

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



BlueCross
of California



BC Life & Health
Insurance Company

BALANCE FLEXIBILITY BASICS SIMPLICITY

You Choose

Individual and Family Health Plans

MEDICAL ■ DENTAL ■ LIFE

Give Yourself Every Advantage

ASK YOUR BLUE CROSS AGENT TODAY!



BlueCross
of California



BC Life & Health
Insurance Company

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 and Select HMO. 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, and PPO 3500 (HSA-Compatible).

Benefits effective 3/1/06

3952

2/06



Blue Cross Individual and Family Health Plans.

It's all about the journey.

BALANCE

Our PPO Share plans offer an ideal balance between affordable costs and comprehensive benefits – and you can choose from five levels of medical deductibles. If you're planning a family, have school-age children, or just want great all-around coverage, these plans may be just right for you.

FLEXIBILITY

If you aren't planning a family (or to have more children), why pay for benefits you may not want, like maternity? These popular plans give you a variety of choices and rich benefit levels – and affordable monthly premiums. The RightPlan PPO 40 Plan features immediate, no-medical deductible benefits and three prescription drug options. The 3500 Deductible PPO and the PPO 3500 (HSA-Compatible) plans offer simple comprehensive coverage – just meet your medical deductible and then pay \$0 for most covered services.

BASICS

Consider the Basic PPO and PPO Saver plans if you're looking for low monthly premiums and the security of basic coverage (without maternity benefits). These plans include benefits for hospitalization and emergency services, and you're covered for additional services after you meet the annual deductible/annual out-of-pocket maximum. The no-frills features help keep your monthly premiums low – and the PPO Saver adds benefits for prescription drugs and doctors' office visits.

SIMPLICITY

Our three comprehensive HMO choices offer you predictable health care costs coupled with valuable benefits. These plans are ideal for couples planning a family, families with young children, and those wanting the simplicity of an HMO. Our Select HMO Plan features its own provider network in 22 California counties.

Wherever you are in your journey, Blue Cross has Individual and Family health plans that are easy to take along. We've been supporting California lifestyles for decades – and we look forward to supporting yours.

Use this at-a-glance guide to help you decide what's best for you now. And, as your priorities change, we'll be here with the options you need, every step of the way.

These comprehensive PPO plans offer an ideal balance between rich benefits and reasonable costs – and you can choose from five levels of medical deductibles.

Before enrolling, ask your agent for plan-specific sales brochures so you can review detailed benefits, exclusions and limitations.

<p>This overview shows your share of costs (after any deductibles)</p> <p>In-Network Benefits (You'll pay more out-of-network)</p>	<p>PPO Share 500/1000/1500 (7895/1929*, 1393/1930*, 7889)</p> <p>Blue Cross of California and *BC Life & Health Insurance Company</p>	<p>PPO Share 2500 (7891)</p> <p>Blue Cross of California</p>	<p>PPO Share 5000 (H062)</p> <p>BC Life & Health Insurance Company</p>
<p>Annual Deductible(s) Take advantage of participating provider discounts before and after meeting the deductible</p>	<p>\$500/\$1,000/\$1,500 per member Once 2 members each reach the deductible, the deductible is satisfied for the entire family.</p>	<p>\$2,500 per member Once 2 members each reach the deductible, the deductible is satisfied for the entire family.</p>	<p>\$5,000 per member Once 2 members each reach the deductible, the deductible is satisfied for the entire family.</p>
<p>Annual Out-of-Pocket Maximum <i>(includes deductible)</i> Participating and non-participating provider covered services apply</p>	<p>\$5,000/\$5,000/\$6,000 per member Once 2 members each reach the maximum, the maximum is satisfied for the entire family.</p>	<p>\$7,500 per member Once 2 members each reach the maximum, the maximum is satisfied for the entire family.</p>	<p>\$7,500 per member Once 2 members each reach the maximum, the maximum is satisfied for the entire family.</p>
<p>Doctors' Office Visits</p>	<p>30% of negotiated fee, <i>deductible waived</i></p>	<p>\$35 copay, <i>deductible waived</i></p>	<p>\$40 copay, <i>deductible waived</i></p>
<p>Professional Services (X-ray, lab, anesthesia, surgeon, etc.)</p>	<p>30% of negotiated fee</p>	<p>30% of negotiated fee</p>	<p>30% of negotiated fee</p>
<p>Hospital Inpatient/Outpatient</p>	<p>30% of negotiated fee¹</p>	<p>30% of negotiated fee¹</p>	<p>30% of negotiated fee¹</p>
<p>Emergency Room Services (Additional \$100 copay applies; waived if admitted)</p>	<p>30% of negotiated fee</p>	<p>30% of negotiated fee</p>	<p>30% of negotiated fee</p>
<p>Maternity</p>	<p>30% of negotiated fee</p>	<p>30% of negotiated fee</p>	<p>30% of negotiated fee</p>
<p>Preventive Care</p>	<p>Annual physical exam(s): 30% of negotiated fee², <i>deductible waived</i> OR HealthyCheckSM Centers: \$25/\$75 copay for basic/premium screening <i>deductible waived</i></p> <hr/> <p>Routine mammogram, Pap, and PSA ordered by physician: 30% of negotiated fee, <i>deductible waived</i> Well Child: 40% of negotiated fee, <i>deductible waived</i></p>	<p>Annual physical exam(s): 30% of negotiated fee², <i>deductible waived</i> OR HealthyCheckSM Centers: \$25/\$75 copay for basic/premium screening <i>deductible waived</i></p> <hr/> <p>Routine mammogram, Pap, and PSA ordered by physician: 30% of negotiated fee, <i>deductible waived</i> Well Child: 40% of negotiated fee, <i>deductible waived</i></p>	<p>Annual physical exam(s): 30% of negotiated fee², <i>deductible waived</i> OR HealthyCheckSM Centers: \$25/\$75 copay for basic/premium screening <i>deductible waived</i></p> <hr/> <p>Routine mammogram, Pap, and PSA ordered by physician: 30% of negotiated fee, <i>deductible waived</i> Well Child: 40% of negotiated fee, <i>deductible waived</i></p>
<p>Prescription Drugs (Amounts shown are copays for each 30-day retail or mail order supply)</p>	<p>Blue Cross Formulary Drugs: \$10 generic; \$30 brand-name³ copay after \$250 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin</p>	<p>Blue Cross Formulary Drugs: \$10 generic; \$30 brand-name³ copay after \$500 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin</p>	<p>Blue Cross Formulary Drugs: \$10 generic; \$35 brand-name³ copay after \$750 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin</p>

¹Additional \$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.

²Maximum annual physical exam benefit is \$200 for members covered more than 6 months; \$100 for members covered less than 6 months.

³If you select 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, you will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. None of the amount paid applies to the member's brand-name drug deductible.

These popular plans give you a variety of choices and rich benefit levels – and the monthly premiums are among our lowest.

Before enrolling, ask your agent for plan-specific sales brochures so you can review detailed benefits, exclusions and limitations.

<p>This overview shows your share of costs (after any deductibles)</p> <p>In-Network Benefits (You'll pay more out-of-network)</p>	<p>RightPlan PPO 40 (P958, PE48, PE49)</p> <p>BC Life & Health Insurance Company</p>	<p>PPO 3500 (HSA-Compatible) (TI60)</p> <p>BC Life & Health Insurance Company</p>	<p>3500 Deductible PPO (R420)</p> <p>BC Life & Health Insurance Company</p>
<p>Annual Deductible(s) Take advantage of participating provider discounts before and after meeting the deductible</p>	<p>No deductible</p>	<p>Single member: \$3,500 Families: \$7,000 aggregate <i>(combined for medical and prescription drugs)</i></p>	<p>\$3,500 per member Once 2 members each reach the deductible, the deductible is satisfied for the entire family.</p>
<p>Annual Out-of-Pocket Maximum <i>(includes deductible)</i> Participating and non-participating provider covered services apply</p>	<p>\$7,500 per member</p>	<p>Single member: \$5,000 Families: \$10,000 aggregate <i>(combined for medical and prescription drugs)</i></p>	<p>This is satisfied for participating providers once the annual deductible above is met.</p>
<p>Doctors' Office Visits</p>	<p>\$40 copay</p>	<p>\$0 after deductible</p>	
<p>Professional Services (X-ray, lab, anesthesia, surgeon, etc.)</p>	<p>40% of negotiated fee</p>	<p>\$0 after deductible</p>	
<p>Hospital Inpatient/Outpatient</p>	<p>40% of negotiated fee plus \$500 copay^{1,2}</p>	<p>\$0 after deductible¹</p>	
<p>Emergency Room Services (Additional \$100 copay applies; waived if admitted)</p>	<p>40% of negotiated fee</p>	<p>\$0 after deductible</p>	
<p>Maternity</p>	<p>Not covered</p>		<p>Not covered</p>
<p>Preventive Care</p>	<p>HealthyCheckSM Centers: \$25/\$75 copay for basic/premium screening</p> <p>Routine mammogram, Pap, and PSA ordered by physician: \$40 office visit plus 40% of negotiated fee</p> <p>Well Child: \$40 office visit plus 40% of negotiated fee</p>	<p>HealthyCheckSM Centers: \$25/\$75 copay for basic/premium screening <i>deductible waived</i></p> <p>Routine mammogram, Pap, and PSA ordered by physician: \$0 after deductible</p> <p>Well Child: \$0 after deductible</p>	
<p>Prescription Drugs (Amounts shown are copays for each 30-day retail or mail order supply)</p>	<ul style="list-style-type: none"> • No Prescription Drug Coverage (P958): Not covered • Generic Prescription Drug Coverage (PE48): \$10 generic (for drugs on Generic Rx Formulary only) • Comprehensive Prescription Drug Coverage (PE49): Blue Cross Formulary Drugs: \$10 generic; \$30 brand-name³ copay after \$500 brand-name deductible; 30% of negotiated fee for self-administered injectable drugs, except insulin 	<p>Blue Cross Formulary Drugs: \$10 generic; \$30 brand-name³ copay after annual deductible;</p> <p>30% of negotiated fee for self-administered injectable drugs, except insulin</p>	<p>Blue Cross Formulary Drugs: \$10 generic, \$30 brand-name³ copay after \$500 brand-name deductible (2-member maximum);</p> <p>30% of negotiated fee for self-administered injectables, except insulin</p>

¹ 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.

² RightPlan PPO 40: For Hospital Inpatient, the \$500 copay is per day/4-day maximum copay per admission; For Hospital Outpatient, the \$500 copay is per surgical admission.

³ If you select 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, you will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. None of the amount paid applies to the member's brand-name drug deductible.

These basic plans have low premiums and provide coverage for hospitalization and emergency services. The PPO Saver adds benefits for prescription drugs and doctors' office visits.

Before enrolling, ask your agent for plan-specific sales brochures so you can review detailed benefits, exclusions and limitations.

<p>This overview shows your share of costs (after any deductibles)</p> <p>In-Network Benefits (You'll pay more out-of-network)</p>	<p>Basic PPO 1000[†]/ 2500[†] (7900/R418) BC Life & Health Insurance Company</p>	<p>PPO Saver[†] (NM31) BC Life & Health Insurance Company</p>
<p>Annual Deductible(s) Take advantage of participating provider discounts before and after meeting the deductible</p>	<p>\$1,000/\$2,500 per member Once 2 members each reach the deductible, the deductible is satisfied for the entire family.</p>	<p>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.</p>
<p>Annual Out-of-Pocket Maximum <i>(includes deductible)</i> Participating and non-participating provider covered services apply</p>	<p>\$3,500/\$5,000 per member Once 2 members each reach the maximum, the maximum is satisfied for the entire family.</p>	<p>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.</p>
<p>Doctors' Office Visits</p>	<p>No office visit benefits until out-of-pocket maximum is met, then plan pays 100% of negotiated fee</p>	<p>Children: 4 office visits per year at \$30 copay per visit; Adults: 2 office visits per year at \$30 copay per visit; <i>deductible waived</i></p>
<p>Professional Services (X-ray, lab, anesthesia, surgeon, etc.)</p>	<p>20% of negotiated fee, inpatient or surgical procedures only; no office visits until out-of-pocket maximum is met, then plan pays 100% of negotiated fee</p>	<p>20% of negotiated fee, inpatient or surgical procedures only. You pay for other covered services until out-of-pocket maximum is met, then plan pays 100% of negotiated fee</p>
<p>Hospital Inpatient/Outpatient</p>	<p>20% of negotiated fee¹</p>	<p>20% of negotiated fee after \$500 deductible¹</p>
<p>Emergency Room Services (Additional \$100 copay applies; waived if admitted)</p>	<p>20% of negotiated fee</p>	<p>20% of negotiated fee after \$500 deductible</p>
<p>Maternity</p>	<p>Not covered</p>	<p>Not covered</p>
<p>Preventive Care</p>	<p>HealthyCheckSM Centers: \$25/\$75 copay for basic/premium screening, <i>deductible waived</i></p> <p>Routine mammogram, Pap, and PSA ordered by physician: 20% of negotiated fee, <i>deductible waived</i></p>	<p>HealthyCheckSM Centers: \$25/\$75 copay for basic/premium screening, <i>deductible waived</i></p> <p>Routine mammogram, Pap, and PSA ordered by physician: 20% of negotiated fee, <i>deductible waived</i></p> <p>Well Child: 50% of negotiated fee, <i>deductible waived</i></p>
<p>Prescription Drugs (Amounts shown are copays for each 30-day retail or mail order supply)</p>	<p>Not covered</p>	<p>Blue Cross Formulary Drugs: \$10 generic; \$30 brand-name² copay after \$500 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin</p>

[†]\$1,000 Term Life policy for the subscriber is included with these medical plans.

¹Additional \$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.

² If you select 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, you will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. None of the amount paid applies to the member's brand-name drug deductible.

HMOs are ideal if you want to simplify decision-making, get valuable benefits and pay predictable costs.

Note: Our Select HMO Plan utilizes its own network in 22 California counties.

Before enrolling, ask your agent for plan-specific sales brochures so you can review detailed benefits, exclusions and limitations.

<p>This overview shows your share of costs (after any deductibles)</p> <p>In-Network Benefits (You'll pay more out-of-network)</p>	<p>Select HMO (PE43)</p> <p>Blue Cross of California</p>	<p>HMO Saver (7896)</p> <p>Blue Cross of California</p>	<p>Individual HMO (7898)</p> <p>Blue Cross of California</p>
Annual Deductible(s)	No deductible	\$1,500 per member Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers	No deductible
Annual Out-of-Pocket Maximum <i>(includes deductible)</i>	\$3,000 per member Once 2 members each reach the maximum, the maximum is satisfied for the entire family.	\$3,000 per member Once 2 members each reach the maximum, the maximum is satisfied for the entire family.	
Doctors' Office Visits	\$25 copay	\$10 copay	
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	No charge for office-related services		No charge for office-related services
Hospital Inpatient/Outpatient	Inpatient: \$250 copay per day up to the first four days, then covered at 100% of negotiated fee per admission Outpatient: 20% of negotiated fee for services; \$250 per surgery	20% of negotiated fee (subject to deductible)	20% of negotiated fee
Emergency Room Services	\$100 emergency room copay, plus 20% of negotiated fee; copay waived if admitted to hospital	\$100 emergency room copay, plus 20% of negotiated fee; copay waived if admitted to hospital (subject to deductible)	\$100 emergency room copay, plus 20% of negotiated fee; copay waived if admitted to hospital
Maternity	Office Visits: \$25 copay Inpatient: \$250 per day copay up to the first four days, then covered at 100% of negotiated fee per admission Outpatient: 20% of negotiated fee	Office Visits: \$10 copay Inpatient/Outpatient: After deductible, 20% of negotiated fee	Office Visits: \$10 copay Inpatient/Outpatient: 20% of negotiated fee
Preventive Care	\$25 copay for specific health maintenance services	\$10 copay for specific health maintenance services	
Prescription Drugs (Amounts shown are copays for each 30-day retail or mail order supply)	Blue Cross Formulary Drugs: \$10 generic; \$30 brand-name ¹ copay after \$250 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	Blue Cross Formulary Drugs: \$10 generic; \$30 brand-name ¹ copay after \$250 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	Blue Cross Formulary Drugs: \$10 generic; \$30 brand-name ¹ copay after \$250 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin

¹ If you select 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, you will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. None of the amount paid applies to the member's brand-name drug deductible.