



BlueCross
of California

Select HMO, HMO Saver and Individual HMO Plans

Individual and Family Health Care Plans for California

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HMO Plans

If you enroll in one of our HMO plans, you'll choose a primary care physician who will coordinate your health care services and authorize referrals to any specialists you may need.

Which HMO Plan is for you?

Select HMO

- Exclusive network of doctors and hospitals in 22 California counties
- Comprehensive HMO coverage with lower monthly premiums
- Immediate, no-deductible benefits
- Brand-name and generic prescription drug coverage
- Maternity benefits

What else do you get?

- Access to nearly 15,000 California network doctors and specialists and nearly 400 hospitals in 22 California counties – **bringing comprehensive HMO coverage closer to more people**
- **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 **for emergency and urgent care**

Note: If your doctor doesn't participate in the Select HMO Network, ask your Blue Cross agent about our HMO Saver or Individual HMO Plan.

Select HMO, HMO Saver and Individual HMO Plans

HMO Saver

- Comprehensive HMO coverage
- \$1,500 medical deductible for hospital and emergency services helps keep monthly premiums lower
- Brand-name and generic prescription drug coverage
- Maternity benefits

Individual HMO

- Comprehensive HMO coverage
- Immediate, no-deductible benefits
- Brand-name and generic prescription drug coverage
- Maternity benefits

What else do you get with these two HMOs?

- Access to over 30,000 California 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 **for emergency and urgent care**

Be sure to also check out our dental plans and life insurance on pages 17 and 18.

Note: Both the HMO Saver and Individual HMO offer rich benefits. Choose the HMO Saver if you want lower monthly premiums and don't mind meeting a \$1,500 deductible. Choose the Individual HMO if you want immediate, no-deductible benefits.

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.



If your doctor doesn't participate in the Select HMO Network, ask your Blue Cross agent about our HMO Saver or Individual HMO Plan.

Select HMO Plan

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

Benefit	In-Select Network
Annual Deductible	\$0
Lifetime Maximum	Unlimited
Annual Out-of-Pocket Maximum	\$3,000 per member; Once two members each reach the maximum, the maximum is satisfied for the entire family
Doctors' Office Visits	\$25 copay
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	No charge for office visit-related services
Hospital Inpatient (Overnight Hospital Stays)	\$250 copay per day up to the first four days, then covered at 100% of negotiated fee per admission
Hospital Outpatient (If You Don't Stay Overnight)	20% of negotiated fee for services; \$250 per surgery
Emergency Room Services ¹	20% of negotiated fee
Maternity	Office Visits: \$25 copay Hospital Inpatient: \$250 per day copay up to the first four days, then covered at 100% of negotiated fee per admission Outpatient Services: 20% of negotiated fee
Preventive Care	\$25 copay for specific health maintenance services
Ambulance	\$50 copay, waived if admitted to hospital
Physical/Occupational Therapy; Chiropractic Services (Up to 60 consecutive days following an illness or injury)	Outpatient: \$25 copay per visit Inpatient: \$0 Chiropractic services provided with medical group referral only
Acupuncture/Acupressure	Not covered
Prescription Drug Benefits (Blue Cross Formulary ²) Amounts shown are for each 30-day retail or in-network mail order supply	\$10 copay generic; \$30 copay brand-name ³ after \$250 brand-name prescription drug deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin

¹ Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.

² 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.

³ 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.

Notes:

- This plan does 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.

Select HMO Medical Rating Area Definitions

The following indicates the counties and/or ZIP codes for each rating area for the Select HMO plan ONLY. The subscriber's home address determines the rating area.

Alameda	95304, 95377, 95391	Area 2	Sacramento	94571	Area 3	
	all other Alameda ZIPs	Area 3		all other Sacramento ZIPs	Area 2	
Contra Costa		Area 3	San Bernardino	91766, 91792	Area 9	
Fresno	93245, 93618	Area 7		93516, 93555	Area 7	
	all other Fresno ZIPs	Area 2		all other San Bernardino ZIPs (except 92363, 92364, 92365)	Area 6	
Imperial		Area 6	San Diego	San Diego (except 91901, 91905, 91906, 91916, 91917, 91934, 91935, 91948, 91962, 91963, 91980, 92004, 92036, 92059, 92061, 92066 & 92086)	Area 6	
Kern	93536	Area 9		San Francisco		Area 3
	93558	Area 6		San Joaquin	94514	Area 3
	all other Kern ZIPs	Area 7			all other San Joaquin ZIPs	Area 2
Los Angeles	ZIP codes beginning with 906-912, 915, 917, 918 & 935 (except 90623, 90630, 90631, 91709, 93560)	Area 9	San Mateo		Area 2	
	90623, 90630, 90631	Area 4	Santa Clara	94303, 95023	Area 2	
	91709	Area 6		all other Santa Clara ZIPs	Area 3	
	93243, 93560	Area 7	Santa Cruz		Area 3	
	all other Los Angeles ZIPs	Area 5	Stanislaus		Area 2	
	Merced		Area 2	Tulare	93631, 93641, 93646, 93654	Area 2
Nevada	95977	Area 3	all other Tulare ZIPs		Area 7	
	all other Nevada ZIPs (except 95728, 96111, 96160, 96161 & 96162)	Area 2	Yolo		Area 3	
Orange	90638	Area 9				
	all other Orange ZIPs	Area 4				
Placer	95668, 95692	Area 3				
	all other Placer ZIPs (except 95715, 95724, 96140, 96141, 96142, 96143, 96145, 96146, 96148, 96161)	Area 2				
Riverside	92883	Area 4				
	all other Riverside ZIPs (except 92225, 92226, 92239)	Area 6				

If you don't see your county/ZIP code in this list, check out our Saver HMO and Individual HMO plans on the following pages.

Select HMO Plan (PE43)

These rates are Level 1 (standard) rates. Rates may be higher based on an individual's underwriting review. The Select HMO plan is not available in Area 1 and Area 8.

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	N/A	297	264	174	180	203	227	N/A	163
30 - 34	N/A	410	343	232	246	279	290	N/A	216
35 - 39	N/A	438	395	254	269	291	318	N/A	233
40 - 44	N/A	428	384	243	258	284	324	N/A	227
45 - 49	N/A	455	411	277	281	306	348	N/A	241
50 - 54	N/A	573	494	321	342	389	422	N/A	301
55 - 59	N/A	632	545	354	377	428	454	N/A	331
60 - 64	N/A	789	711	446	475	524	583	N/A	417
Subscriber & Spouse									
Under 30	N/A	701	608	398	423	480	516	N/A	371
30 - 34	N/A	848	739	486	515	570	606	N/A	449
35 - 39	N/A	867	771	485	516	575	638	N/A	453
40 - 44	N/A	883	793	511	531	591	672	N/A	469
45 - 49	N/A	975	881	579	603	648	747	N/A	518
50 - 54	N/A	1,143	1,015	638	680	773	853	N/A	596
55 - 59	N/A	1,318	1,177	748	786	875	1,004	N/A	699
60 - 64	N/A	1,563	1,391	871	928	1,038	1,153	N/A	813
Subscriber & Child									
Under 30	N/A	603	544	356	369	424	444	N/A	336
30 - 34	N/A	705	621	401	427	485	500	N/A	375
35 - 39	N/A	686	620	399	424	455	522	N/A	364
40 - 44	N/A	635	574	388	393	422	487	N/A	337
45 - 49	N/A	631	570	385	390	421	483	N/A	335
50 - 54	N/A	761	669	425	453	515	556	N/A	398
55 - 59	N/A	839	723	471	502	571	589	N/A	440
60 - 64	N/A	1,044	943	597	621	693	724	N/A	555
Family									
Under 30	N/A	1,033	889	627	646	751	734	N/A	589
30 - 34	N/A	1,171	1,018	692	706	842	817	N/A	648
35 - 39	N/A	1,248	1,109	711	742	858	862	N/A	663
40 - 44	N/A	1,271	1,119	709	756	860	903	N/A	661
45 - 49	N/A	1,357	1,150	781	813	934	942	N/A	729
50 - 54	N/A	1,444	1,217	821	869	995	1,017	N/A	765
55 - 59	N/A	1,558	1,386	868	925	1,055	1,151	N/A	810
60 - 64	N/A	1,817	1,641	1,045	1,114	1,206	1,315	N/A	965
Subscriber & Children									
Under 30	N/A	813	727	481	510	573	580	N/A	450
30 - 34	N/A	899	801	531	554	628	636	N/A	496
35 - 39	N/A	850	757	484	506	589	643	N/A	454
40 - 44	N/A	838	746	487	504	591	638	N/A	457
45 - 49	N/A	902	803	504	537	611	669	N/A	473
50 - 54	N/A	957	843	534	569	648	694	N/A	499
55 - 59	N/A	1,038	903	588	621	712	724	N/A	549
60 - 64	N/A	1,259	1,134	711	740	862	860	N/A	664
Single Child									
0	N/A	294	279	182	186	221	212	N/A	171
1 - 18	N/A	191	173	116	118	127	136	N/A	101
2 Children									
0	N/A	584	557	363	371	439	423	N/A	342
1 - 18	N/A	374	341	225	228	268	282	N/A	208
3+ Children									
0	N/A	877	836	545	557	648	635	N/A	514
1 - 18	N/A	602	542	353	364	414	459	N/A	331

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).





Both the HMO Saver and Individual HMO offer rich benefits. Choose the HMO Saver if you want lower monthly premiums and don't mind meeting a \$1,500 deductible. Choose the Individual HMO if you want immediate, no-deductible benefits.

HMO Saver & Individual HMO Plans

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

Benefit	HMO Saver In-Network	Individual HMO In-Network
Annual Deductible	\$1,500 per member: Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers	\$0
Lifetime Maximum	Unlimited	Unlimited
Annual Out-of-Pocket Maximum	\$3,000 per member; Once two members each reach the maximum, the maximum is satisfied for the entire family (includes deductible)	\$3,000 per member; Once two members each reach the maximum, the maximum is satisfied for the entire family
Doctors' Office Visits	\$10 copay per visit	\$10 copay per visit
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	No charge for office visit-related services	No charge for office visit-related services
Hospital Inpatient (Overnight Hospital Stays)	20% of negotiated fee (after deductible)	20% of negotiated fee
Hospital Outpatient (If You Don't Stay Overnight)	20% of negotiated fee (emergency and non-emergency services are subject to the deductible)	20% of negotiated fee
Emergency Room Services ¹	20% of negotiated fee (after deductible)	20% of negotiated fee
Maternity	Office visits: \$10 copay; Inpatient/Outpatient: After deductible, 20% of negotiated fee	Office visits: \$10 copay; Inpatient/Outpatient: 20% of negotiated fee
Preventive Care	\$10 copay for specific health maintenance services	\$10 copay for specific health maintenance services
Ambulance	\$50 copay; waived if admitted to the hospital	\$50 copay; waived if admitted to the hospital
Physical/Occupational Therapy; Chiropractic Services (Up to 60 consecutive days following an illness or injury)	Outpatient: \$10 copay per visit Inpatient: 20% of negotiated fee Chiropractic services provided with medical group referral only	Outpatient: \$10 copay per visit Inpatient: 20% of negotiated fee Chiropractic services provided with medical group referral only
Acupuncture/Acupressure	Not covered	Not covered
Prescription Drug Benefits (Blue Cross Formulary ²) Amounts shown are for each 30-day retail or in-network mail order supply	\$10 copay generic; \$30 copay brand-name ³ after \$250 brand-name prescription drug deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	\$10 copay generic; \$30 copay brand-name ³ after \$250 brand-name prescription drug deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin

¹ Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.

² 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.

³ 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.

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

HMO Saver & Individual HMO Medical Rating Area Definitions

The following indicates the counties and/or ZIP codes for each rating area for the HMO Saver and Individual HMO plans. The subscriber's home address determines the rating area.

Alameda	95304, 95377, 95391	Area 2	Riverside	92883	Area 4
	all other Alameda ZIPs	Area 3		all other Riverside ZIPs	Area 6
Alpine		Area 2	Sacramento	94571	Area 3
Amador		Area 2		all other Sacramento ZIPs	Area 2
Butte		Area 3	San Benito	93930, 95004	Area 1
Calaveras		Area 2		all other San Benito ZIPs	Area 2
Colusa		Area 3	San Bernardino	91766, 91792	Area 9
Contra Costa		Area 3		93516, 93555	Area 7
Del Norte		Area 1		all other San Bernardino ZIPs	Area 6
El Dorado		Area 2	San Diego		Area 6
Fresno	93245, 93618	Area 7	San Francisco		Area 3
	all other Fresno ZIPs	Area 2	San Joaquin	94514	Area 3
Glenn		Area 3	all other San Joaquin ZIPs	Area 2	
Humboldt		Area 3	San Luis Obispo	93252	Area 7
Imperial		Area 6		93426	Area 1
Inyo	93527	Area 7		all other San Luis Obispo ZIPs	Area 8
	all other Inyo ZIPs	Area 2	San Mateo		Area 2
Kern	93536	Area 9	Santa Barbara	93252	Area 7
	93558	Area 6	all other Santa Barbara ZIPs	Area 8	
all other Kern ZIPs	Area 7	Kings	Santa Clara	94303, 95023	Area 2
93242, 93631, 93656	Area 2		all other Santa Clara ZIPs	Area 3	
all other Kings ZIPs	Area 7	Lake		Area 3	
Lassen		Area 1	Santa Cruz		Area 3
Los Angeles	ZIP codes beginning with 906-912, 915, 917, 918 & 935 (except 90623, 90630, 90631, 91709, 93560)	Area 9	Shasta		Area 1
	90623, 90630, 90631	Area 4	Sierra	95922	Area 3
	91709	Area 6		95960	Area 2
	93243, 93560	Area 7	all other Sierra ZIPs	Area 1	
	all other Los Angeles ZIPs	Area 5	Siskiyou		Area 1
	Madera		Area 2	Solano	95690
Marin		Area 2	all other Solano ZIPs	Area 3	
Mariposa		Area 2	Sonoma		Area 3
Mendocino		Area 3	Stanislaus		Area 2
Merced		Area 2	Sutter	95626, 95648, 95837	Area 2
Modoc		Area 1	all other Sutter ZIPs	Area 3	
Mono		Area 2	Tehama	95963, 95973	Area 3
Monterey	93451	Area 8		all other Tehama ZIPs	Area 1
	95076	Area 3	Trinity	95526	Area 3
	all other Monterey ZIPs	Area 1	all other Trinity ZIPs	Area 1	
Napa		Area 3	Tulare	93631, 93641, 93646, 93654	Area 2
Nevada	95977	Area 3	all other Tulare ZIPs	Area 7	
	all other Nevada ZIPs	Area 2	Tuolumne		Area 2
Orange	90638	Area 9	Ventura	90265 and ZIP codes beginning with 913	Area 5
	all other Orange ZIPs	Area 4		93252	Area 7
all other Orange ZIPs	Area 4	Placer		all other Ventura ZIPs	Area 8
95668, 95692	Area 3		Yolo		Area 3
all other Placer ZIPs	Area 2	Plumas	Yuba	95960	Area 2
95981	Area 3		all other Yuba ZIPs	Area 3	
all other Plumas ZIPs	Area 1				

HMO Saver Plan (7896)

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
Single									
19 - 29	323	331	307	237	218	223	251	248	190
30 - 34	447	453	413	319	309	316	342	353	270
35 - 39	471	482	447	345	317	324	365	361	277
40 - 44	471	483	448	345	318	327	366	369	283
45 - 49	516	528	490	378	351	374	400	432	322
50 - 54	630	637	591	450	436	461	488	517	396
55 - 59	695	704	649	494	481	500	534	557	427
60 - 64	753	798	707	584	575	595	600	600	515
Subscriber & Spouse									
Under 30	760	778	721	556	512	524	590	584	448
30 - 34	918	936	861	664	627	641	708	715	548
35 - 39	943	965	895	691	635	652	732	731	560
40 - 44	988	1,011	938	724	670	689	767	767	588
45 - 49	1,100	1,126	1,045	806	741	758	854	863	649
50 - 54	1,276	1,293	1,217	907	892	927	986	1,033	792
55 - 59	1,432	1,454	1,344	1,021	993	1,021	1,110	1,138	873
60 - 64	1,507	1,597	1,415	1,166	1,150	1,189	1,200	1,200	1,017
Subscriber & Child									
Under 30	610	630	597	477	464	488	496	541	410
30 - 34	733	750	696	537	494	505	569	583	434
35 - 39	706	723	671	518	479	504	549	591	442
40 - 44	682	698	648	500	469	496	530	559	442
45 - 49	699	716	664	523	500	520	543	599	461
50 - 54	865	887	823	635	584	597	669	666	510
55 - 59	938	949	895	676	638	652	726	727	557
60 - 64	1,093	1,141	1,045	813	766	783	827	827	669
Family									
Under 30	1,144	1,172	1,087	838	808	853	895	998	715
30 - 34	1,349	1,390	1,276	995	915	936	1,055	1,070	800
35 - 39	1,397	1,430	1,311	1,023	941	963	1,085	1,075	823
40 - 44	1,438	1,472	1,345	1,054	969	991	1,113	1,105	847
45 - 49	1,548	1,585	1,470	1,135	1,044	1,067	1,203	1,190	912
50 - 54	1,661	1,680	1,583	1,199	1,165	1,191	1,282	1,328	1,018
55 - 59	1,748	1,769	1,666	1,288	1,217	1,245	1,349	1,388	1,064
60 - 64	1,894	2,029	1,882	1,452	1,336	1,366	1,539	1,523	1,167
Subscriber & Children									
Under 30	849	872	822	644	612	640	666	747	564
30 - 34	961	984	912	709	684	711	746	825	620
35 - 39	956	979	908	710	689	711	742	789	621
40 - 44	980	1,003	931	736	701	729	761	801	642
45 - 49	1,006	1,030	955	761	718	770	781	827	660
50 - 54	1,144	1,195	1,095	855	787	805	907	897	688
55 - 59	1,182	1,210	1,122	866	797	815	918	923	696
60 - 64	1,358	1,458	1,368	1,081	1,003	1,034	1,113	1,152	883
Single Child									
0	338	354	359	289	275	285	306	303	232
1 - 18	205	210	194	150	138	144	159	167	129
2 Children									
0	629	662	614	503	468	498	502	546	428
1 - 18	395	404	375	289	266	272	306	308	239
3+ Children									
0	930	946	902	729	718	746	757	757	672
1 - 18	644	652	614	465	447	458	493	511	392

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).

Individual HMO Plan (7898)

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
Single									
19 - 29	410	417	394	310	301	313	319	358	278
30 - 34	561	570	533	406	394	412	436	477	360
35 - 39	615	627	593	447	432	453	480	509	394
40 - 44	609	614	585	461	444	454	472	507	394
45 - 49	710	723	684	530	486	498	554	555	431
50 - 54	794	802	757	569	553	580	605	677	512
55 - 59	874	883	828	627	609	638	643	730	559
60 - 64	953	1,009	886	750	738	756	755	766	660
Subscriber & Spouse									
Under 30	967	982	923	705	684	718	749	832	629
30 - 34	1,163	1,164	1,125	850	824	864	885	974	751
35 - 39	1,220	1,235	1,173	905	870	894	945	1,016	788
40 - 44	1,263	1,277	1,214	969	931	952	977	1,063	825
45 - 49	1,434	1,450	1,378	1,082	1,037	1,061	1,108	1,184	919
50 - 54	1,599	1,617	1,538	1,168	1,115	1,165	1,236	1,382	1,028
55 - 59	1,772	1,830	1,704	1,295	1,258	1,318	1,372	1,497	1,141
60 - 64	1,907	2,017	1,772	1,495	1,462	1,508	1,510	1,533	1,301
Subscriber & Child									
Under 30	793	813	766	597	580	608	634	671	541
30 - 34	903	968	918	712	653	668	745	746	579
35 - 39	923	967	911	707	648	663	739	740	574
40 - 44	925	936	889	694	639	654	716	730	570
45 - 49	971	991	934	725	665	680	758	759	589
50 - 54	1,069	1,079	1,027	780	743	788	825	926	708
55 - 59	1,178	1,190	1,133	844	820	859	879	996	760
60 - 64	1,369	1,437	1,338	1,046	992	1,061	970	1,082	904
Family									
Under 30	1,427	1,530	1,427	1,174	1,076	1,101	1,228	1,229	954
30 - 34	1,585	1,700	1,685	1,306	1,267	1,304	1,395	1,456	1,129
35 - 39	1,707	1,821	1,731	1,325	1,256	1,313	1,393	1,516	1,166
40 - 44	1,794	1,828	1,738	1,349	1,273	1,352	1,397	1,565	1,202
45 - 49	1,955	2,003	1,904	1,418	1,376	1,443	1,528	1,686	1,252
50 - 54	2,047	2,091	1,989	1,484	1,438	1,506	1,599	1,800	1,289
55 - 59	2,115	2,192	2,084	1,550	1,506	1,578	1,647	1,850	1,363
60 - 64	2,401	2,615	2,449	1,858	1,804	1,891	1,948	2,140	1,607
Subscriber & Children									
Under 30	1,139	1,171	1,103	856	785	803	895	896	700
30 - 34	1,244	1,315	1,239	962	881	902	1,006	1,007	783
35 - 39	1,259	1,273	1,211	980	898	919	1,005	1,026	829
40 - 44	1,263	1,299	1,218	1,017	932	953	1,049	1,064	839
45 - 49	1,353	1,379	1,300	1,047	960	982	1,095	1,096	844
50 - 54	1,416	1,432	1,361	1,118	1,073	1,108	1,129	1,240	981
55 - 59	1,490	1,533	1,458	1,135	1,098	1,135	1,172	1,290	1,001
60 - 64	1,709	1,800	1,686	1,276	1,240	1,299	1,374	1,512	1,139
Single Child									
0	428	437	412	359	348	365	370	412	311
1 - 18	277	280	266	201	191	195	215	218	169
2 Children									
0	750	766	722	601	570	593	597	650	537
1 - 18	513	518	494	380	373	382	397	426	331
3+ Children									
0	1,192	1,208	1,167	969	955	990	1,008	1,021	901
1 - 18	816	824	785	588	577	596	632	713	552

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).

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 Select HMO/HMO Saver/Individual HMO Evidence of Coverage and Disclosure Form/Certificate (EOC) contains a comprehensive list of the plans' exclusions and limitations. For a sample copy of an EOC, ask your agent or contact Blue Cross of California.

Exclusions and Limitations

- Care not authorized by your PMG or IPA.
- Amounts in excess of customary and reasonable charges for care rendered by a non-participating provider without a referral from your PMG or IPA.
- 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 plan agreement.
- 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) as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Any amounts in excess of the maximum amounts listed in the Evidence of Coverage and Disclosure Form/Certificate.
- 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 Evidence of Coverage and Disclosure Form/Certificate.
- Hearing aids.
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Infertility services.
- Private duty nursing.
- Eyeglasses or contact lenses, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Mental and nervous disorders and substance abuse, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- 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 Evidence of Coverage and Disclosure Form/Certificate.
- Personal comfort items.
- Custodial care.
- Certain genetic testing.
- Outpatient speech therapy, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Any amounts in excess of maximums stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Services or supplies supplied to any person not covered under the Agreement in connection with a surrogate pregnancy.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.
- Growth hormone treatment.
- Acupuncture/Acupressure.
- Chiropractic services.
- Immunizations for foreign travel.
- Treatment for chronic alcoholism or other substance abuse except as specifically stated in the Evidence of Coverage and Disclosure Form.
- Inpatient mental care, including acute alcoholism and drug addiction benefits, except detoxification.
- Treatment of mental and nervous disorders, except as specifically stated in the Evidence of Coverage and Disclosure Form.
- Rehabilitative care specifically stated in the Evidence of Coverage and Disclosure Form.
- Reconstructive surgery, purchase or replacement of artificial limbs or prosthesis except as specifically stated in the Evidence of Coverage and Disclosure Form.
- Medical, surgical and/or psychological treatment of a sexual dysfunction, except when a sexual dysfunction is a result of a physical abnormality, defect or disease.
- Medical, surgical services, supplies or treatment to the joint of the jaw (temporomandibular joint), upper jaw (maxilla) or lower jaw (mandible), unless related to a tumor or accident occurring while covered.
- Routine physical examinations or tests that do not directly treat an acute illness, injury or condition unless authorized by your Primary Care Physician, except in no event will any physical examination or test required by employment or government authority, or at the request of a third party, such as a school, camp or sports-affiliated organization, be covered unless Medically Necessary.
- Care or treatment of a pregnancy, or any condition related to pregnancy (except treatment of complications of pregnancy or Cesarean-section deliveries) when conception has occurred before the effective date of the plan agreement. However, if you were covered under Creditable Coverage within 63 days of becoming covered, the time spent under Creditable Coverage will be used to satisfy, or partially satisfy, the six (6) month period.

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 more details regarding these benefits, refer to the Evidence of Coverage booklets.

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.

For emergency services, the service area is a 20-mile radius from your participating medical group. If you need emergency treatment and you are more than 20 miles from your Primary Care Physician's office or more than 20 miles from your Medical Group, you should seek immediate care. If, as a result of the emergency condition, you are admitted to the hospital through the emergency room, you or a member of your family must notify Blue Cross as soon as possible but no later than 48 hours after initial care has been provided, unless extraordinary circumstances prevent such notification.

Rights and Obligations

No-Obligation Review Period

After you enroll in a plan offered by Blue Cross of California, 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.

Guarding Your Privacy

Blue Cross 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. 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 Blue Cross 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.

Department of Managed Health Care

The Department of Managed Health Care is responsible for regulating health care service plans, including Blue Cross of California. If you have a grievance against your health plan, you should first telephone your health plan at (800) 333-0912 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (888) HMO-2219 and a TDD line (877) 688-9891 for the hearing and speech impaired. The department's Internet Web site (www.hmohelp.ca.gov) has complaint forms, IMR application forms and instructions online.

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 (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 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.

Terms of Coverage

Coverage remains in force as long as you pay the required premiums on time, live or work within 30 miles from a Blue Cross of California HMO or Select HMO Network provider, and 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.

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 SelectHMOSM 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

Get A Quote

Apply Now

Ready to Enroll?

Call Your Blue Cross Agent Today!



Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). 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, 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 Individual PPO Dental.

bluecrossca.com

Rates and benefits effective 3/1/07

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