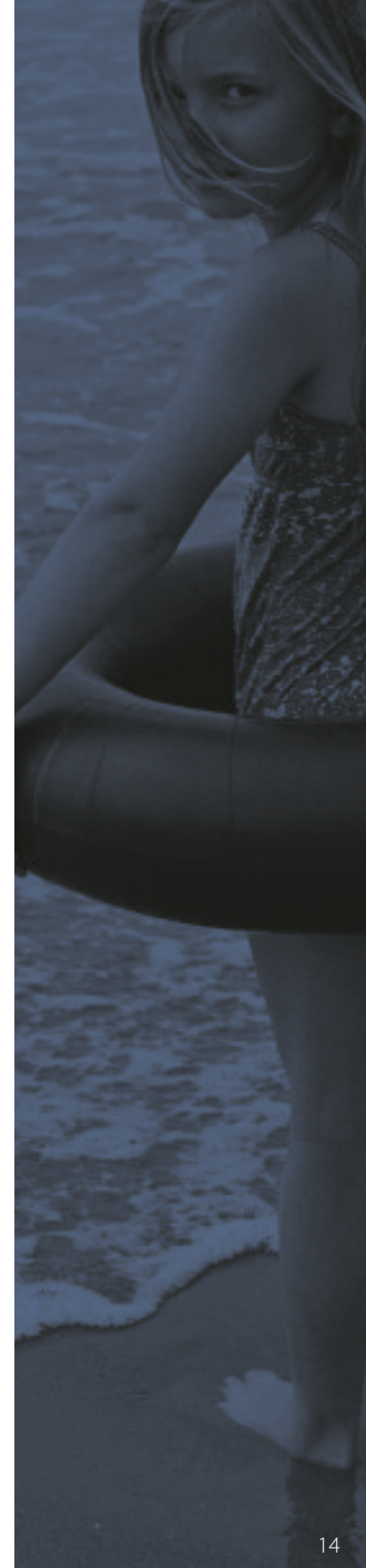
San Mateo		Area 2
Santa Barbara	93252 all other Santa Barbara ZIPs	Area 7 Area 8
Santa Clara	94303, 95023 all other Santa Clara ZIPs	Area 2 Area 3
Santa Cruz		Area 3
Shasta		Area 1
Sierra	95922 95960 all other Sierra ZIPs	Area 3 Area 2 Area 1
Siskiyou		Area 1
Solano	95690 all other Solano ZIPs	Area 2 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

PPO Share 500 (7895/1929) 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	\$225	\$208	\$197	\$212	\$228	\$193	\$190	\$192	\$185
30 - 34	\$298	\$271	\$256	\$275	\$298	\$252	\$247	\$249	\$241
35 - 39	\$325	\$301	\$281	\$304	\$334	\$282	\$278	\$281	\$269
40 - 44	\$391	\$344	\$327	\$391	\$391	\$339	\$339	\$339	\$339
45 - 49	\$438	\$387	\$368	\$438	\$438	\$377	\$377	\$377	\$377
50 - 54	\$563	\$474	\$462	\$563	\$563	\$487	\$487	\$487	\$487
55 - 59	\$681	\$581	\$562	\$682	\$693	\$589	\$589	\$589	\$589
60 - 64	\$742	\$651	\$643	\$743	\$776	\$649	\$622	\$627	\$643
Subscriber & Spouse									
Under 30	\$501	\$459	\$434	\$476	\$494	\$423	\$420	\$430	\$414
30 - 34	\$578	\$533	\$498	\$572	\$607	\$504	\$496	\$498	\$498
35 - 39	\$663	\$609	\$584	\$645	\$714	\$568	\$558	\$560	\$558
40 - 44	\$778	\$690	\$678	\$778	\$830	\$675	\$675	\$675	\$675
45 - 49	\$873	\$803	\$799	\$873	\$967	\$756	\$751	\$751	\$751
50 - 54	\$1,119	\$997	\$963	\$1,119	\$1,190	\$970	\$970	\$970	\$970
55 - 59	\$1,354	\$1,208	\$1,175	\$1,356	\$1,453	\$1,173	\$1,173	\$1,173	\$1,173
60 - 64	\$1,447	\$1,269	\$1,321	\$1,458	\$1,516	\$1,281	\$1,211	\$1,222	\$1,257
Subscriber & Child									
Under 30	\$507	\$462	\$453	\$488	\$518	\$444	\$444	\$457	\$450
30 - 34	\$564	\$511	\$491	\$540	\$570	\$489	\$489	\$495	\$493
35 - 39	\$590	\$533	\$504	\$564	\$601	\$521	\$513	\$508	\$497
40 - 44	\$571	\$494	\$478	\$571	\$571	\$495	\$495	\$495	\$495
45 - 49	\$619	\$532	\$515	\$619	\$619	\$536	\$536	\$536	\$536
50 - 54	\$747	\$627	\$614	\$747	\$747	\$647	\$647	\$647	\$647
55 - 59	\$867	\$725	\$712	\$867	\$867	\$751	\$751	\$751	\$751
60 - 64	\$885	\$803	\$807	\$892	\$944	\$784	\$753	\$751	\$771
Family									
Under 30	\$720	\$644	\$654	\$710	\$728	\$643	\$633	\$627	\$637
30 - 34	\$852	\$743	\$740	\$854	\$854	\$737	\$737	\$737	\$737
35 - 39	\$896	\$836	\$824	\$888	\$971	\$800	\$782	\$751	\$768
40 - 44	\$985	\$897	\$862	\$991	\$1,037	\$872	\$836	\$839	\$856
45 - 49	\$1,092	\$964	\$948	\$1,100	\$1,143	\$967	\$915	\$923	\$950
50 - 54	\$1,293	\$1,160	\$1,147	\$1,293	\$1,409	\$1,121	\$1,121	\$1,121	\$1,121
55 - 59	\$1,529	\$1,365	\$1,337	\$1,530	\$1,652	\$1,325	\$1,325	\$1,325	\$1,325
60 - 64	\$1,621	\$1,423	\$1,467	\$1,633	\$1,699	\$1,434	\$1,356	\$1,368	\$1,407
Subscriber & Children									
Under 30	\$644	\$581	\$569	\$635	\$667	\$579	\$574	\$575	\$572
30 - 34	\$704	\$635	\$623	\$694	\$737	\$632	\$621	\$623	\$612
35 - 39	\$696	\$640	\$619	\$661	\$721	\$605	\$597	\$603	\$590
40 - 44	\$716	\$645	\$614	\$684	\$728	\$605	\$594	\$597	\$599
45 - 49	\$749	\$671	\$653	\$729	\$782	\$644	\$635	\$638	\$638
50 - 54	\$844	\$762	\$738	\$843	\$906	\$738	\$731	\$731	\$731
55 - 59	\$965	\$870	\$863	\$965	\$1,051	\$853	\$836	\$836	\$836
60 - 64	\$1,053	\$952	\$953	\$1,048	\$1,089	\$922	\$897	\$905	\$905
Single Child									
0	\$386	\$316	\$315	\$387	\$387	\$335	\$335	\$335	\$335
1 - 18	\$173	\$153	\$146	\$169	\$175	\$150	\$149	\$149	\$148
2 Children									
0	\$512	\$440	\$431	\$512	\$512	\$445	\$445	\$445	\$445
1 - 18	\$298	\$266	\$261	\$289	\$300	\$262	\$255	\$267	\$258
3+ Children									
0	\$678	\$605	\$573	\$641	\$678	\$567	\$562	\$563	\$558
1 - 18	\$461	\$413	\$393	\$438	\$460	\$396	\$387	\$399	\$390

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).



PPO Share 1000 (1393/1930) 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	\$186	\$176	\$170	\$172	\$187	\$160	\$157	\$163	\$153
30 - 34	\$258	\$234	\$221	\$225	\$256	\$213	\$209	\$212	\$200
35 - 39	\$286	\$264	\$244	\$256	\$293	\$243	\$239	\$241	\$229
40 - 44	\$338	\$302	\$286	\$298	\$334	\$276	\$271	\$274	\$278
45 - 49	\$384	\$347	\$329	\$349	\$384	\$317	\$310	\$314	\$313
50 - 54	\$470	\$426	\$406	\$422	\$478	\$398	\$390	\$392	\$400
55 - 59	\$574	\$515	\$507	\$520	\$585	\$486	\$476	\$471	\$487
60 - 64	\$651	\$580	\$566	\$596	\$651	\$553	\$536	\$542	\$562
Subscriber & Spouse									
Under 30	\$439	\$401	\$376	\$384	\$429	\$361	\$357	\$368	\$348
30 - 34	\$516	\$474	\$440	\$462	\$515	\$432	\$431	\$434	\$418
35 - 39	\$594	\$545	\$500	\$528	\$586	\$492	\$486	\$490	\$485
40 - 44	\$678	\$620	\$591	\$623	\$678	\$574	\$561	\$567	\$571
45 - 49	\$780	\$710	\$710	\$734	\$807	\$660	\$652	\$657	\$676
50 - 54	\$955	\$883	\$881	\$932	\$991	\$821	\$801	\$796	\$820
55 - 59	\$1,160	\$1,038	\$1,073	\$1,086	\$1,171	\$1,004	\$971	\$979	\$1,008
60 - 64	\$1,273	\$1,179	\$1,151	\$1,198	\$1,274	\$1,105	\$1,084	\$1,120	\$1,143
Subscriber & Child									
Under 30	\$441	\$407	\$398	\$416	\$456	\$384	\$383	\$397	\$390
30 - 34	\$505	\$456	\$436	\$460	\$508	\$430	\$428	\$435	\$431
35 - 39	\$533	\$479	\$451	\$491	\$541	\$462	\$453	\$449	\$436
40 - 44	\$479	\$430	\$414	\$428	\$474	\$398	\$383	\$389	\$397
45 - 49	\$525	\$473	\$455	\$484	\$537	\$439	\$423	\$428	\$436
50 - 54	\$603	\$556	\$528	\$556	\$626	\$515	\$495	\$509	\$517
55 - 59	\$732	\$658	\$633	\$669	\$751	\$620	\$599	\$603	\$606
60 - 64	\$823	\$746	\$715	\$764	\$861	\$704	\$685	\$695	\$688
Family									
Under 30	\$640	\$570	\$542	\$611	\$645	\$563	\$550	\$551	\$554
30 - 34	\$736	\$664	\$637	\$681	\$750	\$637	\$632	\$632	\$622
35 - 39	\$808	\$718	\$697	\$770	\$852	\$710	\$689	\$667	\$674
40 - 44	\$882	\$814	\$780	\$810	\$929	\$758	\$743	\$747	\$724
45 - 49	\$973	\$881	\$841	\$905	\$1,039	\$843	\$811	\$809	\$806
50 - 54	\$1,124	\$1,016	\$1,006	\$1,061	\$1,175	\$994	\$940	\$949	\$977
55 - 59	\$1,319	\$1,187	\$1,204	\$1,285	\$1,418	\$1,167	\$1,104	\$1,113	\$1,145
60 - 64	\$1,452	\$1,321	\$1,283	\$1,375	\$1,578	\$1,274	\$1,218	\$1,272	\$1,259
Subscriber & Children									
Under 30	\$564	\$506	\$494	\$539	\$568	\$499	\$493	\$494	\$490
30 - 34	\$623	\$560	\$547	\$595	\$628	\$551	\$538	\$541	\$529
35 - 39	\$617	\$566	\$545	\$563	\$637	\$525	\$515	\$522	\$508
40 - 44	\$639	\$573	\$542	\$588	\$634	\$535	\$514	\$518	\$521
45 - 49	\$675	\$604	\$582	\$640	\$687	\$580	\$557	\$561	\$565
50 - 54	\$766	\$689	\$665	\$724	\$784	\$657	\$633	\$636	\$641
55 - 59	\$885	\$799	\$772	\$858	\$918	\$773	\$743	\$748	\$742
60 - 64	\$977	\$881	\$858	\$913	\$1,013	\$831	\$813	\$822	\$806
Single Child									
0	\$290	\$273	\$263	\$276	\$289	\$240	\$238	\$253	\$263
1 - 18	\$148	\$129	\$126	\$128	\$147	\$122	\$120	\$121	\$115
2 Children									
0	\$431	\$386	\$381	\$386	\$434	\$367	\$352	\$355	\$360
1 - 18	\$256	\$232	\$221	\$236	\$258	\$214	\$211	\$212	\$211
3+ Children									
0	\$606	\$542	\$514	\$549	\$600	\$496	\$485	\$490	\$480
1 - 18	\$388	\$345	\$342	\$357	\$403	\$332	\$326	\$329	\$318



PPO Share 1500 (7889) 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	\$161	\$146	\$135	\$141	\$158	\$132	\$131	\$133	\$131
30 - 34	\$222	\$201	\$186	\$194	\$219	\$186	\$185	\$183	\$177
35 - 39	\$249	\$228	\$207	\$229	\$255	\$218	\$214	\$207	\$203
40 - 44	\$305	\$273	\$256	\$262	\$302	\$249	\$245	\$247	\$235
45 - 49	\$347	\$312	\$292	\$312	\$347	\$285	\$280	\$282	\$276
50 - 54	\$431	\$387	\$364	\$381	\$438	\$360	\$353	\$353	\$347
55 - 59	\$533	\$475	\$444	\$477	\$543	\$446	\$438	\$430	\$423
60 - 64	\$612	\$541	\$510	\$555	\$611	\$515	\$499	\$503	\$491
Subscriber & Spouse									
Under 30	\$361	\$324	\$298	\$306	\$348	\$286	\$284	\$293	\$291
30 - 34	\$436	\$397	\$360	\$383	\$434	\$356	\$358	\$359	\$361
35 - 39	\$513	\$466	\$418	\$433	\$503	\$415	\$411	\$413	\$415
40 - 44	\$598	\$542	\$509	\$531	\$598	\$498	\$490	\$493	\$486
45 - 49	\$698	\$627	\$592	\$629	\$717	\$581	\$567	\$579	\$597
50 - 54	\$871	\$779	\$764	\$792	\$893	\$739	\$723	\$719	\$733
55 - 59	\$1,062	\$954	\$885	\$977	\$1,091	\$940	\$890	\$865	\$890
60 - 64	\$1,179	\$1,088	\$987	\$1,101	\$1,213	\$1,015	\$970	\$972	\$971
Subscriber & Child									
Under 30	\$374	\$329	\$318	\$336	\$374	\$308	\$308	\$321	\$314
30 - 34	\$424	\$378	\$355	\$380	\$426	\$353	\$353	\$358	\$354
35 - 39	\$452	\$401	\$370	\$411	\$459	\$386	\$378	\$372	\$369
40 - 44	\$428	\$385	\$360	\$370	\$426	\$351	\$344	\$347	\$339
45 - 49	\$459	\$411	\$380	\$412	\$461	\$383	\$369	\$370	\$366
50 - 54	\$540	\$487	\$448	\$478	\$546	\$447	\$439	\$436	\$438
55 - 59	\$656	\$586	\$551	\$590	\$670	\$544	\$524	\$527	\$526
60 - 64	\$746	\$671	\$634	\$698	\$778	\$634	\$618	\$610	\$603
Family									
Under 30	\$561	\$492	\$461	\$531	\$564	\$487	\$476	\$468	\$477
30 - 34	\$655	\$585	\$554	\$589	\$668	\$560	\$557	\$546	\$537
35 - 39	\$726	\$637	\$612	\$672	\$758	\$632	\$613	\$576	\$594
40 - 44	\$802	\$736	\$695	\$713	\$815	\$681	\$668	\$669	\$638
45 - 49	\$886	\$796	\$748	\$804	\$922	\$732	\$719	\$724	\$694
50 - 54	\$1,022	\$929	\$875	\$925	\$1,064	\$866	\$836	\$838	\$822
55 - 59	\$1,208	\$1,100	\$1,037	\$1,135	\$1,283	\$1,041	\$1,005	\$1,007	\$991
60 - 64	\$1,369	\$1,227	\$1,150	\$1,281	\$1,468	\$1,180	\$1,139	\$1,113	\$1,121
Subscriber & Children									
Under 30	\$485	\$428	\$414	\$459	\$487	\$424	\$419	\$418	\$413
30 - 34	\$544	\$482	\$466	\$515	\$547	\$475	\$464	\$465	\$452
35 - 39	\$544	\$494	\$478	\$497	\$562	\$473	\$462	\$463	\$440
40 - 44	\$569	\$518	\$483	\$517	\$573	\$474	\$463	\$466	\$460
45 - 49	\$604	\$538	\$503	\$569	\$610	\$507	\$494	\$496	\$492
50 - 54	\$691	\$620	\$586	\$654	\$709	\$592	\$570	\$572	\$573
55 - 59	\$808	\$723	\$690	\$786	\$841	\$703	\$680	\$681	\$679
60 - 64	\$899	\$804	\$774	\$832	\$920	\$755	\$739	\$745	\$720
Single Child									
0	\$251	\$219	\$211	\$216	\$239	\$197	\$198	\$204	\$194
1 - 18	\$129	\$108	\$105	\$114	\$130	\$109	\$107	\$107	\$102
2 Children									
0	\$387	\$345	\$327	\$350	\$392	\$319	\$310	\$317	\$310
1 - 18	\$206	\$189	\$191	\$197	\$226	\$186	\$176	\$186	\$175
3+ Children									
0	\$537	\$482	\$439	\$479	\$534	\$439	\$431	\$435	\$408
1 - 18	\$322	\$283	\$296	\$308	\$355	\$287	\$272	\$291	\$273

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

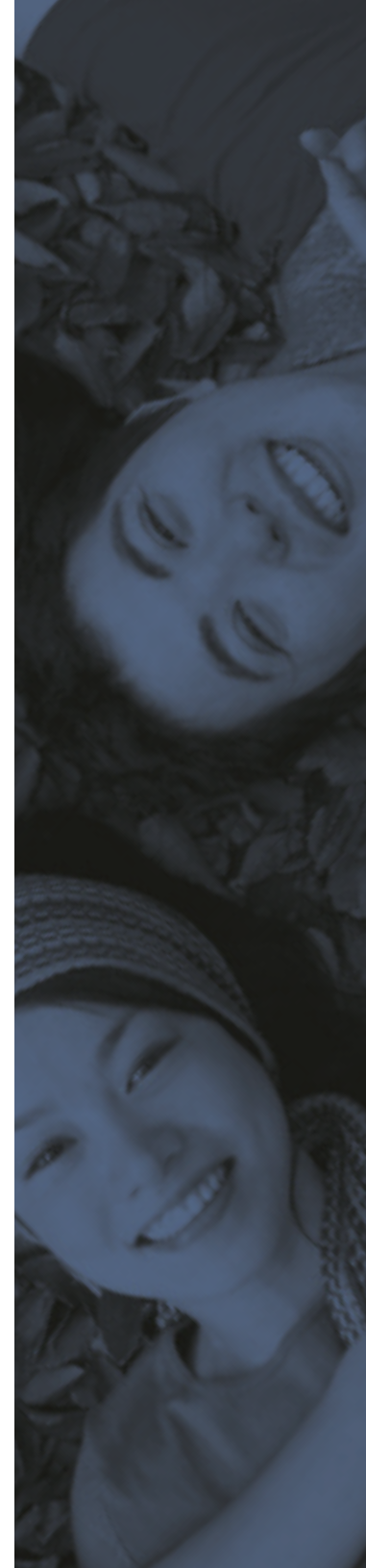
NOTE: For the "Subscriber & Spouse" and "Family" categories, rates are based on the age of the younger spouse (or younger domestic partner). In some cases, purchasing separate policies for each member may reduce the premium. For children-only contracts, rates are based on the age of the younger child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

PPO Share 2500 (7891) Monthly Rates Effective March 1, 2006

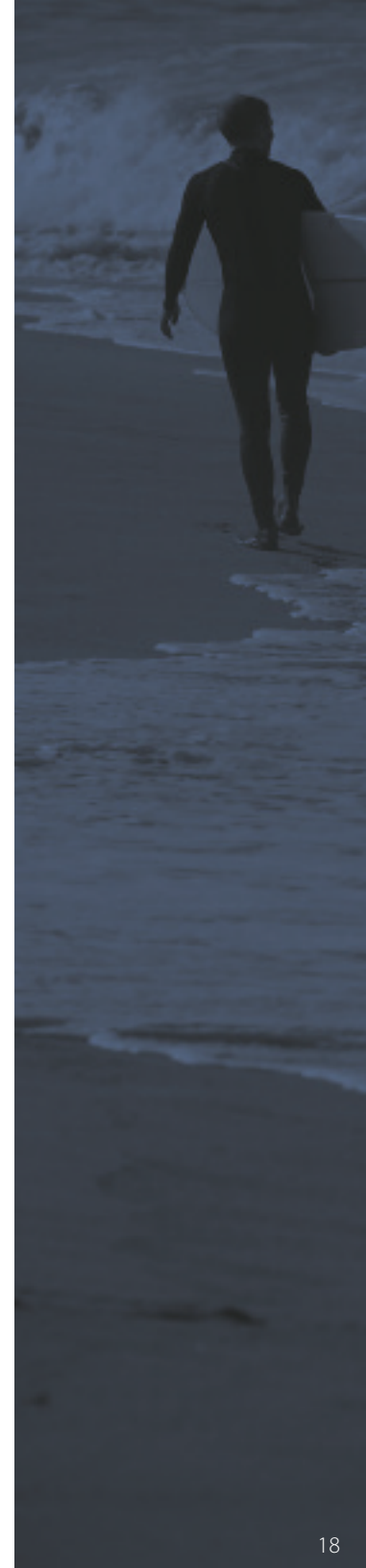
These rates are Level 1 (standard) rates. Rates may be higher based on an individual's underwriting review.

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	\$112	\$96	\$88	\$90	\$104	\$80	\$81	\$87	\$87
30 - 34	\$161	\$142	\$127	\$132	\$157	\$128	\$127	\$125	\$126
35 - 39	\$186	\$170	\$141	\$175	\$195	\$164	\$162	\$147	\$153
40 - 44	\$247	\$218	\$201	\$210	\$244	\$198	\$195	\$195	\$186
45 - 49	\$291	\$257	\$238	\$262	\$290	\$239	\$231	\$230	\$230
50 - 54	\$373	\$329	\$304	\$327	\$382	\$309	\$298	\$294	\$293
55 - 59	\$474	\$414	\$382	\$423	\$487	\$387	\$382	\$369	\$365
60 - 64	\$556	\$475	\$448	\$501	\$555	\$456	\$441	\$442	\$445
Subscriber & Spouse									
Under 30	\$268	\$234	\$209	\$209	\$254	\$189	\$190	\$204	\$205
30 - 34	\$344	\$307	\$268	\$289	\$342	\$260	\$270	\$269	\$275
35 - 39	\$422	\$375	\$326	\$328	\$412	\$320	\$321	\$323	\$328
40 - 44	\$508	\$452	\$418	\$443	\$507	\$410	\$402	\$403	\$400
45 - 49	\$607	\$535	\$498	\$524	\$620	\$490	\$476	\$477	\$471
50 - 54	\$783	\$688	\$647	\$703	\$805	\$648	\$632	\$612	\$620
55 - 59	\$942	\$846	\$770	\$886	\$988	\$799	\$768	\$765	\$751
60 - 64	\$1,092	\$961	\$890	\$998	\$1,102	\$910	\$879	\$876	\$879
Subscriber & Child									
Under 30	\$281	\$231	\$229	\$247	\$282	\$212	\$220	\$233	\$232
30 - 34	\$332	\$284	\$264	\$289	\$334	\$260	\$265	\$269	\$268
35 - 39	\$360	\$306	\$270	\$321	\$366	\$297	\$289	\$283	\$282
40 - 44	\$341	\$301	\$279	\$295	\$343	\$273	\$268	\$269	\$257
45 - 49	\$376	\$330	\$310	\$337	\$395	\$317	\$304	\$298	\$300
50 - 54	\$461	\$405	\$381	\$414	\$476	\$373	\$359	\$358	\$353
55 - 59	\$584	\$523	\$493	\$535	\$612	\$483	\$464	\$462	\$451
60 - 64	\$662	\$584	\$540	\$613	\$671	\$564	\$539	\$521	\$537
Family									
Under 30	\$435	\$355	\$325	\$412	\$435	\$369	\$359	\$349	\$361
30 - 34	\$527	\$459	\$381	\$463	\$539	\$437	\$434	\$374	\$404
35 - 39	\$596	\$501	\$414	\$536	\$601	\$506	\$488	\$414	\$472
40 - 44	\$676	\$615	\$573	\$594	\$695	\$562	\$550	\$548	\$523
45 - 49	\$761	\$670	\$621	\$643	\$752	\$608	\$596	\$598	\$574
50 - 54	\$902	\$807	\$749	\$797	\$944	\$744	\$715	\$713	\$705
55 - 59	\$1,081	\$977	\$910	\$1,019	\$1,167	\$919	\$883	\$880	\$863
60 - 64	\$1,252	\$1,094	\$1,009	\$1,162	\$1,315	\$1,059	\$1,016	\$985	\$1,001
Subscriber & Children									
Under 30	\$355	\$292	\$292	\$340	\$355	\$306	\$302	\$300	\$300
30 - 34	\$414	\$347	\$347	\$396	\$414	\$358	\$347	\$346	\$337
35 - 39	\$410	\$367	\$359	\$381	\$441	\$360	\$346	\$346	\$335
40 - 44	\$448	\$407	\$377	\$403	\$457	\$370	\$363	\$363	\$353
45 - 49	\$494	\$436	\$412	\$447	\$511	\$403	\$388	\$389	\$385
50 - 54	\$577	\$512	\$491	\$533	\$609	\$481	\$468	\$461	\$464
55 - 59	\$696	\$609	\$594	\$656	\$750	\$592	\$569	\$567	\$553
60 - 64	\$779	\$671	\$659	\$740	\$810	\$660	\$629	\$655	\$638
Single Child									
0	\$192	\$161	\$157	\$157	\$177	\$132	\$138	\$153	\$149
1 - 18	\$97	\$83	\$84	\$93	\$103	\$83	\$82	\$84	\$81
2 Children									
0	\$317	\$280	\$257	\$284	\$328	\$255	\$250	\$250	\$251
1 - 18	\$165	\$160	\$152	\$162	\$188	\$152	\$148	\$149	\$143
3+ Children									
0	\$427	\$376	\$315	\$385	\$433	\$351	\$345	\$328	\$339
1 - 18	\$259	\$245	\$238	\$252	\$291	\$235	\$225	\$226	\$222



PPO Share 5000 (H062) 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	\$75	\$64	\$64	\$65	\$70	\$55	\$59	\$62	\$62
30 - 34	\$104	\$90	\$86	\$90	\$102	\$83	\$82	\$84	\$82
35 - 39	\$122	\$112	\$102	\$115	\$131	\$104	\$101	\$100	\$100
40 - 44	\$170	\$148	\$137	\$150	\$174	\$138	\$134	\$132	\$134
45 - 49	\$205	\$179	\$173	\$195	\$212	\$175	\$170	\$164	\$175
50 - 54	\$276	\$240	\$232	\$259	\$282	\$234	\$228	\$221	\$231
55 - 59	\$356	\$319	\$306	\$339	\$375	\$301	\$293	\$296	\$295
60 - 64	\$395	\$334	\$338	\$372	\$398	\$338	\$330	\$339	\$335
Subscriber & Spouse									
Under 30	\$163	\$145	\$142	\$150	\$154	\$124	\$134	\$142	\$135
30 - 34	\$222	\$195	\$185	\$195	\$219	\$178	\$177	\$181	\$178
35 - 39	\$261	\$222	\$211	\$220	\$250	\$203	\$202	\$209	\$212
40 - 44	\$345	\$300	\$289	\$313	\$354	\$278	\$274	\$282	\$279
45 - 49	\$422	\$380	\$362	\$382	\$420	\$352	\$342	\$345	\$343
50 - 54	\$567	\$511	\$490	\$522	\$602	\$473	\$459	\$464	\$460
55 - 59	\$723	\$639	\$589	\$692	\$758	\$614	\$596	\$601	\$587
60 - 64	\$779	\$661	\$633	\$736	\$789	\$668	\$653	\$655	\$662
Subscriber & Child									
Under 30	\$183	\$161	\$153	\$163	\$181	\$147	\$146	\$153	\$150
30 - 34	\$200	\$178	\$165	\$190	\$207	\$168	\$168	\$164	\$170
35 - 39	\$221	\$194	\$172	\$207	\$224	\$182	\$181	\$172	\$181
40 - 44	\$231	\$200	\$193	\$209	\$236	\$186	\$182	\$183	\$185
45 - 49	\$271	\$237	\$223	\$244	\$278	\$220	\$213	\$215	\$210
50 - 54	\$345	\$303	\$279	\$312	\$355	\$280	\$273	\$272	\$268
55 - 59	\$426	\$381	\$354	\$402	\$449	\$351	\$349	\$341	\$342
60 - 64	\$468	\$396	\$377	\$435	\$476	\$394	\$393	\$380	\$382
Family									
Under 30	\$270	\$240	\$210	\$214	\$259	\$182	\$194	\$211	\$216
30 - 34	\$325	\$271	\$266	\$274	\$299	\$236	\$253	\$261	\$255
35 - 39	\$357	\$312	\$289	\$299	\$354	\$263	\$275	\$280	\$282
40 - 44	\$433	\$368	\$365	\$386	\$433	\$341	\$347	\$352	\$344
45 - 49	\$497	\$424	\$415	\$432	\$475	\$381	\$392	\$410	\$404
50 - 54	\$639	\$566	\$546	\$564	\$675	\$505	\$518	\$532	\$519
55 - 59	\$818	\$710	\$675	\$766	\$866	\$686	\$668	\$668	\$663
60 - 64	\$857	\$726	\$690	\$816	\$894	\$721	\$719	\$698	\$712
Subscriber & Children									
Under 30	\$249	\$213	\$207	\$228	\$246	\$201	\$198	\$201	\$195
30 - 34	\$261	\$229	\$222	\$244	\$272	\$217	\$213	\$215	\$214
35 - 39	\$266	\$240	\$235	\$255	\$287	\$226	\$220	\$227	\$225
40 - 44	\$301	\$269	\$254	\$287	\$316	\$254	\$253	\$245	\$254
45 - 49	\$337	\$296	\$271	\$322	\$352	\$286	\$278	\$271	\$274
50 - 54	\$412	\$363	\$330	\$395	\$428	\$351	\$340	\$319	\$335
55 - 59	\$509	\$432	\$405	\$487	\$513	\$430	\$425	\$404	\$418
60 - 64	\$519	\$440	\$440	\$495	\$530	\$438	\$436	\$439	\$438
Single Child									
0	\$130	\$111	\$110	\$111	\$124	\$102	\$100	\$105	\$108
1 - 18	\$71	\$63	\$59	\$68	\$71	\$61	\$61	\$58	\$61
2 Children									
0	\$207	\$186	\$167	\$174	\$213	\$154	\$156	\$165	\$169
1 - 18	\$115	\$102	\$97	\$109	\$115	\$97	\$97	\$97	\$97
3+ Children									
0	\$257	\$226	\$212	\$219	\$267	\$197	\$202	\$205	\$211
1 - 18	\$175	\$154	\$138	\$163	\$173	\$146	\$146	\$138	\$146

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).



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Rates and benefits effective 3/1/06

11135 2/06