



BlueCross
of California




BC Life & Health
Insurance Company

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You Choose



*Individual and Family
Health Care Plans for California*



You may be saying to yourself, "I know I need health care coverage, but where do I start?" Just use this guide and talk with your Blue Cross agent to help narrow things down, so you can easily find the right plan for you and your lifestyle.

It's that simple.

Looking for minimum monthly payments and basic (mainly catastrophic) coverage?

- **Basic PPO 1000/2500, PPO Saver and CORE 5000 plans**

Want no medical deductibles and a variety of prescription drug coverage options?

- **RightPlan PPO 40 plans**

Willing to pay a slightly higher deductible for simple, comprehensive coverage and lower monthly premiums?

- **3500 Deductible PPO**
- **PPO 3500 (HSA-Compatible)**

Need all-around rich benefits including maternity?

- **PPO Share plans**

Prefer the predictable costs and simplicity of an HMO?

- **Select HMO, HMO Saver and Individual HMO plans**

For detailed benefits, exclusions and limitations, ask your agent for plan-specific sales brochures before you enroll.

Could This Be **You?**

- Are you between jobs?
- Have you just lost your group health coverage?
- Are you self-employed?
- Are you no longer covered under your parents' policy?
- Have you been meaning to get around to it?

It's all about

Balance

These comprehensive PPO plans offer an ideal balance between rich benefits and reasonable costs – and you can choose from five levels of medical deductibles.

This overview shows your share of costs (after any deductibles)
In-Network Benefits
 (You'll pay more out-of-network)

	PPO Share 500/1000/1500 (7895/1929*, 1393/1930*, 7889) Blue Cross of California and *BC Life & Health Insurance Company	PPO Share 2500 (7891) Blue Cross of California	PPO Share 5000 (H062) BC Life & Health Insurance Company
Annual Deductible(s) Take advantage of participating provider discounts before and after meeting the deductible	\$500/\$1,000/\$1,500 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	\$2,500 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	\$5,000 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)
Annual Out-of-Pocket Maximum (includes deductible) Participating and non-participating provider covered services apply for PPO plans	\$5,000/\$5,000/\$6,000 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	\$7,500 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	\$7,500 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)
Doctors' Office Visits	30% of negotiated fee, deductible waived	\$35 copay, deductible waived	\$40 copay, deductible waived
Preventive Care	**Annual physical exam(s): 30% of negotiated fee, (deductible waived) OR HealthyCheck™ Centers: \$25/\$75 copay for basic/premium screening (deductible waived) Routine mammogram, Pap, and PSA tests ordered by physician: 30% of negotiated fee, (deductible waived) Well Child: 40% of negotiated fee, (deductible waived)	**Annual physical exam(s): 30% of negotiated fee, (deductible waived) OR HealthyCheck™ Centers: \$25/\$75 copay for basic/premium screening (deductible waived) Routine mammogram, Pap, and PSA tests ordered by physician: 30% of negotiated fee, (deductible waived) Well Child: 40% of negotiated fee, (deductible waived)	**Annual physical exam(s): 30% of negotiated fee, (deductible waived) OR HealthyCheck™ Centers: \$25/\$75 copay for basic/premium screening (deductible waived) Routine mammogram, Pap, and PSA tests ordered by physician: 30% of negotiated fee, (deductible waived) Well Child: 40% of negotiated fee, (deductible waived)
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	30% of negotiated fee	30% of negotiated fee	30% of negotiated fee
Hospital Inpatient/Outpatient	30% of negotiated fee ¹	30% of negotiated fee ¹	30% of negotiated fee ¹
Emergency Room Services (Additional \$100 copay applies; waived if admitted)	30% of negotiated fee	30% of negotiated fee	30% of negotiated fee
Maternity	30% of negotiated fee	30% of negotiated fee	30% of negotiated fee
Prescription Drugs (Amounts shown are copays for each 30-day retail or in-network mail order supply)	Blue Cross Formulary Drugs ² : \$10 generic; \$30 brand-name ³ copay after \$250 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	Blue Cross Formulary Drugs ² : \$10 generic; \$30 brand-name ³ copay after \$500 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	Blue Cross Formulary Drugs ² : \$10 generic; \$35 brand-name ³ copay after \$750 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin

See back of brochure for footnotes.

It's all about

Flexibility

These popular plans give you a variety of choices and rich benefit levels - and the monthly premiums are among our lowest.

<p>This overview shows your share of costs (after any deductibles) In-Network Benefits (You'll pay more out-of-network)</p>	<p>RightPlan PPO 40 (P958, PE48, PE49) BC Life & Health Insurance Company</p>	<p>PPO 3500 (HSA-Compatible) (T160) BC Life & Health Insurance Company</p>	<p>3500 Deductible PPO (R420) BC Life & Health Insurance Company</p>
<p>Annual Deductible(s) Take advantage of participating provider discounts before and after meeting the deductible</p>	<p>No deductible</p>	<p>Single member: \$3,500 Families: \$7,000 aggregate* <i>(combined for medical and prescription drugs)</i></p>	<p>\$3,500 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)</p>
<p>Annual Out-of-Pocket Maximum <i>(includes deductible)</i> Participating and non-participating provider covered services apply for PPO plans</p>	<p>\$7,500 per member</p>	<p>Single member: \$5,000 Families: \$10,000 aggregate* <i>(combined for medical and prescription drugs)</i></p>	<p>This is satisfied for participating providers once the annual deductible above is met.</p>
<p>Doctors' Office Visits</p>	<p>\$40 copay</p>	<p>\$0 after deductible</p>	<p>\$0 after deductible</p>
<p>Preventive Care</p>	<p>HealthyCheck™ Centers: \$25/\$75 copay for basic/premium screening Routine mammogram, Pap, and PSA tests ordered by physician: \$40 office visit plus 40% of negotiated fee Well Child: \$40 office visit plus 40% of negotiated fee</p>	<p>HealthyCheck™ Centers: \$25/\$75 copay for basic/premium screening <i>(deductible waived)</i> Routine mammogram, Pap, and PSA tests ordered by physician: \$0 after deductible Well Child: \$0 after deductible</p>	<p>HealthyCheck™ Centers: \$25/\$75 copay for basic/premium screening <i>(deductible waived)</i> Routine mammogram, Pap, and PSA tests ordered by physician: \$0 after deductible Well Child: \$0 after deductible</p>
<p>Professional Services (X-ray, lab, anesthesia, surgeon, etc.)</p>	<p>40% of negotiated fee</p>	<p>\$0 after deductible</p>	<p>\$0 after deductible</p>
<p>Hospital Inpatient/Outpatient</p>	<p>40% of negotiated fee plus \$500 copay^{1,2}</p>	<p>\$0 after deductible¹</p>	<p>\$0 after deductible¹</p>
<p>Emergency Room Services (Additional \$100 copay applies; waived if admitted)</p>	<p>40% of negotiated fee</p>	<p>\$0 after deductible</p>	<p>\$0 after deductible</p>
<p>Maternity</p>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>
<p>Prescription Drugs (Amounts shown are copays for each 30-day retail or in-network mail order supply)</p>	<p>-No Prescription Drug Coverage (P958): Not covered -Generic Prescription Drug Coverage (PE48): \$10 generic (for drugs on Generic Rx Formulary only) -Comprehensive Prescription Drug Coverage (PE49): Blue Cross Formulary Drugs: \$10 generic; \$30 brand-name³ copay after \$500 brand-name deductible; 30% of negotiated fee for self-administered injectable drugs, except insulin</p>	<p>Blue Cross Formulary Drugs³: \$10 generic; \$30 brand-name⁴ copay after annual deductible; 30% of negotiated fee for self-administered injectable drugs, except insulin</p>	<p>Blue Cross Formulary Drugs³: \$10 generic, \$30 brand-name⁴ copay after \$500 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin</p>

See back of brochure for footnotes.

It's all about

Basics

These basic plans have low premiums and provide coverage for hospitalization and emergency services. The PPO Saver adds benefits for prescription drugs and doctors' office visits.

This overview shows your share of costs (after any deductibles)
In-Network Benefits
 (You'll pay more out-of-network)

**Basic PPO 1000/
2500**
 (7900/R418)
 BC Life & Health Insurance Company

PPO Saver
 (NM31)
 BC Life & Health Insurance Company

CORE 5000SM
 (DL96)
 BC Life & Health Insurance Company

Annual Deductible(s)

Take advantage of participating provider discounts before and after meeting the deductible

\$1,000/\$2,500 per member, inpatient or surgical procedures only (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)

This plan features two separate medical deductibles: **\$500 per member for emergency and hospital inpatient/outpatient services**; and **\$5,000 per member** for other covered services. (Once 2 members each reach the deductibles, the deductibles are satisfied for the entire family.)

\$5,000 per member, inpatient or surgical procedures only (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)

Annual Out-of-Pocket Maximum

(includes deductible) Participating and non-participating provider covered services apply for PPO plans

\$3,500/\$5,000 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)

Both medical deductibles apply to satisfy a total of **\$5,000 per member**. (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)

\$7,500 per member, only hospital costs apply (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)

Doctors' Office Visits

No office visit benefits until out-of-pocket maximum is met, then you pay \$0 of negotiated fee

Children: 4 office visits per year at \$30 copay per visit;
 Adults: 2 office visits per year at \$30 copay per visit
 (deductible waived)

No office visit benefits until out-of-pocket maximum is met, then you pay \$0 of negotiated fee

Preventive Care

HealthyCheckSM CentersSM: \$25/\$75 copay for basic/premium screening, (deductible waived)

Routine mammogram, Pap, and PSA tests ordered by physician: 20% of negotiated fee, (deductible waived)

HealthyCheckSM CentersSM: \$25/\$75 copay for basic/premium screening, (deductible waived)

Routine mammogram, Pap, and PSA tests ordered by physician: 20% of negotiated fee, (deductible waived)
 Well Child: 50% of negotiated fee, (deductible waived)

HealthyCheckSM CentersSM: \$25/\$75 copay for basic/premium screening (deductible waived)

Routine mammogram, Pap and PSA tests ordered by physician: 30% of negotiated fee (deductible waived)

Professional Services

(X-ray, lab, anesthesia, surgeon, etc.)

20% of negotiated fee for inpatient or surgical procedures only. No office visit benefits until out-of-pocket maximum is met, then you pay \$0 of negotiated fee

20% of negotiated fee for inpatient or surgical procedures only. You pay for other covered services until out-of-pocket maximum is met, then you pay \$0 of negotiated fee

30% of negotiated fee for inpatient or surgical procedures only. No office visit benefits until out-of-pocket maximum is met, then you pay \$0 of negotiated fee

Hospital Inpatient/Outpatient

20% of negotiated fee¹

20% of negotiated fee after \$500 deductible¹

30% of negotiated fee¹

Emergency Room Services

(Additional \$100 copay applies; waived if admitted)

20% of negotiated fee

20% of negotiated fee after \$500 deductible

30% of negotiated fee

Maternity

Not covered

Not covered

Not covered

Prescription Drugs

(Amounts shown are copays for each 30-day retail or in-network mail order supply)

Not covered

Blue Cross Formulary Drugs²:
 \$10 generic; \$30 brand-name³ copay after \$500 brand-name deductible (2-member maximum);
 30% of negotiated fee for self-administered injectables, except insulin

\$10 copay generic (Drugs on Generic Rx Formulary only)

It's all about

Simplicity

HMOs are ideal if you want to simplify decision-making, get valuable benefits and pay predictable costs.

Note: Our Select HMO Plan utilizes its own network in 22 California counties.

<p>This overview shows your share of costs (after any deductibles) In-Network Benefits (You'll pay more out-of-network)</p>	<p>Select HMO (PE43) Blue Cross of California</p>	<p>HMO Saver (7896) Blue Cross of California</p>	<p>Individual HMO (7898) Blue Cross of California</p>
<p>Annual Deductible(s) Take advantage of participating provider discounts before and after meeting the deductible</p>	<p>No deductible</p>	<p>\$1,500 per member Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers</p>	<p>No deductible</p>
<p>Annual Out-of-Pocket Maximum (includes deductible) Participating and non-participating provider covered services apply for PPO plans</p>	<p>\$3,000 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)</p>	<p>\$3,000 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)</p>	<p>\$3,000 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)</p>
<p>Doctors' Office Visits</p>	<p>\$25 copay</p>	<p>\$10 copay</p>	<p>\$10 copay</p>
<p>Preventive Care</p>	<p>\$25 copay for specific health maintenance services</p>	<p>\$10 copay for specific health maintenance services</p>	<p>\$10 copay for specific health maintenance services</p>
<p>Professional Services (X-ray, lab, anesthesia, surgeon, etc.)</p>	<p>No charge for office-related services</p>	<p>No charge for office-related services</p>	<p>No charge for office-related services</p>
<p>Hospital Inpatient/Outpatient</p>	<p>Inpatient: \$250 copay per day up to the first four days, then covered at 100% of negotiated fee per admission Outpatient: 20% of negotiated fee for services; \$250 per surgery</p>	<p>20% of negotiated fee (subject to deductible)</p>	<p>20% of negotiated fee</p>
<p>Emergency Room Services (Additional \$100 copay applies; waived if admitted)</p>	<p>20% of negotiated fee; copay waived if admitted to hospital</p>	<p>20% of negotiated fee; copay waived if admitted to hospital (subject to deductible)</p>	<p>20% of negotiated fee; copay waived if admitted to hospital</p>
<p>Maternity</p>	<p>Office Visits: \$25 copay Inpatient: \$250 per day copay up to the first four days, then covered at 100% of negotiated fee per admission Outpatient: 20% of negotiated fee</p>	<p>Office Visits: \$10 copay Inpatient/Outpatient: After deductible, 20% of negotiated fee</p>	<p>Office Visits: \$10 copay Inpatient/Outpatient: 20% of negotiated fee</p>
<p>Prescription Drugs (Amounts shown are copays for each 30-day retail or in-network mail order supply)</p>	<p>Blue Cross Formulary Drugs¹: \$10 generic; \$30 brand-name² copay after \$250 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin</p>	<p>Blue Cross Formulary Drugs¹: \$10 generic; \$30 brand-name² copay after \$250 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin</p>	<p>Blue Cross Formulary Drugs¹: \$10 generic; \$30 brand-name² copay after \$250 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin</p>

Give yourself every advantage...

good health, a bright smile and financial security.

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 rich benefits and flexibility of our Dental Blue PPO plans from BC Life & Health Insurance Company or comprehensive coverage at a lower cost with our Dental SelectHMOSM plans from Blue Cross of California, you'll get the benefits you need from a company you can trust.

Our Dental rates start as low as \$14 a month (depending on where you live) for our Dental Blue plans and \$10.50 a month for our Dental SelectHMO Plan.

Why Term Life Insurance?

Losing a loved one is hard enough without having to worry about financial obligations. Families are often unprepared for this sudden loss, and term life insurance can provide financial support and peace of mind at a difficult time. Here are just a few reasons why you'll want to purchase term life insurance from BC Life & Health Insurance Company:

- It's inexpensive – just pennies a day
- It's easy – no additional forms are required to enroll
- It's convenient – your life and health plan premiums will be on the same bill

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

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



For All PPO Plans

- ¹ 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.
- ² One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children ages 7 and above.

For PPO Saver, RightPlan PPO 40 with Comprehensive Prescription Drug Coverage, PPO 3500 (HSA-Compatible), 3500 Deductible PPO and Share plans

- ¹ 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.
- ² One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children ages 7 and above.
- ³ 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.
- ⁴ If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes to "dispense as written" or "do not substitute" on the 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.

PPO 3500 (HSA-Compatible) Plan Only

*When one or more family members' eligible covered expenses (combined) meet the aggregate amount, the requirement is satisfied for all covered family members.

Share Plans Only

**Maximum annual physical exam benefit is \$200 for members covered more than 6 months;
\$100 for members covered less than 6 months.

For All HMO Plans

- ¹ 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.
- ² If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes to "dispense as written" or "do not substitute" on the 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.

Notes:

These plans do not cover services by non-participating providers except for emergency services and prescription drugs. The brand-name drug deductible does not apply to the out-of-pocket maximum. Self-administered injectables, except insulin, are not available through mail order.

(In order to receive HMO benefits, you must choose a provider within a 30-mile radius of your home or work.)



Ready to Enroll?

Call Your Blue Cross Agent Today!

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Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are independent Licensees of the Blue Cross Association (BCA). Dental Blue and the Blue Cross name and symbol are registered service marks of the BCA. The following plans are offered by BCC: PPO Share 2500/1500/1000/500, Individual HMO, HMO Saver, Select HMO, EPO and Dental SelectHMO. The following plans are offered by BCL&H: CORE 5000, Basic PPO 1000/2500, PPO Saver, PPO Share 5000/1000/500, RightPlan PPO 40, 3500 Deductible PPO, PPO 3500 (HSA-Compatible), Short-term PPO, Tonik, Term Life and Dental Blue PPO.