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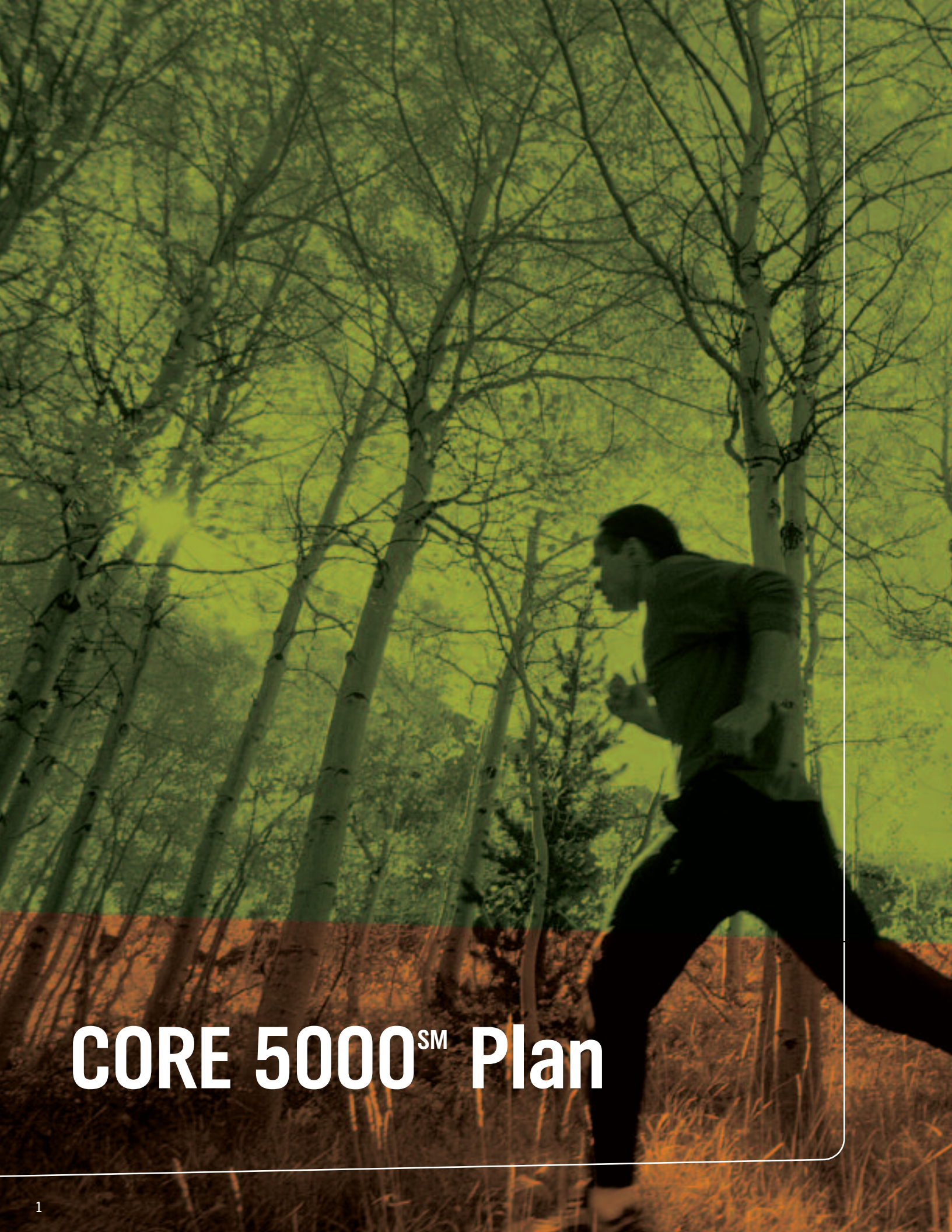
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Call Me

CORE 5000SM Plan

Individual and Family Health Care Plans for California



CORE 5000SM Plan

Why not put your money where your health is?

If you are a 30-34 year old, you can have the security of health care coverage for **\$56 - \$76 per month**, depending on where you live and your medical history.

Is the CORE 5000 Plan for you?

- Our lowest monthly premiums
- Immediate benefits for preventive care
- You pay only a percentage of the Blue Cross negotiated fee for inpatient and outpatient hospital services as well as emergency services, once you meet your deductible
- Doctors' office visits are covered once you meet your out-of-pocket maximum
- Immediate generic drug benefits
- No 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 13 and 14.

With the CORE 5000, now it's more affordable than ever to get the protection you need!

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.

CORE 5000

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 , inpatient or surgical procedures only (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	\$5,000 per member , inpatient or surgical procedures only (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 , only hospital costs apply (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	\$7,500 per member , only hospital costs apply (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)
Doctors' Office Visits	No office visit benefit until out-of-pocket maximum is met, then you pay \$0 of negotiated fee	No office visit benefit until out-of-pocket maximum is met, then you pay 50% of negotiated fee plus all excess charges
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	30% of negotiated fee for inpatient or surgical procedures only. No office visit benefits until out-of-pocket maximum is met, then you pay \$0 of negotiated fee	50% of negotiated fee, plus all excess charges for covered inpatient or surgical procedures only
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	Not Covered	Not Covered
Preventive Care	Routine mammogram, Pap and PSA tests ⁴ : 30% of negotiated fee (deductible waived) 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)
Ambulance	30% of negotiated fee	50% of negotiated fee plus all charges in excess of negotiated fee and in excess of the plan's \$750 maximum payment per ground trip
Physical/Occupational Therapy; Chiropractic Services	Not covered unless during inpatient admission	Not covered unless during inpatient admission
Acupuncture/Acupressure	Not Covered	Not Covered
Generic Prescription Drugs (No deductible)	\$10 copay generic (Drugs on Generic Rx Formulary only)	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance stated for in-network benefits (Drugs on Generic Rx Formulary only)

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.

What if you want more?

Rest assured that if you decide to start with the CORE 5000 and your needs change within the first six months of CORE 5000 enrollment, you can upgrade to the richer benefits of our PPO Share 5000 Plan with no review of your medical history needed.

Also, if you like the benefits of the CORE 5000 and want to consider the next step up, you may find that the PPO Share 5000 Plan fits your needs better without breaking the bank. A 30-34 year old can enjoy the richer benefits of the PPO Share 5000 for \$99 - \$125 per month, depending on where the member lives and his or her medical history.

With the PPO Share 5000 Plan, you'll have all the benefits of the CORE 5000 PLUS:

- Doctors' office visits (before meeting your deductible)
- Maternity benefits
- Annual physical exam (before meeting your deductible)
- Well Baby and Well Child preventive care (before meeting your deductible)
- Benefits for brand-name prescription drugs
- Additional enhanced benefits

The above is just an example of some of the benefits for the PPO Share 5000 Plan. For a more complete list of benefits, exclusions and limitations, please call your Blue Cross agent.



What the Medical Plan Does 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 CORE 5000 Policy booklet contains a comprehensive list of the plan's exclusions and limitations. For a sample copy of a Policy booklet, ask your agent or contact BC Life & Health Insurance Company (BCL&H).

Exclusions and Limitations

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

General Provisions

Mental Health Coverage

BCL&H 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

BCL&H 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 CORE 5000, 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 after your deductible is met.
- Professional Services (1 visit/day; 20 visits/year maximum) – You pay all charges except \$25/visit after your out-of-pocket maximum is met.

For more details regarding these benefits, refer to the Policy booklet.

Emergency Care

BCL&H 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 BCL&H about the authorization of additional services.

Rights and Obligations

No-Obligation Review Period

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

Guarding Your Privacy

BCL&H 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 Website at bluecrossca.com or by calling 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 BCL&H 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:

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

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

Incurred Medical Care Ratio

As required by law, we are advising you that Blue Cross of California and its affiliated companies' incurred medical care ratio for 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, 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 that the cost of our plans should be consistent with a member's expected health care needs and risk factors. That's why BCL&H 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 BCL&H representative for information regarding other Individual coverage options.

Waiting Periods

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	Riverside	92883	Area 4
	all other Alameda ZIPs	Area 3		all other Riverside ZIPs	Area 6
Alpine		Area 2	Sacramento	94571	Area 3
Amador		Area 2		all other Sacramento ZIPs	Area 2
Butte		Area 3	San Benito	93930, 95004	Area 1
Calaveras		Area 2		all other San Benito ZIPs	Area 2
Colusa		Area 3	San Bernardino	91766, 91792	Area 9
Contra Costa		Area 3		93516, 93555	Area 7
Del Norte		Area 1		all other San Bernardino ZIPs	Area 6
El Dorado		Area 2	San Diego		Area 6
Fresno	93245, 93618	Area 7		San Francisco	
	all other Fresno ZIPs	Area 2	San Joaquin	94514	Area 3
Glenn		Area 3		all other San Joaquin ZIPs	Area 2
Humboldt		Area 3	San Luis Obispo	93252	Area 7
Imperial		Area 6		93426	Area 1
Inyo	93527	Area 7		all other San Luis Obispo ZIPs	Area 8
	all other Inyo ZIPs	Area 2	San Mateo		Area 2
Kern	93536	Area 9		Santa Barbara	93252
	93558	Area 6	all other Santa Barbara ZIPs	Area 8	
	all other Kern ZIPs	Area 7	Santa Clara	94303, 95023	Area 2
Kings	93242, 93631, 93656	Area 2		all other Santa Clara ZIPs	Area 3
	all other Kings ZIPs	Area 7	Santa Cruz		Area 3
Lake		Area 3	Shasta		Area 1
Lassen		Area 1	Sierra	95922	Area 3
Los Angeles	ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560	Area 9		95960	Area 2
	90623, 90630, 90631	Area 4		all other Sierra ZIPs	Area 1
	91709	Area 6	Siskiyou		Area 1
	93243, 93560	Area 7		Solano	95690
	all other Los Angeles ZIPs	Area 5	all other Solano ZIPs	Area 3	
Madera		Area 2	Sonoma		Area 3
Marin		Area 2	Stanislaus		Area 2
Mariposa		Area 2	Sutter	95626, 95648, 95837	Area 2
Mendocino		Area 3		all other Sutter ZIPs	Area 3
Merced		Area 2	Tehama	95963, 95973	Area 3
Modoc		Area 1		all other Tehama ZIPs	Area 1
Mono		Area 2	Trinity	95526	Area 3
Monterey	93451	Area 8		all other Trinity ZIPs	Area 1
	95076	Area 3	Tulare	93631, 93641, 93646, 93654	Area 2
	all other Monterey ZIPs	Area 1		all other Tulare ZIPs	Area 7
Napa		Area 3	Tuolumne		Area 2
Nevada	95977	Area 3	Ventura	90265 and ZIP codes beginning with 913	Area 5
	all other Nevada ZIPs	Area 2		93252	Area 7
Orange	90638	Area 9		all other Ventura ZIPs	Area 8
	all other Orange ZIPs	Area 4	Yolo		Area 3
Placer	95668, 95692	Area 3		Yuba	95960
	all other Placer ZIPs	Area 2	all other Yuba ZIPs		Area 3
Plumas	95981	Area 3			
	all other Plumas ZIPs	Area 1			

CORE 5000 (DL96)

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	55	50	50	50	55	50	47	46	47
30 - 34	76	64	62	59	67	59	57	57	56
35 - 39	86	77	71	68	77	70	68	66	64
40 - 44	111	97	92	87	101	90	88	89	83
45 - 49	136	116	108	111	116	110	103	102	104
50 - 54	175	147	139	139	153	143	133	131	132
55 - 59	232	201	190	183	207	193	182	179	176
60 - 64	270	234	220	226	238	220	210	206	206
Subscriber & Spouse									
Under 30	125	106	102	95	108	96	95	93	88
30 - 34	148	122	113	110	125	112	109	107	106
35 - 39	184	156	146	139	168	148	145	140	134
40 - 44	225	190	172	164	193	166	163	164	166
45 - 49	273	229	212	198	231	201	197	195	192
50 - 54	362	309	299	299	345	303	285	280	279
55 - 59	473	410	398	392	439	403	380	374	372
60 - 64	536	461	439	452	476	438	419	412	412
Subscriber & Child									
Under 30	115	97	91	95	103	90	85	89	90
30 - 34	129	111	107	111	121	107	102	105	108
35 - 39	142	124	120	120	134	125	119	117	116
40 - 44	156	137	128	125	149	129	126	128	126
45 - 49	177	152	142	150	171	149	139	138	137
50 - 54	216	186	177	181	213	183	172	171	166
55 - 59	279	242	225	225	271	225	219	220	209
60 - 64	318	279	271	270	292	257	248	249	245
Family									
Under 30	199	168	162	152	173	153	149	148	142
30 - 34	233	198	183	174	200	174	170	172	160
35 - 39	267	225	209	200	227	210	198	199	192
40 - 44	299	256	238	222	273	225	220	218	215
45 - 49	339	288	268	250	298	255	248	248	236
50 - 54	418	349	331	343	390	338	318	317	311
55 - 59	512	442	431	440	505	438	415	412	401
60 - 64	581	496	480	504	531	483	453	466	462
Subscriber & Children									
Under 30	164	139	129	131	138	130	121	120	125
30 - 34	181	153	142	148	156	145	136	135	141
35 - 39	190	159	150	157	167	152	144	145	148
40 - 44	207	174	163	170	184	168	159	158	162
45 - 49	225	192	178	182	204	178	167	166	172
50 - 54	266	222	209	216	246	213	200	199	206
55 - 59	324	277	262	270	307	267	252	250	257
60 - 64	350	308	299	304	330	289	276	276	271
Single Child									
0	113	102	94	98	105	95	91	89	91
1 - 18	54	49	47	45	50	45	44	44	42
2 Children									
0	159	136	134	131	145	128	123	126	124
1 - 18	84	71	69	67	74	68	65	65	63
3+ Children									
0	199	170	161	159	172	156	150	152	150
1 - 18	133	118	112	106	119	106	103	102	97

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 (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).

**This plan makes it easy to upgrade
if your needs change.**



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 Blue PPO plans 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!

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
60-64	\$29.40	\$58.80	\$98.00	\$142.50	\$185.00

mile and financial security.



CLICK HERE

for **instant** online quotes



Ready to Enroll?

Call Your Blue Cross Agent Today!



May we assist you?

Click here to have a Specialist call you.

Call Me

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

The following plans are offered by BCL&H: Lumenos[®], CORE 5000, Basic PPO 1000/2500, PPO Saver, PPO Share 5000/1000/500, RightPlan PPO 40, 3500 Deductible PPO, PPO 3500 (HSA-Compatible), Short-Term PPO, Tonik, Term Life and Dental Blue PPO. [®]Lumenos is a registered trademark.

bluecrossca.com

CORE 5000 rates and benefits effective 10/1/06
PPO Share 5000 rates and benefits effective 3/1/07

13061 5/07

