



BC Life & Health
Insurance Company

Individual and Family Short-Term PPO Plan

*The **Immediate** Coverage You Need*

- ▶ **Between jobs**
- ▶ **After graduation**
- ▶ **While waiting for permanent coverage**

*The **Power to Choose***

- ▶ *Coverage from 30 to 185 days*
- ▶ *Any day of the month to begin or end coverage*
- ▶ *Deductible you prefer from \$250 to \$2000*



How "The Power of BlueSM" Benefits You

- ▶ You can depend on BC Life & Health's experience, stability and operating efficiency.
- ▶ We negotiate lower overall medical costs, saving you money.
- ▶ You save money by using doctors and medical facilities from one of the largest Preferred Provider Organization (PPO) networks in the state.
- ▶ No claim forms are needed with network providers.
- ▶ We've been serving California for more than 60 years.

BC Life & Health Insurance Company is an affiliate of Blue Cross of California.

Maximum Coverage Period

You decide the length of coverage of your BC Life & Health Insurance Company Short-Term PPO Plan. This policy is non-renewable and designed to meet your health plan needs while you are between other coverage. After your Short-Term PPO Plan expires, you may complete a new application and reapply for a new plan. After you have a total of 12 months of coverage, you must wait six months before you reapply for short-term coverage.

Eligibility and Enrollment

Pricing is based on a per member per day rate. Be sure to remit your check for the entire premium with your application. You may also choose to pay by credit card. (Visa, MasterCard, or Discover)

To qualify for coverage you must be:

- ▶ 15 days to 64 years old
- ▶ the applicant's spouse, age 64 or younger
- ▶ a permanent legal resident of California, and
- ▶ a resident of the United States for at least three months

To qualify for coverage your dependent must be:

- ▶ the applicant's child, or the child of the applicant's enrolling spouse, under 19 years of age; or
- ▶ the applicant's unmarried dependent child between the ages of 19 and 23 ("dependent" as defined by the Internal Revenue Service).

Effective Date of Coverage

Coverage begins at 12:01 a.m. on the Effective Date printed on your identification card.

What The Plan Covers*

- ▶ emergency care
- ▶ ambulance (\$1,000 benefit maximum)
- ▶ hospitalization services
- ▶ outpatient services
- ▶ access to any doctor you want
- ▶ professional services including x-ray, lab, and office visits



- ▶ prescription drugs
- ▶ Accidental death and dismemberment coverage (AD & D) up to \$50,000
- ▶ 24-hour clinically accurate medical information and resources through MedCall®
- ▶ \$3,000,000 per person maximum lifetime benefit for medical

Stay Healthy with HealthyCheck

Annual health care screenings are available to Blue Cross members from age 7 to adult at a HealthyCheck Center. Members pay a flat fee of \$25 to \$75, depending on the level of services. Deductibles do not apply.

*These listings are an overview only. Please review the Overview of Coverage inside this brochure. Refer to the Policy booklet for a comprehensive list of benefits. For a sample copy of the Policy booklet, ask your agent or contact BC Life & Health.

Extra Value from BC Life & Health to Keep You Healthy

HealthyExtensionsSM offers helpful resources to meet individual health and fitness goals. Learn more online at www.bluecrossca.com.

- ▶ **MedCall®** connects you to a registered nurse by phone, toll-free, any time of the day or night, and gives you access to educational audio tapes on more than 230 health topics.
- ▶ **BlueCard®** gives you access to participating doctors and medical facilities throughout the U.S.
- ▶ **Vision One™** Eyecare Program offers you savings on your eye care needs including frames, lenses and contacts, at participating locations throughout California.

*MedCall is a Registered Mark of WellPoint Health Networks Inc.; HealthyExtensions is a Service Mark of WellPoint Health Networks Inc. These programs are provided by BC Life & Health as a service to members. These services do not constitute benefits under BC Life & Health plans and are subject to change or cancellation without notice.

Short-Term Overview

Member's share of costs (**after deductible, if any**). This is an overview of coverage. A comprehensive description of coverage, benefits and limitations is contained in the Combined Evidence of Coverage and Disclosure Form. For a copy, contact BC Life & Health or your agent.

Benefits	Participating Provider (In-Network)	Nonparticipating Provider (Out-of-Network)
Lifetime Maximum	\$3,000,000	
Deductible	\$250, \$500, \$1000, \$2,000 per member; depending on plan chosen	
Out-of-Pocket Maximum	\$1,000 per member, participating and non-participating combined (plus deductible)	
Professional Services Including x-ray, lab, and office visits	20% of negotiated fee	20% of negotiated fee plus any excess
Hospital Inpatient/Outpatient	Preferred Participating Providers and Participating Providers: 20% of negotiated fee	20% of negotiated fee plus any excess, up to \$650 per day inpatient, \$380 per day outpatient
Emergency Services \$50 copay for each visit – waived for accidents or if admitted	20% of negotiated fee	(In California) Physician: 20% of customary and reasonable; plus any excess. Hospital: 20% of customary and reasonable for the first 48 hrs plus any excess. Ambulatory Surgical Center: 20% of customary and reasonable charges plus any excess
Ambulance Up to \$1,000 maximum	20% of negotiated fee	20% of negotiated fee
Prescription Drugs ¹ 30-day supply; retail only; no mail order benefits; Brand name drug maximum of \$500 per insured	\$10 generic; \$30 brand name	(In California): you pay all charges except 50% of drug limited fee schedule; (Outside California): you pay drug limited fee schedule amount less copay as stated for participating pharmacies
Maternity Care	No benefits	No benefits
Physical Therapy, Occupational Therapy, Chiropractic Care \$1,000 per member maximum	20% of negotiated rate	20% of negotiated fee plus any excess

¹If you request brand name, you pay the difference between brand name and generic, in addition to copay and deductible. Generic drugs are based upon the BC Life & Health drug formulary.

What The Plan Does Not Cover

Every health plan has exclusions and limitations. These listings are an overview only. A comprehensive description of what is covered and what is not covered under the plan can be found in the Policy booklet.

- ▶ No benefits will be provided for any preexisting condition as defined in the policy. However, if you were covered under qualifying prior coverage within 63 days of becoming covered under this Policy, the time spent under the qualifying prior coverage will be used to satisfy, or partially satisfy, the six-month period.
- ▶ Services or supplies that are not medically necessary, as determined by BC Life & Health.
- ▶ Experimental or investigative care or therapy.
- ▶ Services received before your Effective Date or during an inpatient stay that began before your Effective Date.
- ▶ Services rendered before coverage begins or after coverage ends.
- ▶ Services or supplies for which no charge is made, or for which no charge would be made if you had no insurance coverage or services for which you are not legally obligated to pay.
- ▶ Conditions covered by workers' compensation or similar laws.
- ▶ Conditions arising from any act of war, invasion, armed aggression or release of nuclear energy.
- ▶ Any services provided by a local, state, county or federal government agency including any foreign government.
- ▶ Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid.
- ▶ Services provided by relatives, and professional services received from a person who lives in your home or who is related to you by blood, marriage or adoption.
- ▶ Private duty nursing, including inpatient or outpatient services of a private duty nurse.
- ▶ Custodial care.
- ▶ Services provided in a facility that provides continuous skilled nursing care.

- ▶ Diagnostic admissions.
- ▶ Dental care and treatment or treatment on or to the teeth and gums – unless covered under accidental injury.
- ▶ Dental implants.
- ▶ Orthodontic services, braces, and other orthodontic appliances.
- ▶ Hearing aids and routine hearing tests.
- ▶ Eyeglasses and eye examinations.
- ▶ Certain eye surgeries including those solely for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and astigmatism.
- ▶ Cosmetic surgery².
- ▶ Sex change operations or related treatment and study.
- ▶ Maternity care.
- ▶ Well-Baby and Well-Child Care.
- ▶ All services related to the evaluation or treatment of infertility, including reversal of sterilization.
- ▶ Services primarily for weight reduction or treatment of obesity, or any care which involves weight reduction as the main method of treatment.
- ▶ Orthopedic shoes (except when joined to braces) or shoe inserts.
- ▶ Items which are furnished primarily for your personal comfort or convenience.
- ▶ Consultations provided by telephone or facsimile machines.
- ▶ Nutritional counseling and food supplements except as stated in your plan agreement.
- ▶ Educational services except as specifically provided or arranged by BC Life & Health.
- ▶ Treatment furnished in a non-contracting California hospital except for a medical emergency as defined in the Policy booklet.
- ▶ Routine physical exams
- ▶ Smoking cessation
- ▶ Durable Medical Equipment (DME)
- ▶ Outpatient drugs and medications
- ▶ Outpatient speech therapy
- ▶ Treatment of sexual dysfunction
- ▶ Organ and tissue transplants

²Does not apply to reconstructive surgery to restore a bodily function or to correct a deformity caused by injury or medically necessary reconstructive surgery performed to restore symmetry incident to mastectomy.

Grievances

All complaints and disputes relating to your coverage must be resolved in accordance with BC Life & Health grievance procedure. Grievances may be made by telephone or in writing; the phone number and address are located on your BC Life & Health ID card. All grievances received by BC Life & Health will be answered in writing, together with a description of how BC Life & Health proposes to resolve the grievance.

Terms of Coverage

BC Life & Health 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. BC Life & Health does not change coverage or rates unless the change applies to all covered persons of the same class.

Important Note: To be eligible for a Guarantee Issue plan under the Health Insurance Portability and Accountability Act, a person must, among other things, have been most recently covered under an employer plan. A Short-Term plan is NOT an employer plan and therefore, most recent coverage under a Short-Term policy will make a person ineligible for HIPAA Guarantee Issue plans.

Please contact your agent for information about other individual coverage options. Approved and enrolled members will receive a BC Life & Health subscriber identification (ID) card and a Policy booklet. The Policy gives a comprehensive description of what is covered and what is not covered under the plan and may be requested in advance by calling Customer Service toll-free at (800) 333-0912.

How To Calculate Your Premium

1. Find your county to determine your Area.
2. Choose the deductible you prefer.
3. Find the Age Range of the applicant* (as of the effective date) to determine the per day rate.
4. Multiply the per day rate by the number of days selected (Section 2B) to determine premium.

*Use the age of the younger spouse for Subscriber and Spouse or Family plans or the age of the youngest child for children-only plans.

Example of a Premium Calculation:

Jim, 33 and Jean, 28, live in Riverside County (Area 6). They choose the \$1,000 deductible plan. They select 75 days of coverage.

Subscriber + spouse
rate, based on
age of younger
spouse (age 28)

Per day rate =
\$3.55
\$3.55 x 75 days =
\$266.25 (Total Premium Due)



Short - Term PPO Plan Per Day Rates Area 1

Alpine, Amador, Butte, Calaveras, El Dorado, Glenn, Kings, Lake, Lassen,
Nevada, Placer, San Benito, Shasta, Sierra, Sutter, Tehama, and Tuolumne

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
Single				
19-29	\$2.34	\$1.76	\$1.40	\$1.19
30-34	\$2.82	\$2.11	\$1.69	\$1.43
35-39	\$3.29	\$2.46	\$1.98	\$1.67
40-44	\$3.83	\$2.87	\$2.30	\$1.94
45-49	\$4.61	\$3.46	\$2.77	\$2.33
50-54	\$5.79	\$4.34	\$3.48	\$2.94
55-59	\$7.36	\$5.52	\$4.42	\$3.74
60-64	\$9.15	\$6.89	\$5.46	\$4.64
Subscriber & Spouse				
19-29	\$4.65	\$3.50	\$2.78	\$2.36
30-34	\$5.59	\$4.19	\$3.35	\$2.84
35-39	\$6.53	\$4.88	\$3.92	\$3.32
40-44	\$7.60	\$5.70	\$4.57	\$3.85
45-49	\$9.15	\$6.87	\$5.49	\$4.63
50-54	\$11.49	\$8.62	\$6.90	\$5.83
55-59	\$14.60	\$10.96	\$8.77	\$7.42
60-64	\$18.17	\$13.67	\$10.85	\$9.21
Subscriber & Child				
19-29	\$4.76	\$3.58	\$2.84	\$2.41
30-34	\$5.24	\$3.93	\$3.14	\$2.65
35-39	\$5.72	\$4.29	\$3.43	\$2.90
40-44	\$6.27	\$4.71	\$3.76	\$3.17
45-49	\$7.06	\$5.31	\$4.23	\$3.57
50-54	\$8.26	\$6.21	\$4.96	\$4.19
55-59	\$9.86	\$7.40	\$5.91	\$5.00
60-64	\$11.69	\$8.80	\$6.98	\$5.92
Family				
19-29	\$7.12	\$5.36	\$4.26	\$3.61
30-34	\$8.08	\$6.06	\$4.84	\$4.10
35-39	\$9.04	\$6.76	\$5.42	\$4.58
40-44	\$10.12	\$7.60	\$6.08	\$5.13
45-49	\$11.69	\$8.79	\$7.02	\$5.93
50-54	\$14.08	\$10.57	\$8.45	\$7.14
55-59	\$17.25	\$12.95	\$10.36	\$8.76
60-64	\$20.88	\$15.72	\$12.47	\$10.58
Subscriber & Children				
19-29	\$6.14	\$4.63	\$3.68	\$3.12
30-34	\$6.63	\$4.98	\$3.97	\$3.36
35-39	\$7.11	\$5.34	\$4.26	\$3.61
40-44	\$7.66	\$5.76	\$4.59	\$3.88
45-49	\$8.45	\$6.36	\$5.07	\$4.28
50-54	\$9.65	\$7.26	\$5.79	\$4.90
55-59	\$11.25	\$8.45	\$6.75	\$5.71
60-64	\$13.08	\$9.85	\$7.81	\$6.63
Single Child				
0	\$5.05	\$3.81	\$3.03	\$2.56
1-18	\$2.34	\$1.76	\$1.40	\$1.19
2 Children				
0	\$6.77	\$5.11	\$4.06	\$3.44
1-18	\$3.69	\$2.78	\$2.21	\$1.87
3+ Children				
0	\$8.39	\$6.32	\$5.03	\$4.26
1-18	\$5.53	\$4.17	\$3.31	\$2.81

Area 2

Fresno, Imperial, Kern, Marin, Mariposa, Merced, Napa, Santa Cruz, Sonoma,
Stanislaus, the following Santa Barbara ZIP codes: 93427, 93429, 93434,
93436-38, 93440-41, 93454-56, 93460, 93463, 93499, and the following San
Bernardino ZIP code: 93562

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
Single				
19-29	\$2.45	\$1.83	\$1.47	\$1.24
30-34	\$2.94	\$2.20	\$1.76	\$1.49
35-39	\$3.42	\$2.57	\$2.06	\$1.74
40-44	\$4.00	\$3.00	\$2.40	\$2.04
45-49	\$4.82	\$3.61	\$2.89	\$2.46
50-54	\$6.06	\$4.52	\$3.63	\$3.08
55-59	\$7.71	\$5.75	\$4.62	\$3.91
60-64	\$9.60	\$7.16	\$5.76	\$4.86
Subscriber & Spouse				
19-29	\$4.87	\$3.64	\$2.92	\$2.47
30-34	\$5.83	\$4.37	\$3.50	\$2.96
35-39	\$6.79	\$5.10	\$4.09	\$3.46
40-44	\$7.94	\$5.95	\$4.77	\$4.05
45-49	\$9.57	\$7.16	\$5.74	\$4.89
50-54	\$12.04	\$8.98	\$7.22	\$6.11
55-59	\$15.31	\$11.41	\$9.18	\$7.76
60-64	\$19.06	\$14.21	\$11.43	\$9.66
Subscriber & Child				
19-29	\$4.99	\$3.72	\$2.98	\$2.52
30-34	\$5.48	\$4.10	\$3.28	\$2.78
35-39	\$5.97	\$4.47	\$3.58	\$3.03
40-44	\$6.56	\$4.91	\$3.93	\$3.33
45-49	\$7.40	\$5.53	\$4.43	\$3.76
50-54	\$8.66	\$6.46	\$5.19	\$4.39
55-59	\$10.34	\$7.70	\$6.19	\$5.24
60-64	\$12.26	\$9.14	\$7.35	\$6.21
Family				
19-29	\$7.46	\$5.57	\$4.47	\$3.78
30-34	\$8.43	\$6.32	\$5.06	\$4.28
35-39	\$9.41	\$7.06	\$5.66	\$4.79
40-44	\$10.58	\$7.92	\$6.35	\$5.39
45-49	\$12.24	\$9.16	\$7.34	\$6.24
50-54	\$14.75	\$11.01	\$8.84	\$7.49
55-59	\$18.09	\$13.48	\$10.84	\$9.17
60-64	\$21.90	\$16.33	\$13.13	\$11.10
Subscriber & Children				
19-29	\$6.44	\$4.81	\$3.86	\$3.27
30-34	\$6.93	\$5.19	\$4.16	\$3.52
35-39	\$7.42	\$5.56	\$4.46	\$3.77
40-44	\$8.02	\$5.99	\$4.81	\$4.08
45-49	\$8.85	\$6.62	\$5.31	\$4.50
50-54	\$10.11	\$7.55	\$6.06	\$5.13
55-59	\$11.80	\$8.79	\$7.07	\$5.98
60-64	\$13.72	\$10.23	\$8.22	\$6.95
Single Child				
0	\$5.30	\$3.95	\$3.17	\$2.69
1-18	\$2.45	\$1.83	\$1.47	\$1.24
2 Children				
0	\$7.10	\$5.30	\$4.25	\$3.60
1-18	\$3.87	\$2.89	\$2.32	\$1.96
3+ Children				
0	\$8.80	\$6.57	\$5.27	\$4.46
1-18	\$5.80	\$4.33	\$3.47	\$2.94

Area 3

Alameda, Contra Costa, Mateo, Sacramento, San Mateo, Santa Clara, and the following Los Angeles ZIP codes: 93520, 93532, 93534-36, 93539, 93543-44, 93550-53, 93563, 93584, 93586, 93590-91

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
Single				
19-29	\$2.41	\$1.82	\$1.44	\$1.22
30-34	\$2.89	\$2.18	\$1.73	\$1.47
35-39	\$3.37	\$2.55	\$2.02	\$1.72
40-44	\$3.94	\$2.97	\$2.36	\$2.00
45-49	\$4.75	\$3.57	\$2.84	\$2.41
50-54	\$5.96	\$4.49	\$3.55	\$3.02
55-59	\$7.57	\$5.71	\$4.50	\$3.83
60-64	\$9.41	\$7.10	\$5.62	\$4.77
Subscriber & Spouse				
19-29	\$4.78	\$3.62	\$2.85	\$2.42
30-34	\$5.74	\$4.33	\$3.44	\$2.92
35-39	\$6.70	\$5.05	\$4.02	\$3.41
40-44	\$7.82	\$5.89	\$4.69	\$3.97
45-49	\$9.42	\$7.09	\$5.64	\$4.78
50-54	\$11.83	\$8.91	\$7.05	\$6.00
55-59	\$15.03	\$11.34	\$8.94	\$7.61
60-64	\$18.68	\$14.10	\$11.16	\$9.48
Subscriber & Child				
19-29	\$4.89	\$3.70	\$2.91	\$2.48
30-34	\$5.39	\$4.06	\$3.21	\$2.73
35-39	\$5.88	\$4.43	\$3.51	\$2.98
40-44	\$6.45	\$4.86	\$3.85	\$3.27
45-49	\$7.27	\$5.48	\$4.35	\$3.68
50-54	\$8.51	\$6.41	\$5.07	\$4.31
55-59	\$10.15	\$7.66	\$6.03	\$5.14
60-64	\$12.02	\$9.07	\$7.17	\$6.09
Family				
19-29	\$7.32	\$5.53	\$4.37	\$3.71
30-34	\$8.30	\$6.27	\$4.96	\$4.22
35-39	\$9.27	\$7.00	\$5.55	\$4.72
40-44	\$10.41	\$7.85	\$6.23	\$5.29
45-49	\$12.05	\$9.07	\$7.21	\$6.11
50-54	\$14.49	\$10.93	\$8.64	\$7.35
55-59	\$17.75	\$13.40	\$10.56	\$8.99
60-64	\$21.47	\$16.21	\$12.82	\$10.89
Subscriber & Children				
19-29	\$6.32	\$4.78	\$3.77	\$3.21
30-34	\$6.81	\$5.15	\$4.07	\$3.46
35-39	\$7.31	\$5.52	\$4.37	\$3.71
40-44	\$7.88	\$5.95	\$4.71	\$4.00
45-49	\$8.70	\$6.56	\$5.20	\$4.41
50-54	\$9.93	\$7.50	\$5.92	\$5.04
55-59	\$11.58	\$8.74	\$6.89	\$5.87
60-64	\$13.45	\$10.16	\$8.03	\$6.82
Single Child				
0	\$5.20	\$3.93	\$3.10	\$2.64
1-18	\$2.41	\$1.82	\$1.44	\$1.22
2 Children				
0	\$6.97	\$5.27	\$4.16	\$3.53
1-18	\$3.80	\$2.87	\$2.27	\$1.93
3+ Children				
0	\$8.63	\$6.53	\$5.15	\$4.38
1-18	\$5.69	\$4.30	\$3.39	\$2.89

Area 4

Humbolt, Inyo, Mendocino, Mono, Monterey, Orange, Plumas, Santa Barbara (except those ZIP codes listed in Area 2), Siskiyou, Trinity, Ventura, and the following Los Angeles ZIP codes: 91301, 91310, 91321-22, 91350-51, 91354-55, 91380-86

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
Single				
19-29	\$2.99	\$2.25	\$1.79	\$1.53
30-34	\$3.59	\$2.70	\$2.15	\$1.83
35-39	\$4.19	\$3.16	\$2.51	\$2.13
40-44	\$4.88	\$3.68	\$2.93	\$2.50
45-49	\$5.87	\$4.42	\$3.52	\$3.02
50-54	\$7.36	\$5.56	\$4.41	\$3.78
55-59	\$9.35	\$7.07	\$5.59	\$4.80
60-64	\$11.65	\$8.78	\$6.96	\$5.96
Subscriber & Spouse				
19-29	\$5.93	\$4.47	\$3.55	\$3.03
30-34	\$7.13	\$5.37	\$4.27	\$3.63
35-39	\$8.32	\$6.26	\$4.98	\$4.23
40-44	\$9.68	\$7.30	\$5.81	\$4.96
45-49	\$11.65	\$8.78	\$6.99	\$6.00
50-54	\$14.62	\$11.03	\$8.75	\$7.50
55-59	\$18.57	\$14.03	\$11.10	\$9.52
60-64	\$23.13	\$17.42	\$13.81	\$11.83
Subscriber & Child				
19-29	\$6.07	\$4.57	\$3.63	\$3.10
30-34	\$6.68	\$5.03	\$4.00	\$3.40
35-39	\$7.30	\$5.49	\$4.36	\$3.71
40-44	\$8.00	\$6.02	\$4.79	\$4.09
45-49	\$9.00	\$6.78	\$5.39	\$4.62
50-54	\$10.52	\$7.94	\$6.29	\$5.39
55-59	\$12.55	\$9.47	\$7.50	\$6.43
60-64	\$14.89	\$11.22	\$8.89	\$7.61
Family				
19-29	\$9.07	\$6.84	\$5.43	\$4.64
30-34	\$10.29	\$7.75	\$6.16	\$5.25
35-39	\$11.51	\$8.67	\$6.89	\$5.86
40-44	\$12.90	\$9.72	\$7.73	\$6.61
45-49	\$14.90	\$11.23	\$8.94	\$7.66
50-54	\$17.92	\$13.52	\$10.73	\$9.19
55-59	\$21.94	\$16.57	\$13.12	\$11.25
60-64	\$26.58	\$20.03	\$15.88	\$13.60
Subscriber & Children				
19-29	\$7.84	\$5.91	\$4.69	\$4.01
30-34	\$8.45	\$6.37	\$5.06	\$4.31
35-39	\$9.06	\$6.83	\$5.43	\$4.62
40-44	\$9.76	\$7.36	\$5.85	\$5.00
45-49	\$10.77	\$8.12	\$6.46	\$5.41
50-54	\$12.29	\$9.27	\$7.36	\$6.30
55-59	\$14.32	\$10.81	\$8.56	\$7.34
60-64	\$16.66	\$12.55	\$9.95	\$8.52
Single Child				
0	\$6.44	\$4.86	\$3.86	\$3.30
1-18	\$2.99	\$2.25	\$1.79	\$1.53
2 Children				
0	\$8.64	\$6.51	\$5.17	\$4.42
1-18	\$4.71	\$3.55	\$2.82	\$2.41
3+ Children				
0	\$10.70	\$8.07	\$6.40	\$5.47
1-18	\$7.05	\$5.32	\$4.22	\$3.61

Area 5

Los Angeles, except those ZIP codes listed in Areas 3, 4, and 6

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
Single				
19-29	\$3.47	\$2.60	\$2.08	\$1.78
30-34	\$4.17	\$3.12	\$2.50	\$2.13
35-39	\$4.86	\$3.64	\$2.91	\$2.48
40-44	\$5.67	\$4.25	\$3.40	\$2.90
45-49	\$6.82	\$5.12	\$4.11	\$3.50
50-54	\$8.56	\$6.42	\$5.14	\$4.38
55-59	\$10.87	\$8.15	\$6.53	\$5.57
60-64	\$13.53	\$10.15	\$8.12	\$6.93
Subscriber & Spouse				
19-29	\$6.89	\$5.16	\$4.13	\$3.53
30-34	\$8.27	\$6.20	\$4.95	\$4.23
35-39	\$9.65	\$7.23	\$5.78	\$4.93
40-44	\$11.25	\$8.44	\$6.76	\$5.76
45-49	\$13.54	\$10.16	\$8.15	\$6.95
50-54	\$16.99	\$12.74	\$10.21	\$8.70
55-59	\$21.59	\$16.18	\$12.96	\$11.05
60-64	\$26.85	\$20.14	\$16.12	\$13.76
Subscriber & Child				
19-29	\$7.06	\$5.29	\$4.23	\$3.60
30-34	\$7.76	\$5.82	\$4.65	\$3.97
35-39	\$8.47	\$6.34	\$5.07	\$4.33
40-44	\$9.29	\$6.96	\$5.57	\$4.75
45-49	\$10.47	\$7.85	\$6.29	\$5.36
50-54	\$12.24	\$9.17	\$7.34	\$6.26
55-59	\$14.59	\$10.94	\$8.76	\$7.47
60-64	\$17.30	\$12.97	\$10.38	\$8.86
Family				
19-29	\$10.55	\$7.91	\$6.32	\$5.40
30-34	\$11.95	\$8.96	\$7.16	\$6.11
35-39	\$13.36	\$10.01	\$8.00	\$6.83
40-44	\$14.99	\$11.24	\$9.00	\$7.67
45-49	\$17.32	\$12.99	\$10.42	\$8.88
50-54	\$20.83	\$15.62	\$12.51	\$10.67
55-59	\$25.51	\$19.12	\$15.32	\$13.06
60-64	\$30.87	\$23.15	\$18.53	\$15.82
Subscriber & Children				
19-29	\$9.11	\$6.83	\$5.46	\$4.66
30-34	\$9.82	\$7.36	\$5.88	\$5.02
35-39	\$10.53	\$7.89	\$6.31	\$5.38
40-44	\$11.35	\$8.50	\$6.81	\$5.81
45-49	\$12.52	\$9.39	\$7.52	\$6.41
50-54	\$14.29	\$10.71	\$8.58	\$7.32
55-59	\$16.65	\$12.48	\$9.99	\$8.52
60-64	\$19.35	\$14.51	\$11.61	\$9.91
Single Child				
0	\$7.49	\$5.61	\$4.49	\$3.83
1-18	\$3.47	\$2.60	\$2.08	\$1.78
2 Children				
0	\$10.05	\$7.53	\$6.02	\$5.14
1-18	\$5.48	\$4.11	\$3.28	\$2.80
3+ Children				
0	\$12.44	\$9.32	\$7.46	\$6.36
1-18	\$8.20	\$6.14	\$4.92	\$4.19

Area 6

Colusa, Del Norte, Modoc, Riverside, San Bernardino (except the ZIP code listed in Area 2), San Diego, San Luis Obispo, Tulare, Yolo, Yuba, and the following Los Angeles ZIP codes: 91711, 91750, 91765-69, 91773

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
Single				
19-29	\$2.55	\$1.91	\$1.53	\$1.30
30-34	\$3.06	\$2.29	\$1.84	\$1.56
35-39	\$3.57	\$2.67	\$2.15	\$1.81
40-44	\$4.17	\$3.12	\$2.50	\$2.12
45-49	\$5.02	\$3.76	\$3.00	\$2.56
50-54	\$6.29	\$4.71	\$3.77	\$3.22
55-59	\$7.99	\$5.99	\$4.78	\$4.09
60-64	\$9.94	\$7.45	\$5.96	\$5.04
Subscriber & Spouse				
19-29	\$5.05	\$3.79	\$3.03	\$2.58
30-34	\$6.07	\$4.54	\$3.64	\$3.09
35-39	\$7.09	\$5.29	\$4.26	\$3.60
40-44	\$8.27	\$6.19	\$4.95	\$4.21
45-49	\$9.96	\$7.46	\$5.96	\$5.08
50-54	\$12.48	\$9.36	\$7.48	\$6.38
55-59	\$15.85	\$11.89	\$9.50	\$8.12
60-64	\$19.74	\$14.80	\$11.83	\$10.01
Subscriber & Child				
19-29	\$5.17	\$3.88	\$3.10	\$2.64
30-34	\$5.69	\$4.26	\$3.41	\$2.90
35-39	\$6.21	\$4.65	\$3.73	\$3.16
40-44	\$6.82	\$5.11	\$4.08	\$3.47
45-49	\$7.69	\$5.76	\$4.60	\$3.92
50-54	\$8.98	\$6.73	\$5.38	\$4.59
55-59	\$10.71	\$8.03	\$6.41	\$5.48
60-64	\$12.70	\$9.52	\$7.61	\$6.45
Family				
19-29	\$7.73	\$5.81	\$4.64	\$3.95
30-34	\$8.77	\$6.57	\$5.26	\$4.47
35-39	\$9.81	\$7.33	\$5.89	\$4.99
40-44	\$11.01	\$8.25	\$6.60	\$5.61
45-49	\$12.73	\$9.54	\$7.62	\$6.50
50-54	\$15.30	\$11.47	\$9.17	\$7.82
55-59	\$18.73	\$14.05	\$11.22	\$9.59
60-64	\$22.68	\$17.01	\$13.60	\$11.52
Subscriber & Children				
19-29	\$6.68	\$5.02	\$4.01	\$3.41
30-34	\$7.20	\$5.40	\$4.32	\$3.67
35-39	\$7.72	\$5.78	\$4.64	\$3.94
40-44	\$8.33	\$6.24	\$4.99	\$4.25
45-49	\$9.20	\$6.90	\$5.51	\$4.70
50-54	\$10.49	\$7.87	\$6.29	\$5.36
55-59	\$12.22	\$9.17	\$7.32	\$6.25
60-64	\$14.21	\$10.66	\$8.52	\$7.22
Single Child				
0	\$5.49	\$4.13	\$3.30	\$2.81
1-18	\$2.55	\$1.91	\$1.53	\$1.30
2 Children				
0	\$7.36	\$5.53	\$4.42	\$3.76
1-18	\$4.02	\$3.02	\$2.41	\$2.05
3+ Children				
0	\$9.12	\$6.85	\$5.47	\$4.66
1-18	\$6.01	\$4.51	\$3.61	\$3.07



BC Life & Health
Insurance Company

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