



BC Life & Health  
Insurance Company

# Short-Term PPO Plans



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*Individual and Family  
Health Care Plans for California*

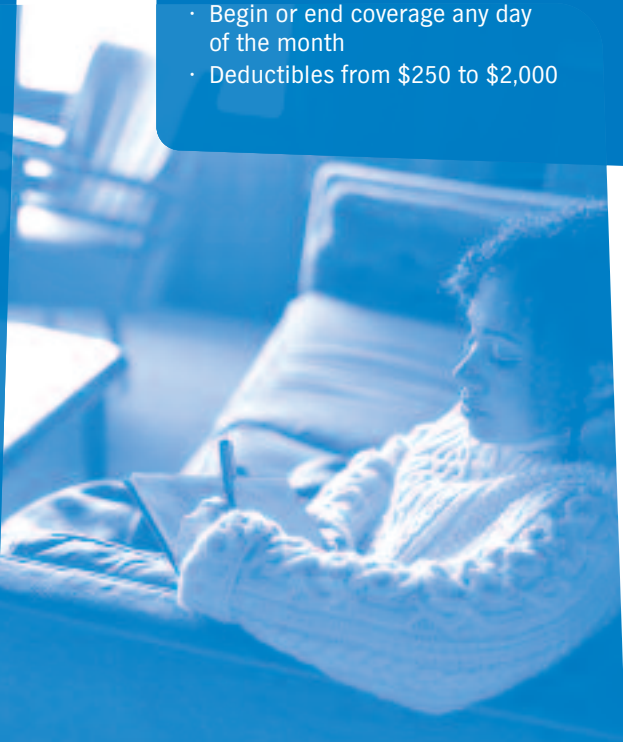
# Could This Be You?

## Our Short-Term Plans are Long on Benefits ... for You!

- You can depend on our experience – we've been helping people get covered and stay covered for 70 years
- You get access to one of the largest provider networks in California
- You save money because we've negotiated lower fees with our network doctors and hospitals

### At-a-Glance

- Coverage from 30 to 185 days
- Begin or end coverage any day of the month
- Deductibles from \$250 to \$2,000



- *Between jobs?*
- *Just graduated?*
- *Waiting for permanent coverage?*

## Maximum Coverage Period

You decide the length of coverage of your BC Life & Health Short-Term PPO Plan, from a minimum of 30 to a maximum of 185 days. 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. Note that, after you have had two elections of a BC Life & Health Short-Term Plan with less than a six month lapse in between, you must wait six months before you reapply for short-term coverage.

## Enrollment Guidelines

To enroll, you must be:

- Age 15 days to 64 years old;
- 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 64 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)

Pricing is based on a per-member, per-day rate. Please submit your check for the entire premium with your application. For faster service, you may choose to pay by electronic check or credit card (VISA, MasterCard or Discover) and submit via fax to BC Life & Health at 800-327-9255. See application for details.

# Here's the Coverage You Need.

## What The Plan Covers

- Emergency care
- Hospitalization services
- Outpatient services
- Access to any doctor you want (you'll save money "in-network")
- Professional services including X-ray, lab and office visits
- Prescription drugs
- Ambulance (\$1,000 benefit maximum)
- Accidental Death and Dismemberment coverage (AD&D) up to \$50,000
- 24-hour medical information and resources through MedCall®
- \$3,000,000 per member maximum lifetime benefit for medical
- BlueCard® gives you access to participating doctors and medical facilities throughout the U.S.

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 Blue Cross.

## Extra Value from BC Life & Health to Keep You Healthy

### Stay Healthy with HealthyCheck<sup>SM</sup>

Annual health care screenings are available to Blue Cross PPO members from age 7 to adult at a HealthyCheck Center. You do not have to meet your deductible first - simply pay \$25 for a basic screening or \$75 for a premium screening.

**HealthyExtensions<sup>SM</sup>** provides information on discounts offered by independent vendors and practitioners on health related goods and services. Learn more online at [bluecrossca.com](http://bluecrossca.com) - just click on "Healthy Living."

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 PPO Plans Overview

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

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

<sup>1</sup>If you request brand-name, you pay the difference between brand-name and generic, in addition to the brand-name copay. Generic drugs are based upon our *Generic Rx 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 payment will be made for services or supplies for the treatment of a pre-existing condition during a period of six (6) months following your effective date. 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 received 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.

## What The Plan Does Not Cover (continued)

- 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 surgery<sup>2</sup>.
- 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 policy 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 except as stated in your policy booklet under prescription drug benefits.
- Outpatient speech therapy.
- Treatment of sexual dysfunction.
- Organ and tissue transplants.

<sup>2</sup>Does 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's 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

You must qualify for coverage under BC Life & Health's established guidelines. A brief review of health and claims history will be completed.

**Important Note:** To be eligible for a guarantee issue plan under the Health Insurance Portability and Accountability Act (HIPAA), a person must, among other things, have been most recently covered under an employer plan. A Short-Term plan is not an employer plan. Therefore, most recent coverage under a Short-Term plan 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 at 800-333-0912.

## Effective Date of Coverage

If you are approved, coverage begins at 12:01 a.m. on the date following the postmark date on the envelope or the day after the application is received via fax.

## 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 on the enrollment application) 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 = \$4.51

$\$4.51 \times 75 \text{ days} = \$338.25$  (Total Premium Due)

# Short-Term PPO Plan Per-Day Rates

## Area 1

Del Norte, Lassen, Modoc, Monterey (except 93451, 95076), Plumas (except 95981), San Benito (93930, 95004 only), San Luis Obispo (93426 only), Shasta, Sierra (except 95922, 95960) Siskiyou, Tehama (except 95963, 95973), Trinity (except 95526)

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
<b>Single</b>				
19 - 29	5.99	3.91	3.12	2.66
30 - 34	7.31	4.76	3.81	3.24
35 - 39	8.52	5.55	4.44	3.77
40 - 44	9.82	6.42	5.13	4.36
45 - 49	11.73	7.66	6.12	5.22
50 - 54	14.64	9.56	7.62	6.51
55 - 59	18.54	12.11	9.65	8.23
60 - 64	22.99	15.01	11.97	10.18
<b>Subscriber &amp; Spouse</b>				
Under 30	11.87	7.75	6.18	5.27
30 - 34	14.48	9.45	7.54	6.42
35 - 39	16.82	10.97	8.77	7.45
40 - 44	19.48	12.72	10.17	8.66
45 - 49	23.33	15.23	12.18	10.38
50 - 54	29.04	18.96	15.13	12.90
55 - 59	36.83	24.06	19.18	16.35
60 - 64	45.43	29.66	23.66	20.14
<b>Subscriber &amp; Child</b>				
Under 30	11.88	7.75	6.18	5.26
30 - 34	13.43	8.77	6.99	5.96
35 - 39	14.64	9.56	7.62	6.49
40 - 44	15.95	10.41	8.30	7.07
45 - 49	17.93	11.71	9.35	7.96
50 - 54	20.84	13.60	10.86	9.25
55 - 59	24.98	16.31	13.00	11.09
60 - 64	30.12	19.65	15.67	13.35
<b>Family</b>				
Under 30	17.89	11.70	9.33	7.94
30 - 34	20.44	13.34	10.64	9.06
35 - 39	22.94	14.97	11.96	10.17
40 - 44	25.74	16.80	13.42	11.43
45 - 49	29.80	19.46	15.55	13.25
50 - 54	35.94	23.47	18.72	15.96
55 - 59	43.88	28.67	22.85	19.49
60 - 64	52.00	33.95	27.08	23.05
<b>Subscriber &amp; Children</b>				
Under 30	15.28	9.99	7.96	6.79
30 - 34	16.63	10.87	8.66	7.37
35 - 39	17.87	11.67	9.32	7.92
40 - 44	19.23	12.56	10.02	8.53
45 - 49	21.28	13.90	11.10	9.45
50 - 54	24.50	16.00	12.77	10.88
55 - 59	28.58	18.66	14.88	12.68
60 - 64	32.35	21.13	16.84	14.33
<b>Single Child</b>				
0	12.77	8.35	6.65	5.67
1 - 18	5.93	3.88	3.09	2.63
<b>2 Children</b>				
0	17.61	11.49	9.17	7.81
1 - 18	9.34	6.11	4.86	4.14
<b>3+ Children</b>				
0	20.61	13.47	10.73	9.14
1 - 18	13.65	8.92	7.11	6.06

Effective March 1, 2007

# Short-Term PPO Plan Per-Day Rates

## Area 2

Alameda (95304, 95377, 95391 only), Alpine, Amador, Calaveras, El Dorado, Fresno (except 93245, 93618), Inyo (except 93527), Kings (93242, 93631, 93656 only), Madera, Marin, Mariposa, Merced, Mono, Nevada (except 95977), Placer (except 95668, 95692), Sacramento (except 94571), San Benito (except 93930, 95004), San Joaquin (except 94514), San Mateo, Santa Clara (94303, 95023 only), Sierra (95960 only), Solano (95690 only), Stanislaus, Sutter (95626, 95648, 95837 only), Tulare (93631, 93641, 93646, 93654 only), Tuolumne, Yuba (95960 only)

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
<b>Single</b>				
19 - 29	5.06	3.31	2.65	2.25
30 - 34	6.19	4.04	3.23	2.75
35 - 39	7.21	4.70	3.76	3.19
40 - 44	8.31	5.43	4.34	3.69
45 - 49	9.94	6.49	5.19	4.42
50 - 54	12.40	8.10	6.46	5.51
55 - 59	15.70	10.25	8.18	6.97
60 - 64	19.46	12.71	10.13	8.63
<b>Subscriber &amp; Spouse</b>				
Under 30	10.05	6.57	5.23	4.46
30 - 34	12.26	8.00	6.38	5.44
35 - 39	14.25	9.29	7.43	6.31
40 - 44	16.50	10.78	8.61	7.33
45 - 49	19.75	12.89	10.30	8.80
50 - 54	24.59	16.05	12.81	10.93
55 - 59	31.19	20.37	16.24	13.85
60 - 64	38.47	25.12	20.03	17.04
<b>Subscriber &amp; Child</b>				
Under 30	10.05	6.57	5.23	4.45
30 - 34	11.37	7.43	5.92	5.04
35 - 39	12.41	8.08	6.45	5.49
40 - 44	13.50	8.81	7.03	5.98
45 - 49	15.18	9.91	7.91	6.74
50 - 54	17.65	11.52	9.19	7.83
55 - 59	21.15	13.80	11.01	9.38
60 - 64	25.50	16.64	13.27	11.30
<b>Family</b>				
Under 30	15.16	9.90	7.89	6.73
30 - 34	17.30	11.30	9.02	7.67
35 - 39	19.42	12.68	10.12	8.61
40 - 44	21.78	14.23	11.36	9.67
45 - 49	25.22	16.47	13.17	11.22
50 - 54	30.43	19.87	15.86	13.51
55 - 59	37.17	24.27	19.34	16.50
60 - 64	44.02	28.75	22.93	19.52
<b>Subscriber &amp; Children</b>				
Under 30	12.95	8.46	6.74	5.74
30 - 34	14.08	9.20	7.34	6.24
35 - 39	15.13	9.88	7.89	6.70
40 - 44	16.28	10.64	8.49	7.23
45 - 49	18.01	11.78	9.40	8.00
50 - 54	20.73	13.55	10.81	9.21
55 - 59	24.21	15.80	12.59	10.74
60 - 64	27.39	17.88	14.26	12.13
<b>Single Child</b>				
0	10.81	7.06	5.64	4.80
1 - 18	5.03	3.28	2.62	2.23
<b>2 Children</b>				
0	14.90	9.73	7.76	6.61
1 - 18	7.91	5.18	4.12	3.51
<b>3+ Children</b>				
0	17.45	11.41	9.09	7.74
1 - 18	11.56	7.56	6.03	5.13

Effective March 1, 2007

# Short-Term PPO Plan Per-Day Rates

## Area 3

Alameda (except 95304, 95377, 95391), Butte, Colusa, Contra Costa, Glenn, Humboldt, Lake, Mendocino, Monterey (95076 only), Napa, Nevada (95977 only), Placer (95668, 95692 only), Plumas (95981 only), Sacramento (94571 only), San Francisco, San Joaquin (94514 only), Santa Clara (except 94303, 95023), Santa Cruz, Sierra (95922 only), Solano (except 95690), Sonoma, Sutter (except 95626, 95648, 95837), Tehama (95963, 95973 only), Trinity (95526 only), Yolo, Yuba (except 95960)

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
<b>Single</b>				
19 - 29	3.62	2.37	1.89	1.61
30 - 34	4.43	2.89	2.31	1.97
35 - 39	5.16	3.37	2.69	2.28
40 - 44	5.96	3.89	3.11	2.65
45 - 49	7.11	4.63	3.70	3.16
50 - 54	8.87	5.78	4.62	3.93
55 - 59	11.22	7.33	5.84	4.99
60 - 64	13.92	9.09	7.25	6.16
<b>Subscriber &amp; Spouse</b>				
Under 30	7.18	4.69	3.74	3.19
30 - 34	8.76	5.73	4.57	3.89
35 - 39	10.19	6.65	5.31	4.51
40 - 44	11.80	7.71	6.15	5.24
45 - 49	14.12	9.22	7.37	6.29
50 - 54	17.60	11.48	9.17	7.81
55 - 59	22.30	14.57	11.62	9.90
60 - 64	27.51	17.96	14.33	12.19
<b>Subscriber &amp; Child</b>				
Under 30	7.20	4.69	3.74	3.19
30 - 34	8.13	5.31	4.23	3.60
35 - 39	8.87	5.78	4.61	3.92
40 - 44	9.66	6.30	5.03	4.28
45 - 49	10.86	7.08	5.66	4.82
50 - 54	12.62	8.25	6.57	5.60
55 - 59	15.13	9.87	7.87	6.72
60 - 64	18.24	11.90	9.50	8.08
<b>Family</b>				
Under 30	10.83	7.08	5.65	4.81
30 - 34	12.36	8.08	6.44	5.49
35 - 39	13.89	9.06	7.25	6.15
40 - 44	15.58	10.18	8.13	6.92
45 - 49	18.04	11.78	9.42	8.03
50 - 54	21.76	14.21	11.34	9.67
55 - 59	26.57	17.35	13.83	11.80
60 - 64	31.49	20.56	16.40	13.95
<b>Subscriber &amp; Children</b>				
Under 30	9.26	6.05	4.82	4.11
30 - 34	10.06	6.58	5.24	4.46
35 - 39	10.82	7.07	5.64	4.80
40 - 44	11.64	7.60	6.07	5.18
45 - 49	12.88	8.42	6.72	5.73
50 - 54	14.82	9.68	7.73	6.59
55 - 59	17.31	11.30	9.00	7.68
60 - 64	19.58	12.79	10.20	8.68
<b>Single Child</b>				
0	7.74	5.05	4.03	3.43
1 - 18	3.60	2.35	1.87	1.60
<b>2 Children</b>				
0	10.66	6.96	5.55	4.73
1 - 18	5.66	3.69	2.94	2.51
<b>3+ Children</b>				
0	12.47	8.15	6.50	5.53
1 - 18	8.27	5.41	4.30	3.67

Effective March 1, 2007

# Short-Term PPO Plan Per-Day Rates

## Area 4

Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
<b>Single</b>				
19 - 29	4.47	2.91	2.32	1.98
30 - 34	5.46	3.55	2.84	2.42
35 - 39	6.35	4.15	3.31	2.82
40 - 44	7.33	4.78	3.83	3.25
45 - 49	8.75	5.72	4.57	3.90
50 - 54	10.93	7.13	5.69	4.85
55 - 59	13.83	9.04	7.20	6.14
60 - 64	17.16	11.20	8.94	7.60
<b>Subscriber &amp; Spouse</b>				
Under 30	8.87	5.78	4.61	3.93
30 - 34	10.81	7.05	5.62	4.80
35 - 39	12.55	8.19	6.54	5.57
40 - 44	14.55	9.50	7.59	6.46
45 - 49	17.40	11.36	9.09	7.75
50 - 54	21.68	14.16	11.29	9.63
55 - 59	27.49	17.95	14.32	12.20
60 - 64	33.91	22.14	17.65	15.03
<b>Subscriber &amp; Child</b>				
Under 30	8.87	5.78	4.61	3.92
30 - 34	10.03	6.54	5.22	4.44
35 - 39	10.93	7.13	5.69	4.84
40 - 44	11.90	7.76	6.20	5.28
45 - 49	13.39	8.74	6.98	5.95
50 - 54	15.55	10.15	8.10	6.90
55 - 59	18.63	12.17	9.69	8.27
60 - 64	22.47	14.67	11.71	9.96
<b>Family</b>				
Under 30	13.36	8.73	6.96	5.92
30 - 34	15.25	9.96	7.95	6.76
35 - 39	17.12	11.18	8.92	7.59
40 - 44	19.21	12.55	10.02	8.53
45 - 49	22.23	14.52	11.60	9.89
50 - 54	26.82	17.51	13.97	11.91
55 - 59	32.74	21.39	17.05	14.55
60 - 64	38.80	25.33	20.21	17.20
<b>Subscriber &amp; Children</b>				
Under 30	11.41	7.46	5.95	5.06
30 - 34	12.41	8.11	6.46	5.50
35 - 39	13.33	8.71	6.96	5.91
40 - 44	14.35	9.37	7.48	6.37
45 - 49	15.88	10.37	8.28	7.05
50 - 54	18.27	11.94	9.52	8.12
55 - 59	21.33	13.93	11.10	9.46
60 - 64	24.15	15.77	12.57	10.70
<b>Single Child</b>				
0	9.52	6.22	4.97	4.23
1 - 18	4.43	2.90	2.31	1.97
<b>2 Children</b>				
0	13.13	8.58	6.84	5.83
1 - 18	6.97	4.55	3.63	3.09
<b>3+ Children</b>				
0	15.38	10.05	8.02	6.82
1 - 18	10.19	6.66	5.30	4.52

Effective March 1, 2007

# Short-Term PPO Plan Per-Day Rates

## Area 5

Los Angeles (except 93243 and except ZIP codes beginning with 906-912, 915, 917, 918 & 935),  
Ventura (90265 and ZIP codes beginning with 913 only)

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
<b>Single</b>				
19 - 29	5.22	3.42	2.73	2.32
30 - 34	6.38	4.16	3.34	2.83
35 - 39	7.43	4.85	3.88	3.29
40 - 44	8.58	5.60	4.47	3.81
45 - 49	10.25	6.69	5.35	4.57
50 - 54	12.79	8.35	6.67	5.68
55 - 59	16.20	10.58	8.43	7.20
60 - 64	20.08	13.11	10.45	8.90
<b>Subscriber &amp; Spouse</b>				
Under 30	10.37	6.77	5.41	4.60
30 - 34	12.66	8.26	6.59	5.61
35 - 39	14.71	9.59	7.67	6.51
40 - 44	17.02	11.12	8.89	7.57
45 - 49	20.38	13.31	10.64	9.07
50 - 54	25.38	16.57	13.23	11.27
55 - 59	32.19	21.02	16.76	14.29
60 - 64	39.70	25.92	20.68	17.60
<b>Subscriber &amp; Child</b>				
Under 30	10.37	6.77	5.39	4.59
30 - 34	11.74	7.66	6.11	5.20
35 - 39	12.80	8.35	6.66	5.67
40 - 44	13.94	9.10	7.26	6.18
45 - 49	15.67	10.24	8.17	6.96
50 - 54	18.22	11.89	9.49	8.08
55 - 59	21.83	14.25	11.36	9.68
60 - 64	26.32	17.18	13.70	11.67
<b>Family</b>				
Under 30	15.64	10.22	8.14	6.93
30 - 34	17.86	11.66	9.30	7.91
35 - 39	20.04	13.09	10.45	8.89
40 - 44	22.48	14.69	11.73	9.98
45 - 49	26.04	17.00	13.58	11.58
50 - 54	31.40	20.50	16.36	13.95
55 - 59	38.35	25.05	19.96	17.03
60 - 64	45.44	29.67	23.66	20.14
<b>Subscriber &amp; Children</b>				
Under 30	13.36	8.73	6.96	5.92
30 - 34	14.54	9.50	7.57	6.44
35 - 39	15.62	10.20	8.14	6.92
40 - 44	16.81	10.97	8.76	7.46
45 - 49	18.60	12.14	9.69	8.26
50 - 54	21.40	13.98	11.16	9.51
55 - 59	24.97	16.31	13.00	11.09
60 - 64	28.28	18.46	14.71	12.52
<b>Single Child</b>				
0	11.17	7.29	5.81	4.96
1 - 18	5.20	3.39	2.70	2.30
<b>2 Children</b>				
0	15.38	10.04	8.00	6.82
1 - 18	8.17	5.34	4.26	3.62
<b>3+ Children</b>				
0	18.01	11.78	9.38	7.99
1 - 18	11.93	7.80	6.21	5.29

Effective March 1, 2007

# Short-Term PPO Plan Per-Day Rates

## Area 6

Imperial, Kern (93558 only), Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555), San Diego

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
<b>Single</b>				
19 - 29	4.37	2.85	2.28	1.93
30 - 34	5.32	3.47	2.78	2.36
35 - 39	6.20	4.05	3.24	2.75
40 - 44	7.16	4.68	3.74	3.19
45 - 49	8.56	5.59	4.46	3.81
50 - 54	10.67	6.97	5.57	4.74
55 - 59	13.51	8.83	7.04	6.00
60 - 64	16.76	10.95	8.73	7.43
<b>Subscriber &amp; Spouse</b>				
Under 30	8.65	5.66	4.51	3.84
30 - 34	10.56	6.89	5.50	4.68
35 - 39	12.27	8.00	6.39	5.44
40 - 44	14.21	9.28	7.42	6.31
45 - 49	17.01	11.11	8.88	7.58
50 - 54	21.18	13.83	11.04	9.41
55 - 59	26.86	17.55	13.98	11.93
60 - 64	33.13	21.63	17.25	14.69
<b>Subscriber &amp; Child</b>				
Under 30	8.66	5.66	4.51	3.83
30 - 34	9.80	6.39	5.11	4.34
35 - 39	10.68	6.97	5.55	4.73
40 - 44	11.63	7.59	6.06	5.15
45 - 49	13.08	8.53	6.82	5.81
50 - 54	15.21	9.92	7.91	6.75
55 - 59	18.22	11.89	9.48	8.08
60 - 64	21.97	14.34	11.43	9.74
<b>Family</b>				
Under 30	13.05	8.53	6.80	5.80
30 - 34	14.90	9.73	7.76	6.60
35 - 39	16.73	10.93	8.72	7.42
40 - 44	18.77	12.26	9.79	8.34
45 - 49	21.72	14.19	11.34	9.66
50 - 54	26.21	17.11	13.66	11.64
55 - 59	32.00	20.91	16.66	14.21
60 - 64	37.93	24.76	19.75	16.81
<b>Subscriber &amp; Children</b>				
Under 30	11.14	7.29	5.81	4.95
30 - 34	12.13	7.92	6.31	5.37
35 - 39	13.03	8.51	6.80	5.77
40 - 44	14.02	9.15	7.31	6.22
45 - 49	15.51	10.14	8.10	6.89
50 - 54	17.87	11.67	9.30	7.94
55 - 59	20.84	13.62	10.84	9.26
60 - 64	23.60	15.41	12.28	10.45
<b>Single Child</b>				
0	9.32	6.08	4.85	4.14
1 - 18	4.34	2.83	2.25	1.92
<b>2 Children</b>				
0	12.83	8.38	6.68	5.69
1 - 18	6.81	4.45	3.54	3.02
<b>3+ Children</b>				
0	15.02	9.82	7.83	6.67
1 - 18	9.96	6.51	5.19	4.42

Effective March 1, 2007

# Short-Term PPO Plan Per-Day Rates

## Area 7

Fresno (93245, 93618 only), Inyo (93527 only), Kern (except 93536, 93558), Kings (except ZIP codes 93242, 93631, 93656), Los Angeles (93243, 93560 only), San Bernardino (93516, 93555 only), San Luis Obispo (93252 only), Santa Barbara (93252 only), Tulare (except 93631, 93641, 93646, 93654), Ventura (93252 only)

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
<b>Single</b>				
19 - 29	4.39	2.86	2.29	1.94
30 - 34	5.37	3.50	2.79	2.38
35 - 39	6.24	4.08	3.25	2.76
40 - 44	7.21	4.70	3.76	3.20
45 - 49	8.61	5.62	4.50	3.83
50 - 54	10.74	7.02	5.60	4.77
55 - 59	13.59	8.88	7.08	6.04
60 - 64	16.86	11.01	8.79	7.48
<b>Subscriber &amp; Spouse</b>				
Under 30	8.71	5.69	4.53	3.86
30 - 34	10.61	6.93	5.53	4.72
35 - 39	12.34	8.05	6.44	5.47
40 - 44	14.29	9.34	7.46	6.35
45 - 49	17.11	11.18	8.94	7.62
50 - 54	21.31	13.92	11.11	9.46
55 - 59	27.01	17.65	14.08	12.01
60 - 64	33.34	21.77	17.35	14.78
<b>Subscriber &amp; Child</b>				
Under 30	8.72	5.69	4.53	3.85
30 - 34	9.86	6.44	5.13	4.37
35 - 39	10.75	7.00	5.59	4.76
40 - 44	11.71	7.64	6.10	5.19
45 - 49	13.16	8.59	6.85	5.84
50 - 54	15.31	9.98	7.96	6.79
55 - 59	18.33	11.96	9.53	8.13
60 - 64	22.10	14.42	11.50	9.80
<b>Family</b>				
Under 30	13.13	8.58	6.84	5.83
30 - 34	15.00	9.79	7.81	6.65
35 - 39	16.84	10.99	8.77	7.46
40 - 44	18.88	12.33	9.84	8.38
45 - 49	21.86	14.27	11.41	9.73
50 - 54	26.37	17.23	13.74	11.72
55 - 59	32.20	21.03	16.77	14.29
60 - 64	38.16	24.91	19.87	16.92
<b>Subscriber &amp; Children</b>				
Under 30	11.21	7.34	5.84	4.98
30 - 34	12.19	7.97	6.36	5.41
35 - 39	13.11	8.57	6.83	5.81
40 - 44	14.11	9.21	7.35	6.27
45 - 49	15.62	10.20	8.14	6.93
50 - 54	17.97	11.74	9.36	7.98
55 - 59	20.98	13.70	10.91	9.30
60 - 64	23.74	15.50	12.35	10.51
<b>Single Child</b>				
0	9.36	6.12	4.88	4.16
1 - 18	4.37	2.84	2.27	1.93
<b>2 Children</b>				
0	12.90	8.43	6.73	5.73
1 - 18	6.85	4.49	3.57	3.04
<b>3+ Children</b>				
0	15.11	9.88	7.88	6.70
1 - 18	10.02	6.54	5.22	4.44

Effective March 1, 2007

# Short-Term PPO Plan Per-Day Rates

## Area 8

Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
<b>Single</b>				
19 - 29	3.78	2.46	1.97	1.68
30 - 34	4.61	3.01	2.40	2.05
35 - 39	5.37	3.51	2.81	2.38
40 - 44	6.20	4.05	3.23	2.75
45 - 49	7.41	4.83	3.86	3.29
50 - 54	9.25	6.03	4.82	4.11
55 - 59	11.70	7.64	6.10	5.20
60 - 64	14.49	9.46	7.56	6.43
<b>Subscriber &amp; Spouse</b>				
Under 30	7.49	4.89	3.90	3.32
30 - 34	9.14	5.96	4.76	4.05
35 - 39	10.61	6.92	5.53	4.70
40 - 44	12.31	8.03	6.42	5.46
45 - 49	14.72	9.61	7.68	6.56
50 - 54	18.33	11.97	9.56	8.14
55 - 59	23.24	15.18	12.10	10.33
60 - 64	28.67	18.72	14.93	12.71
<b>Subscriber &amp; Child</b>				
Under 30	7.49	4.89	3.90	3.31
30 - 34	8.48	5.53	4.42	3.76
35 - 39	9.25	6.03	4.81	4.09
40 - 44	10.06	6.57	5.24	4.46
45 - 49	11.32	7.38	5.90	5.03
50 - 54	13.16	8.59	6.84	5.84
55 - 59	15.77	10.29	8.20	6.99
60 - 64	19.01	12.41	9.89	8.43
<b>Family</b>				
Under 30	11.29	7.38	5.88	5.01
30 - 34	12.89	8.42	6.72	5.72
35 - 39	14.48	9.45	7.54	6.42
40 - 44	16.24	10.60	8.46	7.21
45 - 49	18.80	12.28	9.81	8.36
50 - 54	22.68	14.81	11.81	10.07
55 - 59	27.69	18.09	14.42	12.29
60 - 64	32.81	21.42	17.09	14.55
<b>Subscriber &amp; Children</b>				
Under 30	9.66	6.30	5.03	4.28
30 - 34	10.49	6.85	5.46	4.65
35 - 39	11.28	7.36	5.88	5.00
40 - 44	12.14	7.92	6.33	5.38
45 - 49	13.42	8.77	7.00	5.97
50 - 54	15.46	10.10	8.05	6.87
55 - 59	18.04	11.78	9.38	8.00
60 - 64	20.42	13.33	10.63	9.04
<b>Single Child</b>				
0	8.05	5.27	4.20	3.58
1 - 18	3.74	2.45	1.96	1.67
<b>2 Children</b>				
0	11.11	7.25	5.78	4.93
1 - 18	5.90	3.85	3.07	2.61
<b>3+ Children</b>				
0	13.00	8.50	6.77	5.77
1 - 18	8.61	5.62	4.49	3.82

Effective March 1, 2007

# Short-Term PPO Plan Per-Day Rates

## Area 9

Kern (93536 only), Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560), Orange (90638 only), San Bernardino (91766, 91792 only)

	\$250 Deductible	\$500 Deductible	\$1000 Deductible	\$2000 Deductible
<b>Single</b>				
19 - 29	4.12	2.69	2.15	1.83
30 - 34	5.03	3.28	2.62	2.23
35 - 39	5.85	3.83	3.06	2.59
40 - 44	6.76	4.42	3.53	3.00
45 - 49	8.07	5.27	4.21	3.59
50 - 54	10.07	6.58	5.24	4.47
55 - 59	12.75	8.33	6.64	5.67
60 - 64	15.81	10.33	8.23	7.00
<b>Subscriber &amp; Spouse</b>				
Under 30	8.17	5.34	4.26	3.62
30 - 34	9.96	6.50	5.19	4.42
35 - 39	11.57	7.54	6.04	5.13
40 - 44	13.41	8.75	7.00	5.96
45 - 49	16.05	10.48	8.37	7.14
50 - 54	19.99	13.05	10.42	8.88
55 - 59	25.33	16.55	13.19	11.26
60 - 64	31.27	20.41	16.27	13.86
<b>Subscriber &amp; Child</b>				
Under 30	8.18	5.34	4.24	3.61
30 - 34	9.25	6.04	4.81	4.09
35 - 39	10.07	6.57	5.24	4.46
40 - 44	10.98	7.16	5.72	4.86
45 - 49	12.34	8.05	6.43	5.47
50 - 54	14.35	9.36	7.46	6.36
55 - 59	17.19	11.21	8.95	7.62
60 - 64	20.72	13.52	10.79	9.19
<b>Family</b>				
Under 30	12.32	8.05	6.42	5.46
30 - 34	14.05	9.18	7.33	6.23
35 - 39	15.79	10.30	8.22	6.99
40 - 44	17.71	11.56	9.23	7.87
45 - 49	20.50	13.39	10.70	9.12
50 - 54	24.74	16.15	12.88	10.98
55 - 59	30.19	19.72	15.72	13.41
60 - 64	35.78	23.36	18.63	15.86
<b>Subscriber &amp; Children</b>				
Under 30	10.52	6.88	5.47	4.67
30 - 34	11.44	7.48	5.96	5.07
35 - 39	12.31	8.03	6.41	5.45
40 - 44	13.24	8.64	6.90	5.88
45 - 49	14.64	9.57	7.64	6.51
50 - 54	16.85	11.01	8.79	7.49
55 - 59	19.67	12.85	10.24	8.73
60 - 64	22.25	14.54	11.58	9.86
<b>Single Child</b>				
0	8.79	5.74	4.58	3.90
1 - 18	4.08	2.67	2.13	1.82
<b>2 Children</b>				
0	12.11	7.90	6.30	5.37
1 - 18	6.43	4.20	3.35	2.85
<b>3+ Children</b>				
0	14.18	9.27	7.38	6.29
1 - 18	9.40	6.14	4.89	4.16

Effective March 1, 2007

# Short-Term PPO Plans for California





BC Life & Health  
Insurance Company

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

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[bluecrossca.com](http://bluecrossca.com)

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# Short-Term PPO Enrollment Application

1. Please print in blue or black ink or type.
2. Complete both sides of this application.
3. Send completed application and payment in full to  
BC Life & Health Insurance Company (BCL&H). See Section 8.

## 1. Applicant Information

Primary Applicant's Last Name	First Name	M.I.	Social Security or ID No.
Home Street Address (Must be completed: P.O. Box not acceptable)			Home Phone No. ( )
City	State	ZIP Code	Daytime Phone No. ( )
Billing Address (If different than above) or P.O. Box			FAX No. ( )
City	State	ZIP Code	
E-mail Address	If possible, do you want e-mail notification? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 2. Plan Selections

A. Deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000
B. Policy Term: No. of Days _____ (minimum of 30 up to a maximum of 185 days)

## 3. Effective Date

▶ If you are approved, coverage automatically begins at 12:01 a.m. on the date following the postmark date stamped on the envelope.  
If application is faxed or submitted online, coverage begins the day after application is received.

▶ Or coverage (upon approval) may begin on a specific future date within 30 days of signature.  
(Please specify) \_\_\_\_\_ (Mo/Day/Yr). Postmark date must precede requested effective date. **Exceptions are not permitted.**

## 4. Applicants for Coverage

Please list ALL applicants applying for coverage (including applicant listed in Section 1).  
If a family member's last name is different than yours, please explain on a separate page.  
Newborn children under 15 days of age are not eligible for coverage. Services for Well Baby and Well Child Care for insureds up to and including 6 years of age are not covered under this policy.  
Dependents between the ages of 19 through 22 are eligible as dependents only if they are claimed on your Federal Income Tax.  
BC Life & Health will enroll all eligible family members unless otherwise instructed.  
 I, the Applicant, request that Blue Cross not enroll any eligible applicants unless ALL family members qualify.

Sex	Last Name	First Name	M.I.	Social Security or ID No.	Birthdate (Mo/Day/Yr)	Height	Weight
10 <input type="checkbox"/> M 20 <input type="checkbox"/> F	Applicant						
30 <input type="checkbox"/> M 40 <input type="checkbox"/> F	Spouse						
<input type="checkbox"/> M <input type="checkbox"/> F	Dependent						
<input type="checkbox"/> M <input type="checkbox"/> F	Dependent						
<input type="checkbox"/> M <input type="checkbox"/> F	Dependent						

CAISTAPP[0805]-APP



**5. Application Questions** Answer the following questions completely and accurately.

**Note: If the answer to any question from 1-4 is YES, the policy cannot be issued for that applicant. Answering NO to questions 1-6 does not guarantee coverage. All answers will be validated and a brief review of claims history will be completed.**

1. a) Is any female applicant pregnant, or in the process of adoption or surrogate pregnancy? .....  Yes  No  
 b) Is any male listed on this application expecting a child or in the process of adoption or surrogate pregnancy with anyone, whether or not the mother is listed on this application? .....  Yes  No
2. Have you or any person listed on this application received any medical or surgical consultation, advice or treatment, including medication, within the past 5 years for: heart or circulatory system disorder including heart attack or chest pain; stroke; disorders of the blood, including hemophilia and leukemia; diabetes; cancer or tumor; alcoholism or alcohol abuse; drug abuse or chemical dependency; immune disorders; organ transplant; kidney or liver disorders? .....  Yes  No
3. Has any person listed on this application been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) or ARC (AIDS Related Complex)? .....  Yes  No
4. In the past 30 days, have you or any person listed on this application been hospital confined? .....  Yes  No

**If you answered YES to any questions from 1-4, please complete this section:**

Question No.	Person(s) to whom it applies

5. In the past 30 days, have you or any person listed on this application taken prescription medication, (excluding birth control pills; hormone replacement therapy; Synthroid; or antibiotic therapy for 10 days)? .....  Yes  No

**If you answered YES to question 5, please list medications:**

Name of Applicant	Medication & Condition	Name of Applicant	Medication & Condition

6. In the past 12 months, have you or any person listed on this application been recommended by a health care professional to have or been scheduled for diagnostic testing, treatment or surgery that has not been completed? . .  Yes  No

**If you answered YES to question 6, please complete this section.**

Name of Applicant	Treatment & Condition	Name of Applicant	Treatment & Condition

**If you answered YES to question 5 or 6, your application will be submitted for further review.**

**6. Prior Insurance History** Please answer **all** of the following questions.

BC Life & Health credits prior coverage toward the pre-existing period for those applicants who apply and are accepted for coverage and request an effective date within 63 days after termination of qualifying prior coverage, (including previous BC Life & Health Short-Term policies) as required by law. To obtain credit toward the pre-existing period, please complete the following:

- Do you currently have, or has anyone to be insured had coverage in the last 18 months? .....  Yes  No  
**If yes, please provide the following information.**

Name of Insured	Insurance Carrier(s)	Effective Date	End Date

**To provide further information, please use additional sheets if necessary. List the section name and question number you are explaining. Also, please identify the applicable family member. All additional sheets must be signed by the applicant.**

 **No. of sheets attached**



## 7. Accidental Death and Dismemberment Insurance Beneficiary Information

If beneficiary is not listed and Policy is issued, death benefits will be paid in accordance with the Beneficiary Provision on page 32 of the Policy.

Beneficiary	Relationship to Applicant		Birthdate
Street Address	City	State	ZIP Code

As the Short-Term PPO Plans include Accidental Death and Dismemberment (AD&D) coverage, you are submitting this application and providing the information on this application to the Life Insurance department of BC Life & Health Insurance Company (BCL&H).  Initials

## 8. Payment Method

Premium must be paid in full and submitted with application and will be held in trust while this application is evaluated. If this application is approved and the policy is issued, no refund is permitted.

x  =   
**Amount of premium (per day rate)      no. of days      Total premium**

**Payment by Electronic Check.** By providing your check information below, you authorize us to electronically debit your bank account. If you are approved for coverage, your bank account will be debited for the total premium amount above.

With this payment option, there is no need to send a paper check with your application.

If paying by electronic check, please complete the boxes to the right

Bank Routing No.

Bank Account No.

Check No.

**Payment by Paper Check.** By sending your paper check, you authorize us to convert your check into an electronic fund transfer. If you are approved for coverage, your bank account will be debited for the amount indicated on the check. If you do not qualify for coverage, your check will not be submitted for a funds transfer. Please be aware that your check will not be returned to you.

**Payment by Credit Card**

Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Card No.	Exp. Date
Cardholder's Name	Relationship to Applicant	Signature of Authorized Cardholder <input checked="" type="checkbox"/>
		Date

## To be completed by your Blue Cross-Appointed Agent

- Are you aware of any information not disclosed on this application relating to the health of any person listed on this application which might have a bearing on the risk? .....  Yes  No
- Did you see the proposed subscriber (and spouse, if applying) at the time this application was executed? .....  Yes  No
- Total funds collected: ..... \$ \_\_\_\_\_  
(Premium must be paid in full and submitted with application.)

Name of Agent (Print name) George W. Moore	Agent's Street Address 3870 Rose St.	Suite	No./Personal Mail Box(PMB) No.		
Agent I.D. No. JKKLPPPSRZ	Sub-Agent I.D. No.	City Seal Beach	State CA	ZIP Code 90740	Location No.
Phone No. (562) 431-5575	Fax No.	E-mail Address Bill@GWilliamMoore.com			
Signature of Agent (Required)		Date (Required)			

Mail Service Agreement to:  Agent  Primary Applicant

PLEASE NOTE: If neither box is checked, the Service Agreement will be mailed directly to the primary applicant's mailing address:

DOWNLOADED FROM AGENT WEBSITE



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## Sending the Application

Save time by faxing this application (if paying by electronic check or credit card) to BC Life & Health at (800) 327-9255.

Please mail this application to:

**BC Life & Health Insurance Company • P.O. Box 9051 • Oxnard, CA 93031-9051**

**For information on eligibility, please call (800) 333-0912**

## 9. Application Conditions and Agreement **IMPORTANT:** It is important that you carefully read and fully understand the following.

### Agreements and Understandings (all applicants)

By applying for coverage, I, the undersigned, agree to the following:

1. BC Life & Health may decline my application. No coverage comes into effect until BC Life & Health approves this application and informs me in writing. The effective date of my coverage, if this application is accepted, will be indicated on the identification card and/or assigned by BC Life & Health at its discretion.
2. Cashing my check does not mean my application is approved. If this application is declined, neither BC Life & Health nor any affiliated company shall have any liability to me or any one else listed on it, except for the obligation to return the money submitted with this application.
3. The selling agent has no authority to promise me coverage or to modify BC Life & Health underwriting policy or the terms of any BC Life & Health coverage.
4. Any of my dependents listed on this application who are over the age of 18 years have read this application and have provided complete and accurate information for this application. Also, I have done everything necessary to be able to assure you that all information about any children under the age of 18 listed on this application is true and complete to the best of my knowledge and belief. I understand and agree that I alone am responsible for the accuracy and completeness of this application. I understand and agree that no one listed on this application will be eligible for coverage if any information is false or incomplete and that BC Life & Health may revoke coverage if it discovers that any information on this application is incomplete or false.
5. If the applicant is a minor, I accept full legal and financial responsibility for the coverage and information provided on this application. (Court documents establishing guardianship must be submitted if the responsible adult is not the parent.)
6. I understand BC Life & Health may use any information prior to the effective date of coverage in considering my application, including medical conditions which occur after the signature and before the original effective date.

**HIV TESTING PROHIBITED:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.

BC Life & Health Insurance Company (BCL&H) is an Independent Licensee of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA.

**I have personally read and completed this application.** If I am accepted, this application will become part of the contract between BC Life & Health and me. Any enrolled family members and I agree to abide by the terms of that contract. I understand that no benefits will be provided for any preexisting condition as defined in the policy. Preexisting condition means an illness, injury, disease, or physical condition for which medical advice, diagnosis, care or treatment, including the use of prescription drugs, was recommended or received from a licensed health practitioner during the six (6) months immediately preceding the member's effective date of coverage. This is not a continuation of any previous BC Life & Health policy. This policy is not renewable.

**Requirement for Binding Arbitration:** If you are applying for coverage, please note that Blue Cross requires binding arbitration to settle all disputes, including claims of medical malpractice. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: **"It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration."** Both parties also agree to give up any right to pursue on a class basis any claim or controversy against the other.

### Signatures (Required)

**IMPORTANT: All applicants over age 18 must sign and date.**

Applicant/Parent or Legal Guardian	Today's Date
<b>X</b>	
Applicant's Spouse	Today's Date
<b>X</b>	
Applicant's Dependent age 18 or over	Today's Date
<b>X</b>	
Applicant's Dependent age 18 or over	Today's Date
<b>X</b>	
Applicant's Dependent age 18 or over	Today's Date
<b>X</b>	
<b>For BC Life &amp; Health use only - Do not write below</b>	
Effective Date	End Date

