



BlueCross
of California



BC Life & Health
Insurance Company



MEDICAL • DENTAL • LIFE
Give Yourself Every Advantage

ASK YOUR BLUE CROSS AGENT TODAY.

The SelectHMO, HMO Saver, Individual HMO and Dental SelectHMO are offered by Blue Cross of California (BCC). Individual PPO Dental and Term Life are offered by BC Life & Health Insurance Company (BCL&H). BCC and BCL&H are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA.

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Rates and benefits effective 3/1/06

11136 5/06



Blue Cross of California
Commercial HMO/POS Combined

It's all about the journey.



BlueCross
of California



BC Life & Health
Insurance Company

Select HMO, HMO Saver and Individual HMO Plans



Individual and Family Health Plans

Select HMO HMO Saver Individual HMO

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

Designed for:

- Those wanting to pay predictable out-of-pocket health care costs
- Those wanting simple, comprehensive coverage where a primary care physician coordinates their health care services
- Couples planning a family
- Families with children

We also offer a variety of dental plans and life insurance.




It's all about the journey.

HMO Plans It's all about **simplicity.**

HMOs could be the right choice if you want to simplify decision-making, get valuable benefits and pay predictable out-of-pocket costs. We offer you three Blue Cross of California HMO choices:

- The **Select HMO Plan** utilizes its own network in 22 California counties, so more people can take advantage of comprehensive coverage at lower monthly premiums
- Our **HMO Saver Plan** offers comprehensive coverage, and its annual deductible design helps keep monthly premiums lower
- The **Individual HMO Plan** provides immediate, no-deductible, comprehensive benefits

If you enroll in one of our HMO plans, you'll choose a primary care physician to coordinate your health care services. That doctor will also authorize referrals to any specialists you may need. What could be simpler?



Consider our HMO plans if you want to simplify decision-making and pay predictable out-of-pocket costs.

Select HMO: More Accessible. More Affordable.

Available in 22 California counties, the **Select HMO Plan** offers comprehensive coverage at a great price. With easy-to-understand benefits, no annual deductible and \$25 copays for doctors' office visits and preventive care, this HMO plan makes coverage more affordable than ever. The Select HMO Plan uses its own network of more than 14,000 primary care physicians and specialists. This keeps your monthly premiums lower and may give you access to HMO doctors closer to where you live and work.

If your doctor doesn't participate in the Select HMO Network, ask your Blue Cross agent about our HMO Saver Plan.



Select HMO Plan

These amounts show your share of costs

Benefit	In-Select Network
Annual Deductible	\$0
Lifetime Maximum	Unlimited
Annual Out-of-Pocket Maximum	\$3,000 per member; Once two members each reach the maximum, the maximum is satisfied for the entire family
Doctors' Office Visits	\$25 copay
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	No charge for office visit-related services
Hospital Inpatient (Overnight Hospital Stays)	\$250 copay per day up to the first four days, then covered at 100% of negotiated fee per admission
Hospital Outpatient (If You Don't Stay Overnight)	20% of negotiated fee for services; \$250 per surgery
Emergency Room Services³	20% of negotiated fee
Maternity	Office visits: \$25 copay Hospital Inpatient: \$250 per day copay up to the first four days, then covered at 100% of negotiated fee per admission Outpatient Services: 20% of negotiated fee
Preventive Care	\$25 copay for specific health maintenance services
Ambulance	\$50 copay, waived if admitted to hospital
Physical and Occupational Therapy; Chiropractic Services (Up to 60 consecutive days following an illness or injury)	Outpatient: \$25 copay per visit Inpatient: \$0 Chiropractic services provided with medical group referral only
Acupuncture/Acupressure	Not covered
Prescription Drugs Blue Cross Formulary Drugs¹: (Amounts shown are copays for each 30-day retail or mail order supply)	\$10 copay generic; \$30 copay brand-name ² after \$250 brand-name prescription drug deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin

¹ 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.

² 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.

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

Notes:

- This plan does not cover services by non-participating providers except for emergency services and prescription drugs.
- The brand-name drug deductible does not apply to the out-of-pocket maximum.
- Self-administered injectables, except insulin, are not available through mail order.

In order to receive HMO benefits, you must choose a provider within a 30 mile radius of your home or work.

See page 13 for a listing of this plan's Exclusions and Limitations.

Select HMO Medical Rating Area Definitions

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

Alameda	95304, 95377, 95391 all other Alameda ZIPs	Area 2 Area 3
Contra Costa		Area 3
Fresno	93245, 93313, 93618 all other Fresno ZIPs	Area 7 Area 2
Imperial		Area 6
Kern	93536 93558 all other Kern ZIPs	Area 9 Area 6 Area 7
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
Merced		Area 2
Nevada	95977 all other Nevada ZIPs (except 95728, 96111, 96160, 96161 & 96162)	Area 3 Area 2
Orange	90638 all other Orange ZIPs	Area 9 Area 4
Placer	95668, 95692 all other Placer ZIPs (except 95715, 95724, 96140, 96141, 96142, 96143, 96145, 96146, 96148 & 96161)	Area 3 Area 2
Riverside	92883 all other Riverside ZIPs (except 92225, 92226, 92239)	Area 4 Area 6
Sacramento	94571 all other Sacramento ZIPs	Area 3 Area 2
San Bernardino	91766, 91792 93516, 93555 all other San Bernardino ZIPs (except 92363, 92364, 92365)	Area 9 Area 7 Area 6
San Diego	San Diego (except 91901, 91905, 91906, 91916, 91917, 91934, 91935, 91948, 91962, 91963, 91980, 92004, 92036, 92059, 92061, 92066 & 92086)	Area 6
San Francisco		Area 3
San Joaquin	94514 all other San Joaquin ZIPs	Area 3 Area 2
San Mateo		Area 2
Santa Clara	94303, 95023 all other Santa Clara ZIPs	Area 2 Area 3
Santa Cruz		Area 3
Stanislaus		Area 2
Tulare	93631, 93641, 93646, 93654 all other Tulare ZIPs	Area 2 Area 7
Yolo		Area 3

If you don't see your county/ZIP code in this list, check out our Saver HMO and Individual HMO plans on the following pages.

Select HMO (PE43) Monthly Rates Effective March 1, 2006

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

The Select HMO plan is not available in Area 1 and Area 8.

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	N/A	\$246	\$219	\$144	\$149	\$168	\$188	N/A	\$135
30 - 34	N/A	\$339	\$284	\$192	\$204	\$231	\$240	N/A	\$179
35 - 39	N/A	\$373	\$327	\$210	\$223	\$253	\$263	N/A	\$196
40 - 44	N/A	\$357	\$318	\$201	\$214	\$247	\$268	N/A	\$188
45 - 49	N/A	\$425	\$378	\$239	\$254	\$289	\$311	N/A	\$223
50 - 54	N/A	\$474	\$409	\$266	\$283	\$322	\$349	N/A	\$249
55 - 59	N/A	\$523	\$451	\$293	\$312	\$354	\$376	N/A	\$274
60 - 64	N/A	\$661	\$588	\$369	\$393	\$447	\$482	N/A	\$345
Subscriber & Spouse									
Under 30	N/A	\$580	\$505	\$329	\$350	\$397	\$427	N/A	\$307
30 - 34	N/A	\$712	\$612	\$402	\$426	\$485	\$501	N/A	\$376
35 - 39	N/A	\$717	\$638	\$401	\$427	\$486	\$528	N/A	\$375
40 - 44	N/A	\$741	\$656	\$423	\$439	\$520	\$562	N/A	\$395
45 - 49	N/A	\$839	\$747	\$479	\$499	\$580	\$640	N/A	\$448
50 - 54	N/A	\$945	\$839	\$528	\$562	\$639	\$705	N/A	\$493
55 - 59	N/A	\$1,094	\$973	\$619	\$650	\$760	\$830	N/A	\$578
60 - 64	N/A	\$1,292	\$1,150	\$720	\$767	\$876	\$953	N/A	\$672
Subscriber & Child									
Under 30	N/A	\$499	\$450	\$295	\$305	\$351	\$367	N/A	\$278
30 - 34	N/A	\$583	\$514	\$332	\$353	\$401	\$414	N/A	\$310
35 - 39	N/A	\$589	\$525	\$330	\$352	\$399	\$432	N/A	\$308
40 - 44	N/A	\$550	\$487	\$321	\$332	\$388	\$417	N/A	\$301
45 - 49	N/A	\$579	\$516	\$330	\$346	\$398	\$440	N/A	\$309
50 - 54	N/A	\$629	\$553	\$352	\$375	\$426	\$460	N/A	\$329
55 - 59	N/A	\$694	\$598	\$390	\$415	\$472	\$487	N/A	\$364
60 - 64	N/A	\$878	\$787	\$494	\$514	\$599	\$599	N/A	\$461
Family									
Under 30	N/A	\$854	\$735	\$519	\$534	\$621	\$607	N/A	\$487
30 - 34	N/A	\$968	\$842	\$572	\$584	\$696	\$676	N/A	\$536
35 - 39	N/A	\$1,032	\$917	\$588	\$614	\$712	\$713	N/A	\$548
40 - 44	N/A	\$1,051	\$925	\$586	\$625	\$711	\$747	N/A	\$547
45 - 49	N/A	\$1,122	\$951	\$646	\$672	\$784	\$779	N/A	\$603
50 - 54	N/A	\$1,194	\$1,006	\$679	\$719	\$823	\$841	N/A	\$633
55 - 59	N/A	\$1,288	\$1,146	\$718	\$765	\$872	\$952	N/A	\$670
60 - 64	N/A	\$1,551	\$1,380	\$864	\$921	\$1,048	\$1,087	N/A	\$806
Subscriber & Children									
Under 30	N/A	\$672	\$601	\$398	\$422	\$483	\$480	N/A	\$372
30 - 34	N/A	\$743	\$662	\$439	\$458	\$532	\$526	N/A	\$410
35 - 39	N/A	\$703	\$626	\$400	\$419	\$487	\$532	N/A	\$376
40 - 44	N/A	\$693	\$617	\$403	\$417	\$489	\$528	N/A	\$378
45 - 49	N/A	\$746	\$664	\$417	\$444	\$505	\$553	N/A	\$391
50 - 54	N/A	\$791	\$697	\$442	\$471	\$536	\$574	N/A	\$413
55 - 59	N/A	\$858	\$747	\$486	\$514	\$589	\$599	N/A	\$454
60 - 64	N/A	\$1,041	\$938	\$588	\$612	\$713	\$711	N/A	\$549
Single Child									
0	N/A	\$243	\$231	\$151	\$154	\$183	\$176	N/A	\$142
1 - 18	N/A	\$161	\$148	\$96	\$99	\$115	\$113	N/A	\$90
2 Children									
0	N/A	\$483	\$461	\$300	\$307	\$363	\$350	N/A	\$283
1 - 18	N/A	\$353	\$322	\$209	\$216	\$253	\$255	N/A	\$197
3+ Children									
0	N/A	\$725	\$691	\$451	\$461	\$546	\$525	N/A	\$425
1 - 18	N/A	\$498	\$448	\$292	\$301	\$353	\$380	N/A	\$275



HMO Saver: Unique Deductible Design

The **HMO Saver Plan** gives you comprehensive benefits and features a \$1,500 deductible that helps keep your monthly premiums lower. With this plan, you'll pay just a \$10 copay for doctors' office visits and preventive care.

HMO Saver also provides prescription drug coverage – choose from immediate benefits for generic drugs or brand-name drug coverage after meeting a \$250 deductible. If you want rich HMO benefits at mid-range monthly premiums, this plan is for you.

Individual HMO: Immediate, Comprehensive Benefits

Our **Individual HMO Plan** gives you immediate, comprehensive benefits. Its no-deductible design provides the straightforward simplicity you may be looking for. Like the HMO Saver, you'll pay a \$10 copay for doctors' office visits and preventive care. The prescription drug coverage options are also the same as the HMO Saver Plan: Immediate benefits for generic drugs or brand-name drug coverage after you meet a \$250 deductible. If rich HMO coverage is your priority, this plan has what you need.





Both the HMO Saver and Individual HMO offer rich benefits. Choose the HMO Saver if you want lower monthly premiums and don't mind meeting a \$1,500 deductible. Choose the Individual HMO if you want immediate, no-deductible benefits.

HMO Saver (7896) & Individual HMO (7898) Plans These amounts show your share of costs

Benefit	HMO Saver In-Network	Individual HMO In-Network
Annual Deductible	\$1,500 per member: Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers	\$0
Lifetime Maximum	Unlimited	
Annual Out-of-Pocket Maximum	\$3,000 per member; Once two members each reach the maximum, the maximum is satisfied for the entire family (includes deductible)	\$3,000 per member; Once two members each reach the maximum, the maximum is satisfied for the entire family
Doctors' Office Visits	\$10 copay per visit	
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	No charge for office visit-related services	
Hospital Inpatient (Overnight Hospital Stays)	20% of negotiated fee (after deductible)	20% of negotiated fee
Hospital Outpatient (If You Don't Stay Overnight)	20% of negotiated fee (emergency and non-emergency services are subject to the deductible)	20% of negotiated fee
Emergency Room Services³	20% of negotiated fee (after deductible)	20% of negotiated fee
Maternity	Office visits: \$10 copay Inpatient/Outpatient: After deductible, 20% of negotiated fee	Office visits: \$10 copay Inpatient/Outpatient: 20% of negotiated fee
Preventive Care	\$10 copay for specific health maintenance services	
Ambulance	\$50 copay waived if admitted to the hospital	
Physical and Occupational Therapy; Chiropractic Services (Up to 60 consecutive days following an illness or injury)	Outpatient: \$10 copay per visit Inpatient: 20% of negotiated fee Chiropractic services provided with medical group referral only	
Acupuncture/Acupressure	Not covered	
Prescription Drugs Blue Cross Formulary Drugs¹: (Amounts shown are copays for each 30-day retail or mail order supply)	\$10 copay generic; \$30 copay brand-name ² after \$250 brand-name prescription drug deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	

¹ 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.

² 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.

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

In order to receive HMO benefits, you must choose a provider within a 30 mile radius of your home or work.

HMO Saver & Individual HMO Medical Rating Area Definitions

The following indicates the counties and/or ZIP codes for these plans. 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

HMO Saver (7896) 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	\$269	\$278	\$257	\$196	\$193	\$201	\$209	\$231	\$177
30 - 34	\$370	\$375	\$342	\$264	\$257	\$271	\$283	\$301	\$230
35 - 39	\$409	\$413	\$389	\$292	\$284	\$299	\$316	\$339	\$253
40 - 44	\$403	\$417	\$384	\$298	\$287	\$309	\$312	\$349	\$267
45 - 49	\$474	\$480	\$452	\$346	\$332	\$353	\$367	\$408	\$304
50 - 54	\$521	\$527	\$489	\$372	\$361	\$381	\$404	\$429	\$329
55 - 59	\$575	\$582	\$537	\$409	\$398	\$419	\$442	\$475	\$358
60 - 64	\$623	\$660	\$585	\$483	\$476	\$492	\$496	\$496	\$426
Subscriber & Spouse									
Under 30	\$639	\$652	\$598	\$460	\$447	\$471	\$492	\$516	\$406
30 - 34	\$779	\$785	\$731	\$557	\$541	\$570	\$590	\$641	\$483
35 - 39	\$801	\$810	\$764	\$577	\$559	\$598	\$619	\$682	\$510
40 - 44	\$833	\$849	\$793	\$633	\$599	\$647	\$642	\$719	\$546
45 - 49	\$940	\$952	\$897	\$697	\$673	\$714	\$727	\$815	\$613
50 - 54	\$1,055	\$1,069	\$1,006	\$750	\$738	\$774	\$815	\$893	\$678
55 - 59	\$1,184	\$1,202	\$1,111	\$844	\$821	\$865	\$918	\$971	\$733
60 - 64	\$1,273	\$1,326	\$1,201	\$964	\$951	\$983	\$1,003	\$1,047	\$841
Subscriber & Child									
Under 30	\$576	\$595	\$564	\$450	\$438	\$461	\$468	\$511	\$387
30 - 34	\$623	\$661	\$614	\$465	\$453	\$477	\$493	\$550	\$410
35 - 39	\$638	\$661	\$623	\$465	\$452	\$476	\$502	\$558	\$417
40 - 44	\$610	\$633	\$582	\$459	\$443	\$468	\$472	\$528	\$417
45 - 49	\$654	\$672	\$623	\$494	\$472	\$491	\$506	\$566	\$435
50 - 54	\$715	\$736	\$682	\$536	\$506	\$546	\$553	\$619	\$461
55 - 59	\$776	\$785	\$740	\$559	\$537	\$570	\$600	\$658	\$489
60 - 64	\$904	\$943	\$864	\$672	\$661	\$684	\$684	\$684	\$585
Family									
Under 30	\$980	\$1,028	\$1,019	\$785	\$763	\$805	\$845	\$942	\$675
30 - 34	\$1,115	\$1,205	\$1,055	\$852	\$828	\$873	\$911	\$1,010	\$732
35 - 39	\$1,179	\$1,194	\$1,084	\$862	\$816	\$879	\$912	\$1,015	\$744
40 - 44	\$1,191	\$1,232	\$1,112	\$876	\$848	\$895	\$920	\$1,031	\$773
45 - 49	\$1,313	\$1,328	\$1,252	\$958	\$930	\$956	\$1,014	\$1,103	\$829
50 - 54	\$1,373	\$1,389	\$1,309	\$991	\$975	\$1,010	\$1,060	\$1,166	\$858
55 - 59	\$1,445	\$1,462	\$1,377	\$1,065	\$1,006	\$1,073	\$1,115	\$1,238	\$917
60 - 64	\$1,566	\$1,712	\$1,560	\$1,204	\$1,170	\$1,234	\$1,300	\$1,325	\$1,034
Subscriber & Children									
Under 30	\$784	\$823	\$776	\$608	\$578	\$604	\$629	\$705	\$533
30 - 34	\$858	\$911	\$856	\$669	\$646	\$671	\$696	\$779	\$585
35 - 39	\$835	\$854	\$795	\$670	\$650	\$671	\$684	\$745	\$586
40 - 44	\$844	\$882	\$819	\$695	\$662	\$688	\$694	\$756	\$606
45 - 49	\$897	\$938	\$871	\$718	\$678	\$727	\$711	\$781	\$623
50 - 54	\$946	\$1,004	\$905	\$765	\$728	\$756	\$761	\$844	\$642
55 - 59	\$1,006	\$1,031	\$959	\$770	\$739	\$763	\$777	\$871	\$651
60 - 64	\$1,123	\$1,205	\$1,131	\$894	\$829	\$890	\$920	\$1,031	\$751
Single Child									
0	\$280	\$293	\$297	\$264	\$260	\$269	\$274	\$277	\$219
1 - 18	\$184	\$186	\$176	\$133	\$129	\$136	\$143	\$158	\$122
2 Children									
0	\$520	\$560	\$560	\$475	\$442	\$470	\$458	\$516	\$404
1 - 18	\$335	\$342	\$319	\$243	\$236	\$245	\$260	\$291	\$226
3+ Children									
0	\$769	\$782	\$782	\$688	\$678	\$704	\$715	\$715	\$634
1 - 18	\$533	\$539	\$508	\$385	\$370	\$389	\$408	\$453	\$339

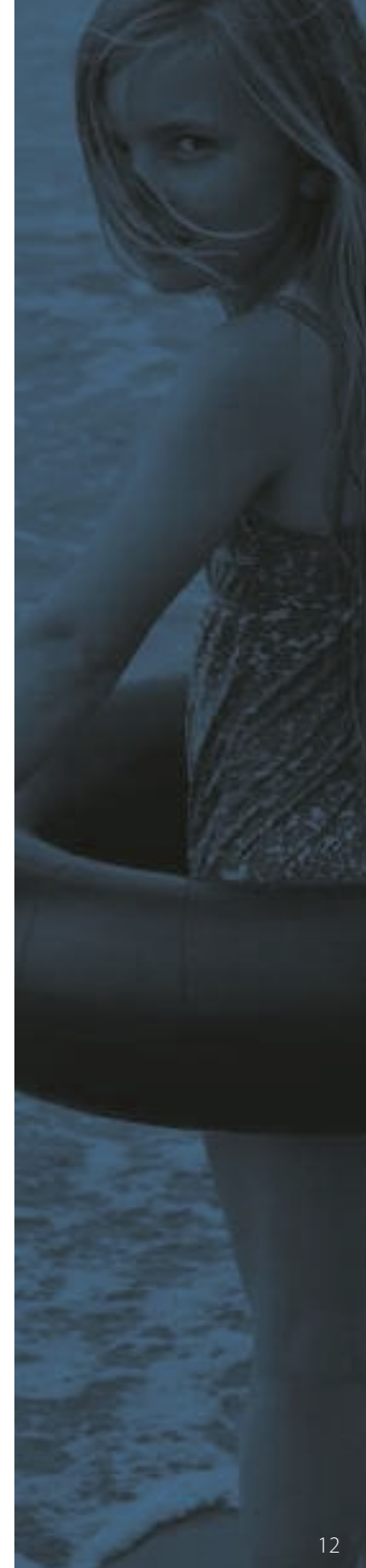


Individual HMO (7898) Effective March 1, 2006

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	\$354	\$360	\$340	\$268	\$260	\$270	\$275	\$309	\$240
30 - 34	\$484	\$492	\$460	\$350	\$340	\$356	\$376	\$412	\$311
35 - 39	\$531	\$541	\$512	\$386	\$373	\$391	\$414	\$455	\$340
40 - 44	\$525	\$530	\$505	\$398	\$383	\$393	\$407	\$459	\$352
45 - 49	\$617	\$624	\$593	\$457	\$435	\$451	\$478	\$536	\$402
50 - 54	\$685	\$692	\$653	\$491	\$477	\$500	\$522	\$584	\$442
55 - 59	\$754	\$762	\$714	\$541	\$525	\$550	\$555	\$630	\$482
60 - 64	\$822	\$870	\$764	\$647	\$637	\$652	\$651	\$661	\$569
Subscriber & Spouse									
Under 30	\$834	\$847	\$796	\$608	\$590	\$619	\$646	\$718	\$543
30 - 34	\$1,003	\$1,004	\$970	\$733	\$711	\$745	\$763	\$840	\$648
35 - 39	\$1,052	\$1,065	\$1,012	\$781	\$750	\$771	\$815	\$911	\$689
40 - 44	\$1,089	\$1,101	\$1,047	\$836	\$806	\$825	\$843	\$951	\$736
45 - 49	\$1,237	\$1,250	\$1,188	\$933	\$899	\$926	\$956	\$1,080	\$828
50 - 54	\$1,379	\$1,394	\$1,326	\$1,007	\$962	\$1,005	\$1,066	\$1,192	\$887
55 - 59	\$1,528	\$1,578	\$1,469	\$1,117	\$1,085	\$1,137	\$1,183	\$1,291	\$984
60 - 64	\$1,673	\$1,739	\$1,583	\$1,289	\$1,261	\$1,300	\$1,315	\$1,394	\$1,122
Subscriber & Child									
Under 30	\$684	\$778	\$729	\$597	\$580	\$608	\$634	\$671	\$541
30 - 34	\$779	\$835	\$816	\$615	\$597	\$625	\$663	\$700	\$561
35 - 39	\$796	\$866	\$824	\$614	\$597	\$625	\$663	\$715	\$568
40 - 44	\$798	\$807	\$767	\$599	\$590	\$606	\$618	\$697	\$570
45 - 49	\$848	\$857	\$815	\$629	\$608	\$624	\$656	\$741	\$581
50 - 54	\$922	\$931	\$886	\$673	\$641	\$680	\$712	\$799	\$611
55 - 59	\$1,016	\$1,026	\$977	\$728	\$707	\$741	\$758	\$859	\$656
60 - 64	\$1,181	\$1,239	\$1,154	\$902	\$856	\$915	\$837	\$933	\$780
Family									
Under 30	\$1,231	\$1,319	\$1,231	\$1,027	\$998	\$1,045	\$1,091	\$1,197	\$888
30 - 34	\$1,367	\$1,466	\$1,453	\$1,126	\$1,093	\$1,146	\$1,203	\$1,320	\$974
35 - 39	\$1,472	\$1,570	\$1,493	\$1,143	\$1,083	\$1,132	\$1,201	\$1,349	\$1,006
40 - 44	\$1,547	\$1,576	\$1,499	\$1,163	\$1,098	\$1,166	\$1,205	\$1,362	\$1,037
45 - 49	\$1,686	\$1,727	\$1,642	\$1,223	\$1,187	\$1,244	\$1,318	\$1,483	\$1,080
50 - 54	\$1,765	\$1,803	\$1,715	\$1,280	\$1,240	\$1,299	\$1,379	\$1,552	\$1,112
55 - 59	\$1,824	\$1,890	\$1,797	\$1,337	\$1,299	\$1,361	\$1,420	\$1,595	\$1,175
60 - 64	\$2,070	\$2,255	\$2,112	\$1,602	\$1,556	\$1,631	\$1,680	\$1,880	\$1,386
Subscriber & Children									
Under 30	\$982	\$1,014	\$981	\$748	\$735	\$762	\$808	\$880	\$700
30 - 34	\$1,073	\$1,136	\$1,073	\$830	\$818	\$844	\$895	\$963	\$783
35 - 39	\$1,086	\$1,098	\$1,044	\$859	\$846	\$851	\$867	\$948	\$829
40 - 44	\$1,089	\$1,120	\$1,050	\$897	\$890	\$888	\$905	\$953	\$839
45 - 49	\$1,167	\$1,189	\$1,121	\$919	\$906	\$936	\$953	\$1,018	\$844
50 - 54	\$1,221	\$1,235	\$1,174	\$964	\$925	\$956	\$974	\$1,069	\$859
55 - 59	\$1,285	\$1,322	\$1,257	\$979	\$947	\$979	\$1,011	\$1,142	\$876
60 - 64	\$1,474	\$1,552	\$1,454	\$1,100	\$1,069	\$1,120	\$1,185	\$1,304	\$982
Single Child									
0	\$372	\$389	\$394	\$359	\$348	\$365	\$370	\$412	\$311
1 - 18	\$239	\$242	\$230	\$174	\$172	\$176	\$186	\$204	\$162
2 Children									
0	\$666	\$713	\$666	\$601	\$570	\$593	\$597	\$650	\$537
1 - 18	\$443	\$447	\$426	\$328	\$323	\$331	\$343	\$384	\$311
3+ Children									
0	\$1,028	\$1,042	\$1,042	\$969	\$955	\$990	\$1,008	\$1,021	\$901
1 - 18	\$704	\$711	\$677	\$507	\$498	\$514	\$545	\$615	\$476



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 Select HMO/HMO Saver/Individual HMO Evidence of Coverage and Disclosure Form/Certificate (EOC) contains a comprehensive list of the plans' exclusions and limitations. For a sample copy of an EOC, ask your agent or contact Blue Cross of California.

Exclusions and Limitations

- Care not authorized by your PMG or IPA.
- Amounts in excess of customary and reasonable charges for care rendered by a non-participating provider without a referral from your PMG or IPA.
- 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 plan agreement.
- 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) as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Any amounts in excess of the maximum amounts listed in the Evidence of Coverage and Disclosure Form/Certificate.
- 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 Evidence of Coverage and Disclosure Form/Certificate.
- Hearing aids.
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Infertility services.
- Private duty nursing.
- Eyeglasses or contact lenses, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Mental and nervous disorders and substance abuse, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- 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 Evidence of Coverage and Disclosure Form/Certificate.
- Personal comfort items.
- Custodial care.
- Certain genetic testing.
- Outpatient speech therapy, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Any amounts in excess of maximums stated in the Evidence of Coverage and Disclosure Form/Certificate.
- 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.
- Growth hormone treatment.
- Acupuncture/Acupressure.
- Chiropractic services.
- Immunizations for foreign travel.
- Treatment for chronic alcoholism or other substance abuse except as specifically stated in the Evidence of Coverage and Disclosure Form.
- Inpatient mental care, including acute alcoholism and drug addiction benefits, except detoxification.
- Treatment of mental and nervous disorders, except as specifically stated in the Evidence of Coverage and Disclosure Form.
- Rehabilitative care specifically stated in the Evidence of Coverage and Disclosure Form.
- Reconstructive surgery, purchase or replacement of artificial limbs or prosthesis except as specifically stated in the Evidence of Coverage and Disclosure Form.
- Medical, surgical and/or psychological treatment of a sexual dysfunction, except when a sexual dysfunction is a result of a physical abnormality, defect or disease.
- Medical, surgical services, supplies or treatment to the joint of the jaw (temporomandibular joint), upper jaw (maxilla) or lower jaw (mandible), unless related to a tumor or accident occurring while covered.
- Routine physical examinations or tests that do not directly treat an acute illness, injury or condition unless authorized by your Primary Care Physician, except in no event will any physical examination or test required by employment or government authority, or at the request of a third party, such as a school, camp or sports-affiliated organization, be covered unless Medically Necessary.
- Care or treatment of a pregnancy, or any condition related to pregnancy (except treatment of complications of pregnancy or Cesarean-section deliveries) when conception has occurred before the effective date of the plan agreement. However, if you were covered under Creditable Coverage within 63 days of becoming covered, the time spent under Creditable Coverage will be used to satisfy, or partially satisfy, the six (6) month period.

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 more details regarding these benefits, refer to the Evidence of Coverage booklets.

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.

For emergency services, the service area is a 20-mile radius from your participating medical group. If you need emergency treatment and you are more than 20 miles from your Primary Care Physician's office or more than 20 miles from your Medical Group, you should seek immediate care. If, as a result of the emergency condition, you are admitted to the hospital through the emergency room, you or a member of your family must notify Blue Cross as soon as possible but no later than 48 hours after initial care has been provided, unless extraordinary circumstances prevent such notification.

Rights and Obligations

No-Obligation Review Period

After you enroll in a Blue Cross health plan, you will receive an Evidence of Coverage 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 Evidence of Coverage booklet along with a letter notifying us that you wish to discontinue coverage. Evidence of Coverage 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. You may also call the Customer Service number listed on your member ID card or prospective members can call **1-800-333-0912**.

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.

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 a 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's incurred medical care ratio in 2005 was 80.87 percent. This ratio was calculated after provider discounts were applied.

Enrollment Guidelines

To enroll, you must be

- Age 64¾ or younger;
- A permanent legal resident of California;
- A U.S. resident for at least the last 3 months;
- The applicant's spouse or domestic partner, age 64¾ or younger;
- The applicant's children, or the children of the applicant's enrolling spouse, under 19 years of age; or
- The applicant's unmarried dependent children between the ages of 19 through 22 ("dependent" as defined by the Internal Revenue Service).

Medical Underwriting Requirement

We believe the 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 plan in this brochure or if you have discontinued group coverage, please contact your Blue Cross representative for information regarding other Individual coverage options.

Terms of Coverage

Coverage remains in force as long as you pay the required premiums on time, live or work within 30 miles from a Blue Cross of California HMO or Select HMO Network provider, and 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.

Give yourself every advantage – good health,

Why Dental Coverage?

We believe that a good dental plan should:

- Provide quality coverage at affordable rates
- Help minimize the cost of expensive dental care
- Contribute to your overall health

Improve your quality of life, self-confidence and appearance by making good oral health a part of your daily routine and by taking advantage of the benefits offered through our dental plans. Whether you choose the flexibility of our **Dental PPO plan** from BC Life & Health Insurance Company or comprehensive coverage at a lower cost with our **Dental SelectHMOSM plans** from Blue Cross of California, you'll get the benefits you need from a company you can trust.

And our rates are so affordable, they'll make you smile!



a bright smile and financial security.

Why Term Life Insurance?

Losing a loved one is hard enough without having to worry about financial obligations. Families are often unprepared for this sudden loss, and term life insurance can provide financial support and peace of mind at a difficult time. Here are just a few reasons why you'll want to purchase term life insurance from BC Life & Health Insurance Company:

- It's inexpensive -- just pennies a day
- It's easy -- no additional forms are required to enroll
- It's convenient -- your life and health plan premiums will be on the same bill

Help secure your family's future by adding term life insurance to your Blue Cross medical coverage.

Term Life Insurance Monthly Rates

Age	\$15,000 benefit	\$30,000 benefit	\$50,000 benefit
1-18	\$1.50	\$3.00	n/a
19-29	\$2.80	\$5.60	\$9.30
30-39	\$3.25	\$6.50	\$10.80
40-49	\$7.50	\$15.00	\$25.00
50-59	\$20.90	\$41.80	\$69.60
60-65	\$29.40	\$58.80	\$98.00

For more information on our dental plans or life insurance, ask your Blue Cross agent today!

