



BC Life & Health  
Insurance Company



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

# SmartSense

Individual and Family Health Care Plans for California

## Is SmartSense for you?

- Reliable, basic protection with some of our lowest monthly rates
- Choose the annual deductible/monthly rate combination that works for you
- Immediate benefits for first three visits to a doctor
- Choice of prescription drug benefits (Comprehensive Rx or Generic Only Rx)
- No need for maternity benefits
- Health plan pays up to \$7,000,000 per member in lifetime benefits

## What else do you get?

- Access to over 50,000 California PPO network doctors and specialists and nearly 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**

**And be sure to check out our dental and life coverage on pages 5 and 6.**

**Without health coverage, you could pay an average cost of \$7,175 for a day in the hospital. Don't wait to get the protection you need.**

# SmartSense

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

BENEFIT	IN-NETWORK Receive negotiated savings	OUT-OF-NETWORK Pay higher costs
<b>Lifetime Maximum</b> <i>(Combined for In-Network and Out-of-Network)</i>	Health plan pays up to \$7,000,000 per member	Health plan pays up to \$7,000,000 per member
<b>Annual Deductible Choices</b> <i>(Not combined for In-Network and Out-of-Network)</i>	Single member: \$500/\$1,500/\$2,500/\$5,000 Family maximum <sup>1</sup> : \$1,000/\$3,000/\$5,000/\$10,000	Single member: \$5,000 Family maximum: \$10,000
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b> <i>(In addition to deductible) (Not combined for In-Network and Out-of-Network)</i>	Single member: \$2,500 Family maximum: \$5,000	Single member: \$10,000 Family maximum: \$20,000
<b>Doctors' Office Visits</b>	\$30 copay for first three visits <sup>3</sup> per member per year (deductible waived); after three visits and once deductible is met, then 30% of negotiated fee	50% of negotiated fee plus all excess charges
<b>Professional Services</b> <i>(X-ray, lab, anesthesia, surgeon, etc.)</i>	30% of negotiated fee	50% of negotiated fee plus all excess charges
<b>Hospital Inpatient</b> <i>(Overnight Hospital Stays)</i>	30% of negotiated fee	All charges except \$650 per day
<b>Hospital Outpatient</b> <i>(If You Don't Stay Overnight)</i>	30% of negotiated fee	All charges except \$380 per day
<b>Emergency Room Services<sup>4</sup></b>	30% of negotiated fee	50% of customary and reasonable fees plus all excess charges
<b>Maternity</b>	Not covered	Not covered
<b>Preventive Care</b>	Annual physical exam(s): 30% of negotiated fee Routine mammogram, Pap and PSA tests <sup>5</sup> : 30% of negotiated fee Well Baby and Well Child (through age 6): 30% of negotiated fee	Annual physical exam(s): 50% of negotiated fee plus all excess charges Routine mammogram, Pap and PSA tests <sup>5</sup> : 50% of negotiated fee plus all excess charges Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges
<b>Ambulance</b>	30% of negotiated fee	50% of negotiated fee plus all excess charges
<b>Physical/Occupational/Speech Therapy; Chiropractic Services</b>	30% of negotiated fee Plan pays up to \$2,500 per year for therapy and up to \$500 per year for chiropractic services	50% of negotiated fee plus all excess charges Plan pays up to \$2,500 per year for therapy and up to \$500 per year for chiropractic services
<b>Prescription Drug Coverage Options</b>	<b>IN-NETWORK</b> Receive negotiated savings	<b>OUT-OF-NETWORK</b> Pay higher costs
<b>SmartSense with Generic Prescription Drug Coverage</b> (Drugs on Generic Rx Formulary only)	<b>Generic:</b> \$15 copay (or 40%, whichever is greater)	<b>Generic:</b> \$15 copay (or 40%, whichever is greater)
<b>SmartSense with Comprehensive Prescription Drug Coverage</b> (Blue Cross Formulary Drugs)	<b>Generic:</b> \$15 copay (or 40%, whichever is greater) <b>\$500 annual brand-name/specialty drug deductible (2-member maximum) applies before the following:</b> <b>Brand-name<sup>6</sup>:</b> \$15 copay (or 40%, whichever is greater <sup>7</sup> ); 40% of negotiated fee for self-administered injectables, except insulin <b>Specialty<sup>8</sup>:</b> 40% <b>\$4,500 annual out-of-pocket maximum (the most you will have to pay)</b> (In-network only and in addition to brand-name/specialty drug deductible) <sup>9</sup>	<b>Generic:</b> \$15 copay (or 40%, whichever is greater) <b>\$500 annual brand-name/specialty drug deductible applies before the following:</b> <b>Brand-name<sup>6</sup>:</b> \$15 copay (or 40%, whichever is greater <sup>7</sup> ); 40% of negotiated fee for self-administered injectables, except insulin <b>Specialty:</b> Not covered

<sup>1</sup> Once a member meets their single deductible, their deductible is satisfied. After one family member's single deductible is satisfied, the family maximum can be met by one or more family members.

<sup>2</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>3</sup> Applies to first three preventive care visits and/or doctors' office visits.

<sup>4</sup> Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.

<sup>5</sup> Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.

<sup>6</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.

<sup>7</sup> Not to exceed \$500 maximum (the most you would need to pay) per brand-name prescription.

<sup>8</sup> Specialty drugs include injected, infused, oral and inhaled medications that generally need to be closely monitored by your doctor. These drugs tend to be higher in cost and often require special handling and ordering.

<sup>9</sup> The annual brand-name/specialty drug deductible and annual brand-name/specialty drug out-of-pocket maximum are separate from the annual medical deductible and annual medical out-of-pocket maximum. They are not combined for in-network and out-of-network.

# What the Medical Plans Do Not Cover

Please take a few moments to review the exclusions and limitations. We want you to understand what your coverage does not include before you enroll.

These listings are an overview only. The SmartSense Policy booklet contains a comprehensive list of the plans' exclusions and limitations. For a sample copy of a Policy booklet, ask your agent or contact BC Life & Health Insurance Company.

## Exclusions and Limitations

- Pregnancy or maternity 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), except as specifically stated in the Policy.
- 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 pre-existing 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.
- 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.
- Acupuncture/Acupressure.

# Enrollment Guidelines

## To enroll, you must be:

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

## Medical Underwriting Requirement

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

- You may be offered coverage at the standard rate, 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

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 in the previous plan. Consult with your Blue Cross agent or representative if you have a question about the underwriting process.

# Rights and Obligations

## 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.

### No-Obligation Review Period

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

# Give yourself every advantage... good health, a bright smile and

## Why Dental Coverage?

We believe that a good dental plan should:

- Provide quality coverage at affordable rates
- Help minimize the cost of expensive dental care
- Contribute to your overall health

Improve your quality of life, self-confidence and appearance by making good oral health a part of your daily routine and by taking advantage of the benefits offered through our dental plans. Whether you choose the flexibility of our Dental Blue<sup>®</sup> PPO plans from BC Life & Health Insurance Company or comprehensive coverage 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 couple of 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

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

Term Life Monthly Rates					
Age	\$15,000 benefit	\$30,000 benefit	\$50,000 benefit	\$75,000 benefit	\$100,000 benefit
1-18	\$1.50	\$3.00	N/A	N/A	N/A
19-29	\$2.80	\$5.60	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$6.50	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$15.00	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$41.80	\$69.60	\$97.50	\$125.00
60-64	\$29.40	\$58.80	\$98.00	\$142.50	\$185.00

Ready to Enroll?  
Call Your Blue Cross Agent Today!

Si necesita asistencia o materiales de venta en español,  
por favor contacte a su agente Blue Cross.

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



Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). Dental Blue and the Blue Cross name and symbol are registered service marks of the BCA. SmartSense, Dental Blue PPO and Term Life are offered by BCL&H. Dental SelectHMO is offered by BCC.

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

Rates and benefits effective 12/1/07

MCABR0392C 10/07