



BC Life & Health
Insurance Company

It's all about the journey.

RightPlan PPO 40



Individual and Family Health Plans

RightPlan PPO 40

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

- Those wanting simple, immediate benefits with no medical deductible
- Individuals who don't want maternity coverage
- Young adults losing dependent coverage
- Self-employed individuals
- Empty nesters and early retirees



It's all about the journey.

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

RightPlan PPO 40 It's all about choices.

The RightPlan PPO 40 plans from BC Life & Health Insurance Company are three of our most popular plans because they fit into a variety of lifestyles. RightPlan's no medical deductible design allows you to get immediate benefits – and the monthly premiums are among our lowest. You'll pay a simple \$40 copay for doctors' office visits. These plans do not include maternity coverage.



Want immediate benefits without a medical deductible? Look into the RightPlan PPO 40.

Choose the plan
that's right for you.

- **RightPlan PPO 40 with No Rx** – If you don't need prescription drug coverage, this is a good way to keep your monthly premiums as low as possible
- **RightPlan PPO 40 with Generic Rx** – Pay just a \$10 copay for generic drugs from our Generic Rx Formulary
- **RightPlan PPO 40 with Comprehensive Rx** – Pay a \$10 copay for generic drugs and a \$30 copay for brand-name prescription drugs from the Blue Cross Formulary (after meeting the \$500 brand-name prescription drug deductible)

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 RightPlan PPO 40 can help limit your out-of-pocket costs, protect your assets and safeguard your future earnings.

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

Save Even More with Prescription Drug Options

You can reduce your monthly premium even further by choosing the RightPlan PPO 40 Generic Only or No Prescription Drug option. For a list of generic drugs on our Generic Rx Formulary, visit www.bluecrossca.com, click on **Pharmacy** and then **Generic Rx Formulary**.

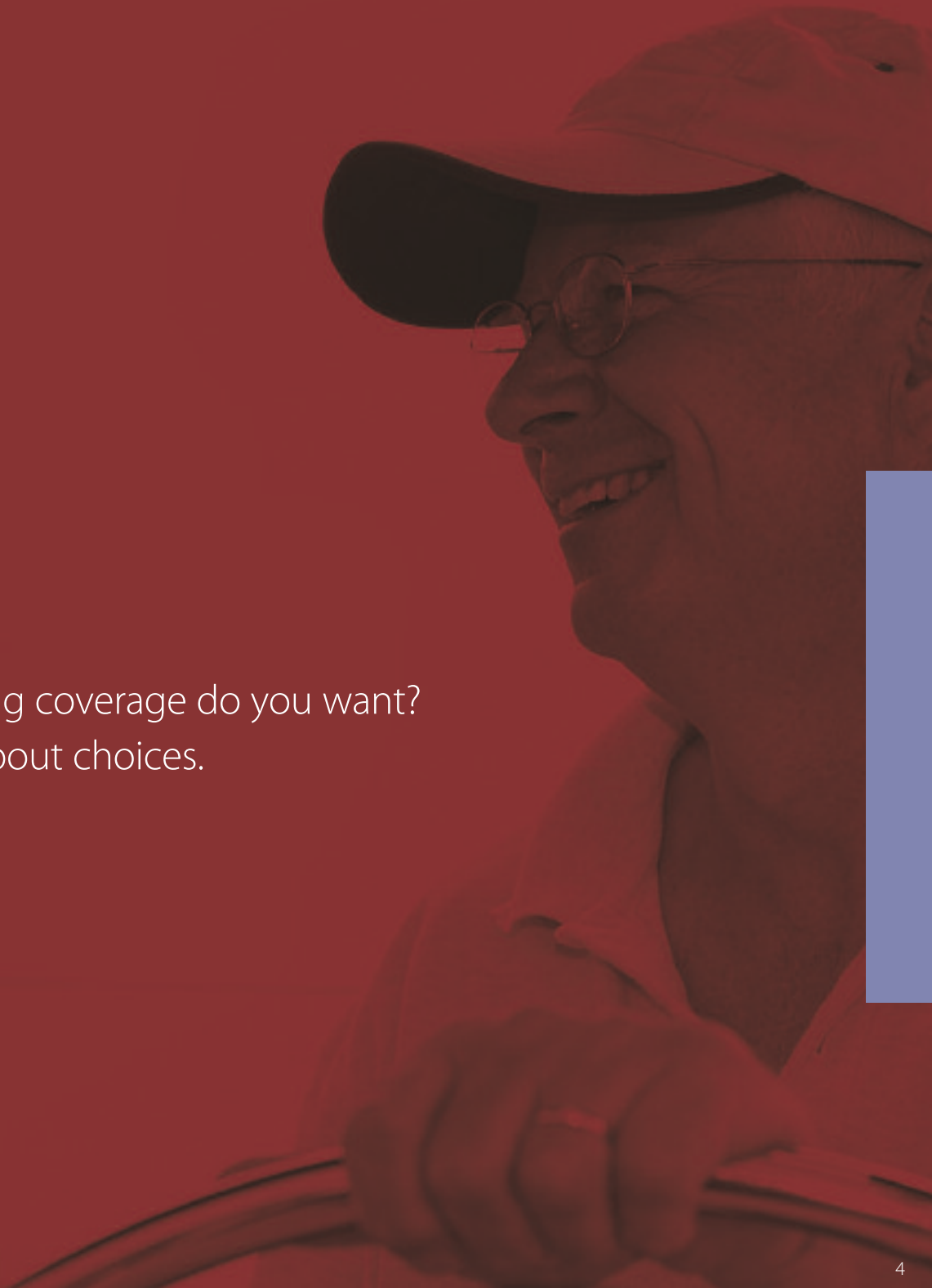


Our RightPlan PPO 40 includes:

- Access to over 50,000 California network doctors and specialists and over 400 hospitals – so you're covered just about anywhere
- Significant savings for you – because we've negotiated lower fees with our network doctors and hospitals, your share of costs is less while paying your coinsurance
- Immediate benefits for preventive care to help you 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



What kind of prescription drug coverage do you want?
The RightPlan PPO 40 is all about choices.



RightPlan PPO 40 Plans These amounts show your share of costs

Benefit	In-Network	Out-of-Network	
Annual Deductible	\$0		
Lifetime Maximum	\$5,000,000		
Annual Out-of-Pocket Maximum¹ Participating and non-participating provider covered services apply	\$7,500		
Doctors' Office Visits	\$40 copay	50% of negotiated fee plus all excess charges	
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	40% of negotiated fee	50% of negotiated fee plus all excess charges	
Hospital Inpatient (Overnight Hospital Stays)	40% of negotiated fee plus \$500 copay per day/ 4-day maximum copay per admission ²	All charges except \$650 per day	
Hospital Outpatient (If You Don't Stay Overnight)	40% of negotiated fee plus \$500 copay per surgical admission ²	All charges except \$380 per day	
Emergency Room Services³	40% of negotiated fee	40% of customary and reasonable fees plus all excess charges	
Maternity	Not covered		
Preventive Care	Routine mammogram, Pap and PSA tests ⁴ : \$40 office visit plus 40% of negotiated fee Well Baby and Well Child (through age 6): \$40 office visit plus 40% of negotiated fee HealthyCheck SM Centers ⁵ : \$25/\$75 copay for basic/premium screening	Routine mammogram, Pap and PSA tests ⁴ : 50% of negotiated fee plus all excess charges Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges	
Ambulance	40% of negotiated fee	50% of negotiated fee plus all excess charges	
Physical and Occupational Therapy; Chiropractic Services	40% 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		
Prescription Drug Coverage Options			
Prescription Drug Benefits (30-day supply)	In-Network (Retail and mail order)	Out-of-Network	
RightPlan PPO 40 with No Prescription Drug Coverage (P958)	No Prescription Drug Coverage	No Prescription Drug Coverage	
RightPlan PPO 40 with Generic Prescription Drug Coverage (PE48)	\$10 copay generic (Drugs on Generic Rx Formulary only)	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits (for drugs on Generic Rx Formulary only)	
RightPlan PPO 40 with Comprehensive Prescription Drug Coverage (PE49)	Blue Cross Formulary Drugs: ⁷ \$10 copay generic; \$30 copay brand-name ⁸ after annual \$500 brand-name prescription drug deductible; 30% of negotiated fee for self-administered injectables, except insulin	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$500 brand-name prescription drug deductible	

¹ Excludes non-participating charges in excess of the Blue Cross negotiated fee and non-participating charges in excess of customary and reasonable fees for emergency care. Copays/coinsurance to participating and non-participating providers apply to out-of-pocket maximum except where specifically noted in the policy.

² Additional \$500 admission charge at participating hospitals (no additional charge for preferred participating) is for inpatient stays or outpatient surgery or infusion therapy. The charge is not required for ambulatory surgical centers or medical emergencies.

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

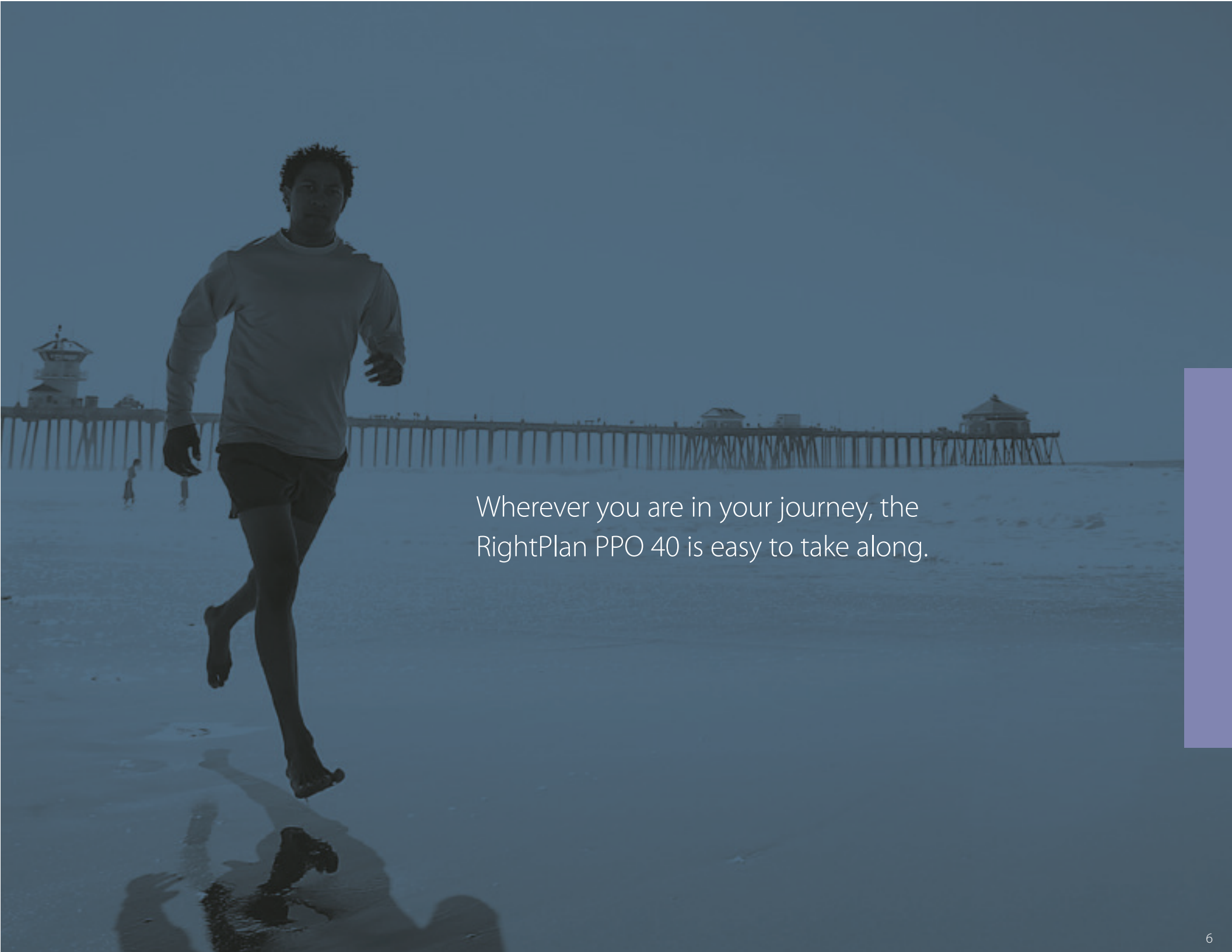
⁴ Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.

⁵ One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children age 7 and above.

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

⁷ Non-Formulary Drugs: You pay 50% for generic, 100% for brand-name up to the brand-name deductible, then either: 50% if no generic is available, or generic copay plus the difference between brand-name and available generic equivalent.

⁸ If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.



Wherever you are in your journey, the
RightPlan PPO 40 is easy to take along.

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 RightPlan PPO 40 Policy booklet contains a comprehensive list of the plan's exclusions and limitations. For a sample copy of a Policy booklet, ask your agent or contact BC Life & Health Insurance Company.

Exclusions and Limitations

- Maternity or pregnancy care.
- Conditions covered by workers' compensation or similar law.
- Experimental or investigative services.
- Services provided by a local, state, federal or foreign government, unless you have to pay for them.
- Services or supplies not specifically listed as covered under the Policy.
- Services received before your effective date.
- Services received after coverage ends.
- Services you wouldn't have to pay for without insurance.
- Services from relatives.
- Any services received by Medicare benefits without payment of additional premium.
- Services or supplies that are not medically necessary.
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered).
- Any amounts in excess of the maximum amounts listed in the Policy.
- Sex changes.
- Cosmetic surgery.
- Services primarily for weight reduction except medically necessary treatment of morbid obesity.
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Policy.
- Hearing aids.
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Policy.
- Infertility services.
- Private duty nursing.
- Eyeglasses or contact lenses, except as specifically stated in the Policy.
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Policy.
- Mental and nervous disorders and substance abuse, except as specifically stated in the Policy.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Policy.
- Services or supplies related to a preexisting condition.
- Outdoor treatment programs.
- Telephone or facsimile machine consultations.
- Educational services except as specifically provided or arranged by Blue Cross.
- Nutritional counseling.
- Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU).
- Care or treatment furnished in a non-contracting hospital, except as specifically stated in the Policy.
- Personal comfort items.
- Custodial care.
- Certain genetic testing.
- Outpatient speech therapy, except as specifically stated in the Policy.
- Any amounts in excess of maximums stated in the Policy.
- Services or supplies supplied to any person not covered under the Policy in connection with a surrogate pregnancy.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.

General Provisions

Mental Health Coverage

Blue Cross provides the same level of coverage as other medical diagnoses for the medically necessary treatment of severe mental illnesses in persons of any age. Severe mental illness, as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM), includes the following diagnoses:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa

Blue Cross also provides the same level of coverage as other medical diagnoses for serious emotional disturbances in children that result in behavior inappropriate to the child's age, according to expected developmental norms.

For the RightPlan PPO, coverage is provided for non-severe mental and nervous disorders and substance abuse as follows:

- Inpatient Hospital (30 days/year maximum) – You pay all charges except \$175/day
- 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 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.

A silhouette of a cyclist standing next to a bicycle, with another bicycle leaning against a wooden fence in the foreground. The background shows a large, bright sun or moon in a hazy sky. The entire image is in a dark teal color scheme.

The RightPlan's "no medical deductible" designs allow you to get immediate benefits and low premiums.

Rights and Obligations

No-Obligation Review Period

After you enroll in a plan offered by BC Life & Health Insurance Company (BCL&H), you will receive a Policy booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You have 10 full days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your Policy booklet along with a letter notifying us that you wish to discontinue coverage. Policy booklets are available for you to examine prior to enrolling. Ask your agent or BCL&H.

Guarding Your Privacy

Blue Cross is fully committed to protecting our members' privacy. Our complete **Notice of Privacy Practices** provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including: the right to authorize release of information; the right to limit access to medical information; protection of oral, written and electronic information; use of data; and information shared with employers. You may obtain our complete Notice of Privacy Practices from our Web site at www.bluecrossca.com. You may also call the Customer Service number listed on your member ID card or prospective members can call 1-800-333-0912.

Utilization Review

The Blue Cross Utilization 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 Review is not the practice of medicine or the provision of medical care to you. Only your doctor can provide you with medical advice and medical care.

Requirement for Binding Arbitration

If you are applying for coverage, please note that BCL&H requires binding arbitration to settle all disputes, including claims of medical malpractice. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: "It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to

this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration." Both parties also agree to give up any right to pursue on a class basis any claim or controversy against the other.

California Department of Insurance

If you have a problem regarding your coverage, please contact BCL&H to resolve the issue. If you are unable to resolve the matter, you may request a review by the California Department of Insurance (CDI) at the following address and telephone number:

**Department of Insurance,
Consumer Affairs Bureau,
300 South Spring Street, South Tower
Los Angeles, California 90013
1-800-927-HELP (4357).**

You may also be eligible for an Independent Medical Review (IMR) of disputed health care services from the California Department of Insurance (CDI) if you believe that BCL&H has improperly denied, modified, or delayed health care services. A disputed health care service is any health care service eligible for coverage and payment under your plan that has been denied, modified or delayed by BCL&H, in whole or in part because the service is not Medically Necessary.

The IMR process is in addition to any other procedures or remedies that may be available to you. If you need additional information about IMR or require help in completing the form, you may call (818) 234-3353 or you may write to:

**BC Life & Health Insurance Company
P.O. Box 4310
Woodland Hills, CA 91365.**

Your BCL&H Policy contains an arbitration clause. Disagreements between you and BCL&H which exceed small claims court jurisdictional limits will be resolved through arbitration. To initiate arbitration, a written request must be submitted to your dedicated processing unit who will provide you with information to initiate arbitration.

Incurred Medical Care Ratio

As required by law, we are advising you that Blue Cross of California and its affiliated companies' incurred medical care ratio for 2005 was 80.87 percent. This ratio was calculated after provider discounts were applied.

Enrollment Guidelines

To enroll, you must be

- Age 64¾ or younger
- A permanent legal resident of California, and
- A U.S. resident for at least the last 3 months

The RightPlan PPO 40 is designed and priced for an Individual policyholder. Only the named policyholder is eligible for benefits under this Policy. Other persons, including, but not limited to, the policyholder's dependents, such as spouse, newborn, legal ward, natural and/or adopted child, are not eligible for coverage under the same policy as the policyholder. They may, however, apply separately for their own coverage by using the FamilyElect option on the Enrollment Application.

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(s) listed in this brochure, or
- You may be offered an alternate plan

If you have a significant medical condition and do not qualify for the plan in this brochure or if you have discontinued group coverage, please contact your Blue Cross representative for information regarding other Individual coverage options.

Waiting Periods


For the RightPlan PPO 40 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 in the previous plan. Consult with your Blue Cross agent or representative if you have a question about the underwriting process.

Terms of Coverage

Coverage remains in force as long as you pay the required premiums on time and for as long as you remain eligible for membership. Coverage will cease if you become ineligible because of residency requirements or duplicate Individual coverage with Blue Cross.

Blue Cross may change or terminate coverage for all covered persons with the same plan, rating area and deductible (if applicable), including changing rates, with 30 days prior written notice. Blue Cross does not change coverage or rates unless the change applies to all covered persons of the same class.

A woman with blonde hair, wearing a light-colored sweater and dark pants, is sitting on a large, textured rock formation. She is smiling and looking towards the camera. The background is a vast, open landscape with more rock formations under a clear sky. The overall tone is warm and natural.

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

Medical Rating Area Definitions

The following indicates the counties and/or ZIP codes for each rating area. The subscriber's home address determines the rating area.

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

RightPlan PPO 40 Monthly Rates Effective March 1, 2006

RightPlan PPO 40 - No Rx (P958)

	Medical Rating Areas								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	\$98	\$78	\$71	\$70	\$75	\$64	\$68	\$70	\$70
30 - 34	\$119	\$97	\$89	\$88	\$93	\$80	\$84	\$86	\$88
35 - 39	\$137	\$108	\$99	\$99	\$107	\$90	\$97	\$97	\$98
40 - 44	\$180	\$144	\$139	\$139	\$149	\$127	\$127	\$128	\$128
45 - 49	\$226	\$194	\$177	\$177	\$191	\$161	\$171	\$171	\$163
50 - 54	\$288	\$244	\$225	\$223	\$239	\$202	\$215	\$214	\$206
55 - 59	\$394	\$326	\$300	\$299	\$342	\$276	\$290	\$285	\$289
60 - 64	\$527	\$425	\$388	\$388	\$422	\$353	\$377	\$371	\$378
Single Child									
0	\$169	\$132	\$117	\$98	\$114	\$89	\$98	\$108	\$113
1-18	\$91	\$73	\$66	\$66	\$71	\$61	\$64	\$65	\$66

RightPlan PPO 40 - Generic Only Rx (PE48)

	Medical Rating Areas								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	\$107	\$81	\$75	\$74	\$80	\$68	\$73	\$74	\$74
30 - 34	\$126	\$102	\$93	\$93	\$100	\$84	\$90	\$91	\$93
35 - 39	\$141	\$114	\$105	\$104	\$113	\$95	\$100	\$102	\$104
40 - 44	\$185	\$158	\$147	\$144	\$157	\$133	\$138	\$139	\$134
45 - 49	\$255	\$201	\$185	\$183	\$197	\$167	\$178	\$178	\$180
50 - 54	\$323	\$253	\$231	\$230	\$249	\$210	\$225	\$225	\$226
55 - 59	\$454	\$375	\$343	\$342	\$370	\$312	\$332	\$331	\$324
60 - 64	\$568	\$487	\$446	\$446	\$480	\$404	\$430	\$428	\$400
Single Child									
0	\$187	\$134	\$119	\$100	\$117	\$90	\$100	\$113	\$115
1-18	\$99	\$75	\$70	\$68	\$74	\$64	\$66	\$68	\$70

RightPlan PPO 40 - Comprehensive Rx (PE49)

	Medical Rating Areas								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	\$119	\$91	\$86	\$86	\$95	\$78	\$81	\$84	\$86
30 - 34	\$143	\$115	\$108	\$108	\$119	\$97	\$102	\$105	\$108
35 - 39	\$167	\$132	\$122	\$123	\$137	\$109	\$115	\$119	\$123
40 - 44	\$212	\$186	\$173	\$175	\$196	\$156	\$163	\$165	\$162
45 - 49	\$294	\$238	\$221	\$223	\$253	\$197	\$209	\$215	\$221
50 - 54	\$375	\$303	\$282	\$284	\$325	\$253	\$264	\$273	\$282
55 - 59	\$543	\$448	\$417	\$423	\$481	\$375	\$393	\$404	\$407
60 - 64	\$672	\$574	\$531	\$539	\$607	\$478	\$504	\$514	\$503
Single Child									
0	\$209	\$151	\$134	\$114	\$134	\$102	\$113	\$126	\$131
1-18	\$110	\$84	\$79	\$79	\$88	\$71	\$75	\$78	\$79

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





BC Life & Health
Insurance Company

MEDICAL ■ DENTAL ■ LIFE

Give Yourself Every Advantage

ASK YOUR BLUE CROSS AGENT TODAY.

Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA. The following plans are offered by BCC: PPO Share 2500/1500/1000/500, Individual HMO, HMO Saver, Select HMO, EPO and Dental SelectHMO. The following plans are offered by BCL&H: Basic PPO 1000/2500, PPO Saver, PPO Share 5000/1000/500, RightPlan PPO 40, 3500 Deductible PPO, PPO 3500 (HSA-Compatible), Short-Term PPO, Tonik and Individual PPO Dental.

www.bluecrossca.com

Rates and benefits effective 3/1/06

9608 2/06