



BlueCross
of California



BC Life & Health
Insurance Company

PPO Share Plans

Individual and Family Health Care Plans for California



PPO Share Plans

Is a PPO Share Plan for you?

- Our most comprehensive PPO coverage – simply choose the medical deductible/monthly premium combination that works for you
- Immediate benefits for doctors' office visits
- Brand-name and generic prescription drug coverage
- Maternity benefits

What else do you get?

- Access to over 50,000 California network doctors and specialists and over 400 hospitals – **so chances are your doctor is one of ours**
- **Money in your pocket** – because we've negotiated lower fees with our network doctors and hospitals, your share of costs is less (a lot less)
- **Free health and wellness programs** – designed to keep you as healthy as can be
- Out-of-state coverage – **so you'll feel better wherever you are**

Be sure to also check out our dental plans and life insurance on pages 17 and 18.

Without health coverage, you could pay an average of \$27,984 for a 3-day hospital stay. Don't wait to get the protection 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 (Combined for In-Network and Out-of-Network)	\$500/\$1,000/\$1,500 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	\$500/\$1,000/\$1,500 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)
Lifetime Maximum (Combined for In-Network and Out-of-Network)	\$5,000,000 per member	\$5,000,000 per member
Annual Out-of-Pocket Maximum¹ (includes deductible) (Combined for In-Network and Out-of-Network)	\$5,000/\$5,000/\$6,000 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	\$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)	Annual physical exam(s): 50% of negotiated fee* plus all excess charges (deductible waived)
	OR	
	HealthyCheck SM Centers ⁵ : \$25/\$75 copay for basic/premium screening (deductible waived)	Routine mammogram, Pap and PSA tests ⁴ : 50% of negotiated fee plus all excess charges (deductible waived)
	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)	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/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 (Combined for In-Network and Out-of-Network)	All charges except \$25 per visit, up to 24 visits per year (deductible waived)	All charges except \$25 per visit, up to 24 visits per year (deductible waived)
Prescription Drug Benefits (Blue Cross Formulary) 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

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.

Select the annual deductible you want and get the comprehensive coverage you need.



PPO Share 2500 Plan

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

Benefit	In-Network	Out-of-Network
Annual Deductible (Combined for In-Network and Out-of-Network)	\$2,500 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	\$2,500 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)
Lifetime Maximum (Combined for In-Network and Out-of-Network)	\$5,000,000 per member	\$5,000,000 per member
Annual Out-of-Pocket Maximum¹ (includes deductible) (Combined for In-Network and Out-of-Network)	\$7,500 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	\$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, 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)	Annual physical exam(s): 50% of negotiated fee* plus all excess charges (deductible waived)
	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)
	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)
Ambulance	30% of negotiated fee	50% of negotiated fee plus all excess charges
Physical/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 (Combined for In-Network and Out-of-Network)	All charges except \$25 per visit, up to 24 visits per year (deductible waived)	All charges except \$25 per visit, up to 24 visits per year (deductible waived)
Prescription Drug Benefits (Blue Cross Formulary) 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
Annual Deductible (Combined for In-Network and Out-of-Network)	\$5,000 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	\$5,000 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)
Lifetime Maximum (Combined for In-Network and Out-of-Network)	\$5,000,000 per member	\$5,000,000 per member
Annual Out-of-Pocket Maximum¹ (includes deductible) (Combined for In-Network and Out-of-Network)	\$7,500 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	\$7,500 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)
Doctors' Office Visits	\$40 copay (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)	Annual physical exam(s): 50% of negotiated fee* plus all excess charges (deductible waived)
	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)
	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)
Ambulance	30% of negotiated fee	50% of negotiated fee plus all excess charges
Physical/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 (Combined for In-Network and Out-of-Network)	All charges except \$25 per visit, up to 24 visits per year (deductible waived)	All charges except \$25 per visit, up to 24 visits per year (deductible waived)
Prescription Drug Benefits (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

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.

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

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 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 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.

Rights and Obligations

No-Obligation Review Period

After you enroll in a plan offered by Blue Cross of California or BC Life & Health Insurance Company, 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. You may also call the Customer Service number listed on your member ID card or prospective members can call 1-800-333-0912.

Utilization Management and Pre-Service Review

The Blue Cross Utilization Management and Pre-Service Review Program helps members receive coverage for appropriate treatment in the appropriate setting. Four review processes are included:

- 1) Pre-Service 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 Pre-Service 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 **any and all** disputes including medical malpractice, breach of contract and benefits. This means that you are waiving your right to a jury or court trial for **both** medical malpractice claims and any other disputes. 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:

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

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

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

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 2006 was 81.53 percent. This ratio was calculated after provider discounts were applied.

Enrollment Guidelines

To enroll, you must be:

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

Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with a member's expected health care needs and risk factors. That's why Blue Cross offers various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting. Depending on the results of the underwriting review, a number of things may happen:

- You may be offered coverage at the standard premium charge, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure, or
- You may be offered an alternate plan.

If you have a significant medical condition and do not qualify for the 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 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	Area 2
	all other Alameda ZIPs	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, 93618	Area 7
	all other Fresno ZIPs	Area 2
Glenn		Area 3
Humboldt		Area 3
Imperial		Area 6
Inyo	93527	Area 7
	all other Inyo ZIPs	Area 2
Kern	93536	Area 9
	93558	Area 6
	all other Kern ZIPs	Area 7
Kings	93242, 93631, 93656	Area 2
	all other Kings ZIPs	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	Area 9
	90623, 90630, 90631	Area 4
	91709	Area 6
	93243, 93560	Area 7
	all other Los Angeles ZIPs	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	Area 8
	95076	Area 3
	all other Monterey ZIPs	Area 1
Napa		Area 3
Nevada	95977	Area 3
	all other Nevada ZIPs	Area 2
Orange	90638	Area 9
	all other Orange ZIPs	Area 4
Placer	95668, 95692	Area 3
	all other Placer ZIPs	Area 2
Plumas	95981	Area 3
	all other Plumas ZIPs	Area 1

Riverside	92883	Area 4
	all other Riverside ZIPs	Area 6
Sacramento	94571	Area 3
	all other Sacramento ZIPs	Area 2
San Benito	93930, 95004	Area 1
	all other San Benito ZIPs	Area 2
San Bernardino	91766, 91792	Area 9
	93516, 93555	Area 7
	all other San Bernardino ZIPs	Area 6
San Diego		Area 6
San Francisco		Area 3
San Joaquin	94514	Area 3
	all other San Joaquin ZIPs	Area 2
San Luis Obispo	93252	Area 7
	93426	Area 1
	all other San Luis Obispo ZIPs	Area 8
San Mateo		Area 2
Santa Barbara	93252	Area 7
	all other Santa Barbara ZIPs	Area 8
Santa Clara	94303, 95023	Area 2
	all other Santa Clara ZIPs	Area 3
Santa Cruz		Area 3
Shasta		Area 1
Sierra	95922	Area 3
	95960	Area 2
	all other Sierra ZIPs	Area 1
Siskiyou		Area 1
Solano	95690	Area 2
	all other Solano ZIPs	Area 3
Sonoma		Area 3
Stanislaus		Area 2
Sutter	95626, 95648, 95837	Area 2
	all other Sutter ZIPs	Area 3
Tehama	95963, 95973	Area 3
	all other Tehama ZIPs	Area 1
Trinity	95526	Area 3
	all other Trinity ZIPs	Area 1
Tulare	93631, 93641, 93646, 93654	Area 2
	all other Tulare ZIPs	Area 7
Tuolumne		Area 2
Ventura	90265 and ZIP codes beginning with 913	Area 5
	93252	Area 7
	all other Ventura ZIPs	Area 8
Yolo		Area 3
Yuba	95960	Area 2
	all other Yuba ZIPs	Area 3

PPO Share 500 Plan (7895/1929)

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

PPO Share 500

Monthly Rates Effective March 1, 2007

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	245	226	214	231	248	210	207	209	201
30 - 34	324	295	279	299	324	274	269	271	262
35 - 39	354	328	306	331	364	307	300	301	293
40 - 44	409	366	344	391	418	344	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	798	709	672	743	815	672	622	627	643
Subscriber & Spouse									
Under 30	520	466	438	476	532	438	420	430	414
30 - 34	619	555	521	572	633	521	496	498	498
35 - 39	697	624	584	645	714	586	558	560	558
40 - 44	778	699	678	778	830	675	675	675	675
45 - 49	888	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	1,540	1,380	1,321	1,458	1,574	1,296	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	952	852	807	892	972	801	753	751	771
Family									
Under 30	756	677	654	710	772	643	633	627	637
30 - 34	876	784	740	854	895	737	737	737	737
35 - 39	966	866	824	888	988	813	782	751	768
40 - 44	1,059	949	891	991	1,082	891	836	839	856
45 - 49	1,148	1,029	967	1,100	1,173	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	1,755	1,551	1,467	1,633	1,793	1,477	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	853	762	738	843	906	738	731	731	731
55 - 59	965	870	863	965	1,051	853	836	836	836
60 - 64	1,147	1,028	966	1,048	1,173	966	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	474	396	387	399	390

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 Plan (1393/1930)

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

PPO Share 1000

Monthly Rates Effective March 1, 2007

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	212	200	193	196	213	182	178	185	174
30 - 34	294	266	251	256	291	242	238	241	228
35 - 39	326	300	278	291	334	277	272	274	261
40 - 44	385	344	326	326	380	314	294	298	293
45 - 49	414	377	343	359	417	343	319	323	322
50 - 54	512	466	424	434	515	424	401	403	412
55 - 59	632	576	524	535	636	524	490	485	501
60 - 64	742	661	645	648	742	630	585	593	582
Subscriber & Spouse									
Under 30	493	449	409	409	489	409	369	379	367
30 - 34	588	538	490	490	587	490	443	448	440
35 - 39	668	608	554	554	668	554	500	507	499
40 - 44	751	684	623	641	756	623	577	584	588
45 - 49	858	781	731	756	864	711	671	676	696
50 - 54	1,042	949	907	959	1,049	864	825	819	844
55 - 59	1,271	1,158	1,105	1,118	1,280	1,055	1,000	1,008	1,038
60 - 64	1,451	1,322	1,249	1,250	1,452	1,249	1,128	1,153	1,164
Subscriber & Child									
Under 30	454	419	409	428	469	395	394	408	401
30 - 34	520	469	449	473	523	442	440	448	443
35 - 39	548	493	464	505	557	475	466	462	449
40 - 44	500	455	426	440	503	415	394	400	408
45 - 49	540	487	468	498	553	452	435	440	449
50 - 54	633	576	543	572	644	530	509	524	532
55 - 59	756	688	651	689	773	638	616	621	624
60 - 64	923	841	766	786	930	766	705	715	708
Family									
Under 30	718	649	596	629	723	596	566	567	570
30 - 34	835	756	693	701	841	693	650	650	640
35 - 39	921	818	767	793	931	767	709	702	694
40 - 44	1,005	925	842	842	1,022	842	765	770	756
45 - 49	1,102	1,004	914	932	1,110	914	835	836	830
50 - 54	1,254	1,142	1,040	1,092	1,263	1,040	968	977	1,006
55 - 59	1,452	1,323	1,240	1,323	1,462	1,204	1,137	1,146	1,179
60 - 64	1,655	1,505	1,415	1,416	1,718	1,415	1,278	1,310	1,296
Subscriber & Children									
Under 30	586	534	508	555	590	513	507	508	504
30 - 34	658	599	563	612	663	567	554	557	544
35 - 39	668	609	561	579	673	554	530	537	523
40 - 44	687	626	570	605	692	570	529	533	536
45 - 49	716	652	599	659	721	597	573	577	581
50 - 54	817	745	684	745	823	678	651	655	660
55 - 59	931	848	795	883	945	796	765	770	764
60 - 64	1,109	1,004	920	940	1,117	920	837	846	830
Single Child									
0	290	273	263	276	289	240	238	253	263
1 - 18	159	144	131	132	160	131	123	124	118
2 Children									
0	443	397	392	397	447	378	362	365	370
1 - 18	276	251	229	243	278	229	217	218	217
3+ Children									
0	624	558	529	565	618	510	499	504	494
1 - 18	442	393	367	367	445	367	335	338	329

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 1500 Plan (7889)

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

PPO Share 1500

Monthly Rates Effective March 1, 2007

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	183	166	153	160	180	150	149	151	149
30 - 34	253	229	212	221	249	212	210	208	201
35 - 39	283	259	235	261	290	248	243	235	231
40 - 44	347	311	291	298	344	283	273	273	267
45 - 49	387	347	315	321	383	315	288	290	284
50 - 54	482	432	393	393	477	393	363	363	357
55 - 59	601	538	489	491	593	489	451	447	437
60 - 64	697	616	581	609	696	587	556	556	544
Subscriber & Spouse									
Under 30	411	369	339	348	396	326	323	334	331
30 - 34	497	452	410	436	494	405	408	409	405
35 - 39	584	531	476	493	573	473	465	465	455
40 - 44	681	617	573	573	681	567	523	523	512
45 - 49	795	714	656	657	796	656	600	600	614
50 - 54	985	883	802	815	973	803	744	740	754
55 - 59	1,210	1,085	986	1,006	1,196	986	916	900	916
60 - 64	1,344	1,233	1,125	1,175	1,382	1,157	1,072	1,072	1,050
Subscriber & Child									
Under 30	407	365	332	346	402	332	317	330	323
30 - 34	451	404	367	391	446	367	363	368	364
35 - 39	465	413	381	423	472	397	389	383	380
40 - 44	471	422	383	384	465	383	354	357	349
45 - 49	498	446	405	424	492	405	380	381	376
50 - 54	599	537	488	492	592	488	452	449	451
55 - 59	720	645	586	607	711	586	539	542	541
60 - 64	850	764	720	721	874	720	658	658	644
Family									
Under 30	639	560	525	557	642	555	508	508	497
30 - 34	746	666	631	648	761	638	591	591	579
35 - 39	827	726	697	713	864	713	651	651	637
40 - 44	914	839	781	781	929	776	713	713	698
45 - 49	1,010	907	848	848	1,028	834	774	774	758
50 - 54	1,165	1,059	968	969	1,174	968	884	884	865
55 - 59	1,377	1,239	1,126	1,169	1,366	1,126	1,035	1,037	1,020
60 - 64	1,560	1,398	1,311	1,331	1,613	1,330	1,215	1,215	1,189
Subscriber & Children									
Under 30	552	487	451	472	548	452	431	430	425
30 - 34	620	549	508	530	616	508	477	478	465
35 - 39	620	563	516	516	626	516	475	476	461
40 - 44	648	584	530	532	644	531	485	485	474
45 - 49	679	609	553	586	671	553	508	510	506
50 - 54	777	697	633	673	768	633	587	589	590
55 - 59	888	796	723	809	877	724	700	701	699
60 - 64	1,024	916	866	866	1,048	860	791	791	774
Single Child									
0	251	219	211	216	239	197	198	204	194
1 - 18	147	123	119	126	148	124	115	115	112
2 Children									
0	398	355	336	360	403	328	319	326	319
1 - 18	234	215	217	218	257	212	199	199	195
3+ Children									
0	553	496	452	493	550	452	443	448	420
1 - 18	367	322	337	349	404	327	310	319	311

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 Plan (7891)

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

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	135	116	106	108	125	96	98	105	104
30 - 34	194	171	153	159	189	154	153	151	152
35 - 39	225	205	170	211	235	198	190	177	185
40 - 44	294	257	233	233	282	233	210	210	209
45 - 49	314	275	252	277	307	253	244	243	243
50 - 54	402	351	322	346	404	327	315	311	310
55 - 59	514	450	408	448	516	410	404	391	386
60 - 64	658	574	522	531	632	522	470	470	471
Subscriber & Spouse									
Under 30	324	283	252	252	307	228	229	246	248
30 - 34	416	371	324	349	413	314	317	317	316
35 - 39	501	439	394	396	481	387	358	358	357
40 - 44	569	498	452	469	547	452	426	427	424
45 - 49	663	580	527	555	657	526	504	505	499
50 - 54	830	729	685	745	853	686	669	648	657
55 - 59	1,043	913	828	939	1,047	846	814	810	796
60 - 64	1,266	1,108	1,005	1,057	1,216	1,005	931	928	931
Subscriber & Child									
Under 30	322	279	255	261	309	255	233	246	245
30 - 34	361	316	286	306	354	286	280	285	284
35 - 39	381	324	292	340	387	314	306	299	298
40 - 44	377	330	299	312	363	299	284	285	272
45 - 49	400	350	328	357	418	336	322	315	318
50 - 54	491	430	403	438	504	395	380	379	374
55 - 59	619	554	522	567	648	511	491	489	478
60 - 64	761	666	604	649	731	604	571	552	569
Family									
Under 30	526	429	393	436	522	431	388	388	387
30 - 34	636	555	461	505	611	505	460	452	453
35 - 39	699	606	500	568	671	555	517	500	500
40 - 44	767	672	609	629	737	609	583	580	554
45 - 49	841	736	668	681	808	668	631	633	608
50 - 54	982	859	793	844	1,000	788	757	755	747
55 - 59	1,169	1,035	964	1,080	1,237	974	935	932	914
60 - 64	1,413	1,237	1,121	1,231	1,393	1,122	1,076	1,044	1,061
Subscriber & Children									
Under 30	429	353	349	360	422	349	320	318	318
30 - 34	496	419	394	419	477	394	367	366	357
35 - 39	496	441	400	403	484	400	366	366	359
40 - 44	519	454	412	427	498	412	384	384	374
45 - 49	542	475	436	473	541	430	411	412	408
50 - 54	631	552	520	564	645	509	496	488	491
55 - 59	737	645	629	695	795	627	603	601	586
60 - 64	901	789	715	784	865	715	666	694	676
Single Child									
0	203	170	166	166	187	139	146	162	157
1 - 18	117	100	100	100	121	100	90	90	90
2 Children									
0	336	296	272	301	347	270	265	265	266
1 - 18	199	188	171	171	207	171	156	157	153
3+ Children									
0	452	398	333	408	458	372	365	347	359
1 - 18	313	296	272	272	329	272	244	245	244

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 5000 Plan (H062)

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

PPO Share 5000

Monthly Rates Effective March 1, 2007

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	90	77	77	78	84	66	71	71	72
30 - 34	125	108	104	108	123	100	99	100	99
35 - 39	147	135	123	138	158	125	122	121	121
40 - 44	187	163	152	159	184	151	142	139	142
45 - 49	217	189	183	206	224	185	180	173	185
50 - 54	292	254	245	274	298	248	241	234	244
55 - 59	377	338	324	359	397	319	310	313	312
60 - 64	477	404	408	420	481	408	375	378	381
Subscriber & Spouse									
Under 30	197	175	171	177	186	150	158	160	161
30 - 34	268	235	223	233	264	215	207	209	211
35 - 39	315	268	255	263	302	245	235	237	239
40 - 44	372	324	306	331	375	299	290	298	295
45 - 49	448	402	383	404	445	373	362	365	363
50 - 54	601	541	519	553	638	501	486	491	487
55 - 59	777	677	630	733	803	650	631	637	622
60 - 64	942	799	765	805	954	791	718	725	730
Subscriber & Child									
Under 30	203	176	164	172	197	163	154	162	159
30 - 34	232	203	189	201	226	187	178	173	180
35 - 39	235	205	191	219	237	192	191	182	191
40 - 44	244	212	204	221	250	197	192	193	196
45 - 49	287	251	236	258	294	233	225	227	222
50 - 54	365	321	295	330	376	296	289	288	284
55 - 59	451	403	375	426	475	372	369	361	362
60 - 64	566	479	456	467	554	459	417	420	423
Family									
Under 30	326	290	254	258	313	220	234	248	250
30 - 34	393	327	321	331	361	285	298	301	303
35 - 39	431	377	349	361	428	318	323	326	328
40 - 44	485	423	394	409	473	391	367	373	364
45 - 49	546	475	442	457	531	439	415	434	428
50 - 54	677	599	578	597	715	539	549	563	550
55 - 59	867	752	715	811	917	727	708	708	702
60 - 64	1,036	878	834	875	1,039	860	781	788	794
Subscriber & Children									
Under 30	276	240	224	241	269	222	209	213	206
30 - 34	312	272	253	258	304	252	228	231	232
35 - 39	314	273	255	270	306	253	233	240	238
40 - 44	324	285	269	304	334	269	268	259	269
45 - 49	357	313	287	341	373	303	294	287	290
50 - 54	436	384	349	418	453	372	360	338	355
55 - 59	539	457	429	516	543	455	450	428	443
60 - 64	627	532	530	535	636	526	478	482	486
Single Child									
0	157	134	133	134	150	123	121	123	124
1 - 18	83	73	67	72	81	67	64	61	64
2 Children									
0	225	197	182	184	225	181	165	174	179
1 - 18	137	119	111	115	133	110	102	102	102
3+ Children									
0	297	258	241	243	289	238	217	219	223
1 - 18	211	186	166	175	208	172	156	157	158

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).

Give yourself every advantage...

good health, a bright smile



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!

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

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

Term Life Monthly Rates

Age	\$15,000 benefit	\$30,000 benefit	\$50,000 benefit	\$75,000 benefit	\$100,000 benefit
1-18	\$1.50	\$3.00	N/A	N/A	N/A
19-29	\$2.80	\$5.60	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$6.50	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$15.00	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$41.80	\$69.60	\$97.50	\$125.00
60-65	\$29.40	\$58.80	\$98.00	\$142.50	\$185.00

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Rates and benefits effective 3/1/07

11135 2/07