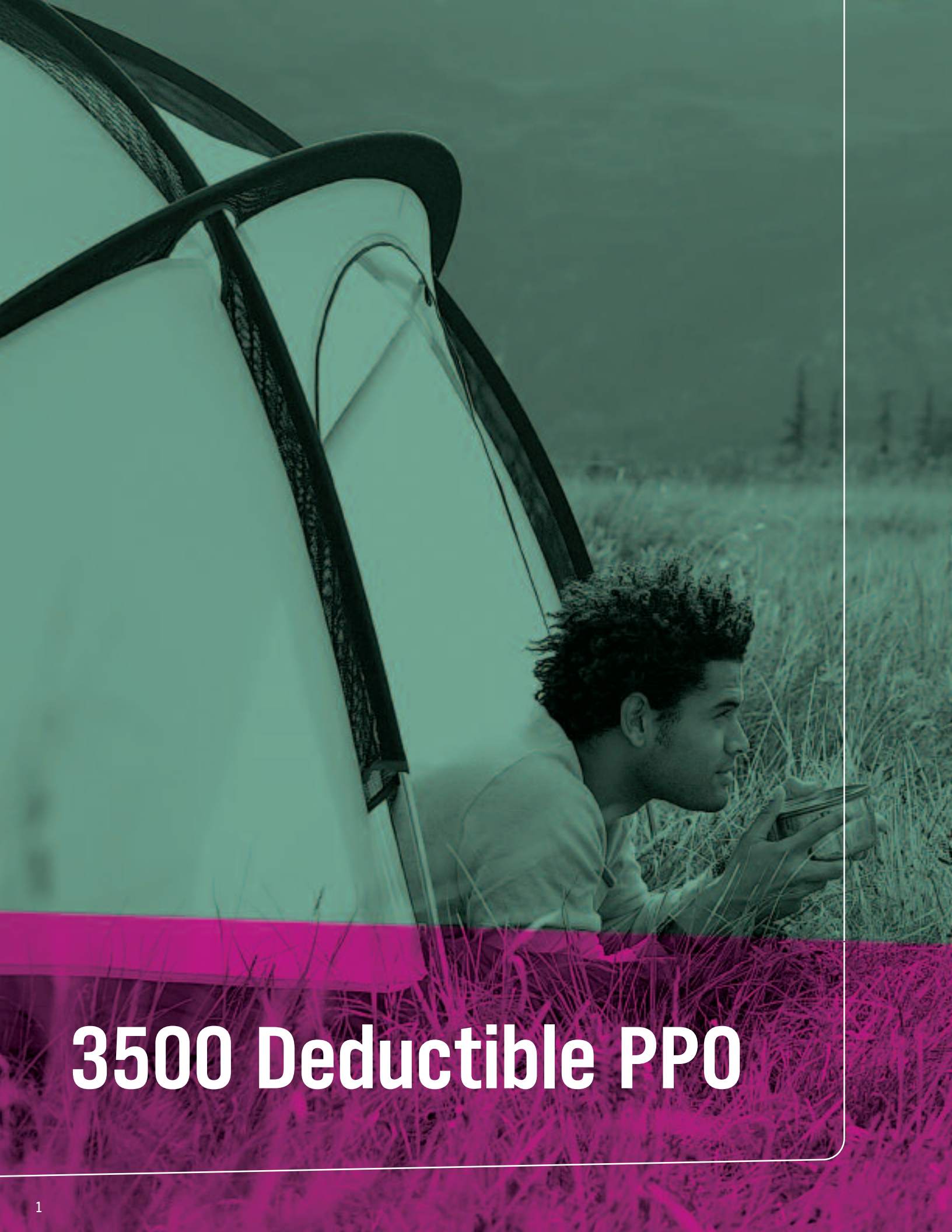


BC Life & Health  
Insurance Company

# 3500 Deductible PPO

Individual and Family Health Care Plans for California

G. William Moore  
Blue Cross Specialist  
[www.GWilliamMoore.com](http://www.GWilliamMoore.com)  
(562) 431-5575  
Cal. Ins. Lic. # 0707682



# 3500 Deductible PPO

## Is this plan for you?

- Simple, comprehensive coverage – just meet your medical deductible and then pay \$0 for most covered services in-network
- One of our lowest out-of-pocket maximums
- Brand-name and generic prescription drug coverage
- 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.

**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.**

# 3500 Deductible PPO Plan

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

Benefit	In-Network	Out-of-Network
<b>Annual Deductible</b> (Combined for In-Network and Out-of-Network)	<b>\$3,500 per member</b> (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	<b>\$3,500 per member</b> (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)
<b>Lifetime Maximum</b> (Combined for In-Network and Out-of-Network)	\$5,000,000 per member	\$5,000,000 per member
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b> (Includes deductible) (Combined for In-Network and Out-of-Network)	<b>This is satisfied once the annual deductible is met</b>	<b>\$10,000 per member</b> (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)
<b>Doctors' Office Visits</b>	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)
<b>Professional Services</b> (X-ray, lab, anesthesia, surgeon, etc.)	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)
<b>Hospital Inpatient</b> (Overnight Hospital Stays)	\$0 after deductible <sup>2</sup>	All charges except \$650 per day (after deductible)
<b>Hospital Outpatient</b> (If You Don't Stay Overnight)	\$0 after deductible <sup>2</sup>	All charges except \$380 per day (after deductible)
<b>Emergency Room Services<sup>3</sup></b>	\$0 after deductible	All charges in excess of customary and reasonable fees (after deductible)
<b>Maternity</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Preventive Care</b>	Routine mammogram, Pap and PSA tests <sup>4</sup> : \$0 after deductible  Well Baby and Well Child (through age 6): \$0 after deductible  HealthyCheck <sup>SM</sup> Centers <sup>5</sup> : \$25/\$75 copay for basic/premium screening (deductible waived)	Routine mammogram, Pap and PSA tests <sup>4</sup> : 50% of negotiated fee plus all excess charges (after deductible)  Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges (after deductible)
<b>Ambulance</b>	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)
<b>Physical/Occupational Therapy; Chiropractic Services</b>	\$0 after deductible <sup>6</sup>	All charges except \$25 per visit <sup>6</sup> (after deductible)
<b>Acupuncture/Acupressure</b> (Combined for In-Network and Out-of-Network)	All charges except \$25 per visit, up to 24 visits per year (after deductible)	All charges except \$25 per visit, up to 24 visits per year (after deductible)
<b>Prescription Drugs</b> (Blue Cross Formulary Drugs <sup>7</sup> ) Amounts shown are for each 30-day retail or in-Network mail order supply	\$10 copay generic; \$30 copay brand-name <sup>8</sup> after annual \$500 brand-name prescription drug deductible; 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

<sup>1</sup> 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.

<sup>2</sup> 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.

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

<sup>4</sup> Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.

<sup>5</sup> 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.

<sup>6</sup> Visits to participating and non-participating providers combined. Additional visits may be authorized.

<sup>7</sup> 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.

<sup>8</sup> 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.

**With the 3500 Deductible PPO, just meet your annual deductible and you'll then pay \$0 for most in-network covered services.**



**With no copays or coinsurance to figure out for most in-network covered services, the 3500 Deductible PPO is all about making it easy.**



# 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 3500 Deductible PPO 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.

## 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.
- 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 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.
- 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 Combined Policy.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.
- Services or supplies supplied to any person not covered under the Policy 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 Individual 3500 Deductible PPO, 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 deductible is met.

**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 BC Life & 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 Web site at [www.bluecrossca.com](http://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 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 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 3500 Deductible PPO plan, 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.

A photograph of a man in a sweater smiling and looking at a smartphone. The image is overlaid with a teal tint.

**The 3500 Deductible PPO features one of our lowest out-of-pocket maximums.**

# 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.

<b>Alameda</b>	95304, 95377, 95391	Area 2	<b>Riverside</b>	92883	Area 4
	all other Alameda ZIPs	Area 3		all other Riverside ZIPs	Area 6
<b>Alpine</b>		Area 2	<b>Sacramento</b>	94571	Area 3
<b>Amador</b>		Area 2		all other Sacramento ZIPs	Area 2
<b>Butte</b>		Area 3	<b>San Benito</b>	93930, 95004	Area 1
<b>Calaveras</b>		Area 2		all other San Benito ZIPs	Area 2
<b>Colusa</b>		Area 3	<b>San Bernardino</b>	91766, 91792	Area 9
<b>Contra Costa</b>		Area 3		93516, 93555	Area 7
<b>Del Norte</b>		Area 1		all other San Bernardino ZIPs	Area 6
<b>El Dorado</b>		Area 2	<b>San Diego</b>		Area 6
<b>Fresno</b>	93245, 93618	Area 7	<b>San Francisco</b>		Area 3
	all other Fresno ZIPs	Area 2	<b>San Joaquin</b>	94514	Area 3
<b>Glenn</b>		Area 3	all other San Joaquin ZIPs	Area 2	
<b>Humboldt</b>		Area 3	<b>San Luis Obispo</b>	93252	Area 7
<b>Imperial</b>		Area 6		93426	Area 1
<b>Inyo</b>	93527	Area 7		all other San Luis Obispo ZIPs	Area 8
	all other Inyo ZIPs	Area 2	<b>San Mateo</b>		Area 2
<b>Kern</b>	93536	Area 9	<b>Santa Barbara</b>	93252	Area 7
	93558	Area 6	all other Santa Barbara ZIPs	Area 8	
	all other Kern ZIPs	Area 7	<b>Santa Clara</b>	94303, 95023	Area 2
<b>Kings</b>	93242, 93631, 93656	Area 2		all other Santa Clara ZIPs	Area 3
	all other Kings ZIPs	Area 7	<b>Santa Cruz</b>		Area 3
<b>Lake</b>		Area 3	<b>Shasta</b>		Area 1
<b>Lassen</b>		Area 1	<b>Sierra</b>	95922	Area 3
<b>Los Angeles</b>	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	<b>Siskiyou</b>		Area 1
	93243, 93560	Area 7	<b>Solano</b>	95690	Area 2
	all other Los Angeles ZIPs	Area 5	all other Solano ZIPs	Area 3	
<b>Madera</b>		Area 2	<b>Sonoma</b>		Area 3
<b>Marin</b>		Area 2	<b>Stanislaus</b>		Area 2
<b>Mariposa</b>		Area 2	<b>Sutter</b>	95626, 95648, 95837	Area 2
<b>Mendocino</b>		Area 3		all other Sutter ZIPs	Area 3
<b>Merced</b>		Area 2	<b>Tehama</b>	95963, 95973	Area 3
<b>Modoc</b>		Area 1	all other Tehama ZIPs	Area 1	
<b>Mono</b>		Area 2	<b>Trinity</b>	95526	Area 3
<b>Monterey</b>	93451	Area 8	all other Trinity ZIPs	Area 1	
	95076	Area 3	<b>Tulare</b>	93631, 93641, 93646, 93654	Area 2
	all other Monterey ZIPs	Area 1		all other Tulare ZIPs	Area 7
<b>Napa</b>		Area 3	<b>Tuolumne</b>		Area 2
<b>Nevada</b>	95977	Area 3	<b>Ventura</b>	90265 and ZIP codes beginning with 913	Area 5
	all other Nevada ZIPs	Area 2		93252	Area 7
<b>Orange</b>	90638	Area 9		all other Ventura ZIPs	Area 8
	all other Orange ZIPs	Area 4	<b>Yolo</b>		Area 3
<b>Placer</b>	95668, 95692	Area 3	<b>Yuba</b>	95960	Area 2
	all other Placer ZIPs	Area 2		all other Yuba ZIPs	Area 3
<b>Plumas</b>	95981	Area 3			
	all other Plumas ZIPs	Area 1			

# 3500 Deductible PPO Plan (R420)

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
<b>Single</b>									
19 - 29	75	68	65	65	77	65	56	59	65
30 - 34	89	81	83	87	97	82	78	81	84
35 - 39	126	114	112	114	127	107	103	104	113
40 - 44	151	142	138	138	156	130	126	128	139
45 - 49	190	173	169	172	192	163	154	161	172
50 - 54	250	226	217	226	251	213	201	211	225
55 - 59	313	284	272	284	316	268	253	264	290
60 - 64	388	352	336	336	400	336	292	305	329
<b>Subscriber &amp; Spouse</b>									
Under 30	151	138	142	144	164	140	131	138	144
30 - 34	213	193	190	192	214	182	173	179	192
35 - 39	275	247	238	249	279	231	219	227	249
40 - 44	339	307	295	308	345	291	274	283	308
45 - 49	436	385	378	395	440	373	352	367	393
50 - 54	557	480	482	504	561	476	449	470	501
55 - 59	662	581	574	599	667	566	534	558	612
60 - 64	765	694	662	663	789	663	577	601	652
<b>Subscriber &amp; Child</b>									
Under 30	164	148	142	148	165	140	132	138	152
30 - 34	187	163	163	170	189	160	151	158	173
35 - 39	213	192	193	202	226	191	180	188	205
40 - 44	233	201	198	211	235	199	188	193	216
45 - 49	245	222	211	222	247	209	197	199	227
50 - 54	305	272	263	276	307	260	246	256	277
55 - 59	369	332	320	334	371	315	298	311	341
60 - 64	441	400	382	382	455	382	335	346	381
<b>Family</b>									
Under 30	253	231	236	238	271	233	220	230	239
30 - 34	315	287	289	286	319	270	264	267	292
35 - 39	384	348	337	348	387	328	309	323	355
40 - 44	440	398	388	399	444	376	355	371	408
45 - 49	495	448	438	449	499	423	399	418	446
50 - 54	617	552	534	558	621	526	497	520	566
55 - 59	720	644	622	651	724	614	580	606	665
60 - 64	827	750	716	716	853	716	624	650	707
<b>Subscriber &amp; Children</b>									
Under 30	263	228	228	238	265	225	212	221	243
30 - 34	283	247	245	256	286	241	228	238	262
35 - 39	301	259	261	272	304	257	243	254	279
40 - 44	321	281	277	290	323	273	258	270	296
45 - 49	341	306	295	309	343	291	275	288	315
50 - 54	363	328	320	328	366	309	292	306	336
55 - 59	426	386	374	386	429	363	343	359	394
60 - 64	499	453	432	432	515	432	390	395	434
<b>Single Child</b>									
0	103	94	98	101	113	96	90	95	103
1 - 18	61	56	54	57	63	53	50	53	58
<b>2 Children</b>									
0	204	185	183	185	206	175	167	172	188
1 - 18	115	103	105	105	119	103	98	101	107
<b>3+ Children</b>									
0	263	239	241	240	270	231	225	229	245
1 - 18	173	156	159	161	183	157	148	155	162

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 SelectHMO<sup>SM</sup> 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

Ready to Enroll?  
Call Your Blue Cross Agent Today!

G. William Moore  
[www.GWilliamMoore.com](http://www.GWilliamMoore.com)  
(562) 431-5575  
Cal. ins. Lic. # 0707682



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Rates and benefits effective 3/1/07

9974 2/07