



BC Life & Health
Insurance Company



RightPlan PPO 40

Individual and Family Health Care Plans for California



RightPlan PPO 40

Is this plan for you?

- Simple, immediate benefits (including doctors' office visits) with no medical deductible
- Choice of prescription drug benefits (Comprehensive Rx, Generic Only Rx or No Rx)
- No maternity benefits

What else do you get?

- Access to over 50,000 California network doctors and specialists and over 400 hospitals – **so chances are your doctor is one of ours**
- **Money in your pocket** – because we've negotiated lower fees with our network doctors and hospitals, your share of costs is less (a lot less)
- **Free health and wellness programs** – designed to keep you as healthy as can be
- Out-of-state coverage – **so you'll feel better wherever you are**

Choose the plan that's right for you.

- **RightPlan PPO 40 with No Rx** – If you don't need prescription drug coverage, this is a good way to keep your monthly rates as low as possible
- **RightPlan PPO 40 with Generic Rx** – Pay just a \$10 copay for generic drugs from our Generic Rx Formulary
- **RightPlan PPO 40 with Comprehensive Rx** – Pay a \$10 copay for generic drugs and a \$30 copay for brand-name prescription drugs from the Blue Cross Formulary (after meeting the \$500 brand-name prescription drug deductible)

Be sure to also check out our dental plans and life insurance on pages 13 and 14.

Without health coverage, you could pay an average of \$27,984 for a 3-day hospital stay. Don't wait to get the protection you need.

RightPlan PPO 40 Plans

These amounts show your share of costs.

Benefit	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Lifetime Maximum (Combined for In-Network and Out-of-Network)	\$5,000,000	\$5,000,000
Annual Out-of-Pocket Maximum¹ (Combined for In-Network and Out-of-Network)	\$7,500	\$7,500
Doctors' Office Visits	\$40 copay	50% of negotiated fee plus all excess charges
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	40% of negotiated fee	50% of negotiated fee plus all excess charges
Hospital Inpatient (Overnight Hospital Stays)	40% of negotiated fee plus \$500 copay per day/4-day maximum copay per admission ²	All charges except \$650 per day
Hospital Outpatient (If You Don't Stay Overnight)	40% of negotiated fee plus \$500 copay per surgical admission ²	All charges except \$380 per day
Emergency Room Services³	40% of negotiated fee	40% of customary and reasonable fees plus all excess charges
Maternity	Not Covered	Not Covered
Preventive Care	Routine mammogram, Pap and PSA tests ⁴ : \$40 office visit plus 40% of negotiated fee Well Baby and Well Child (through age 6): \$40 office visit plus 40% of negotiated fee HealthyCheck SM Centers ⁵ : \$25/\$75 copay for basic/premium screening	Routine mammogram, Pap and PSA tests ⁴ : 50% of negotiated fee plus all excess charges Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges
Ambulance	40% of negotiated fee	50% of negotiated fee plus all excess charges
Physical/Occupational Therapy; Chiropractic Services	40% of negotiated fee, up to 12 visits per year ⁶	All charges except \$25 per visit, up to 12 visits per year ⁶
Acupuncture/Acupressure (Combined for In-Network and Out-of-Network)	All charges except \$25 per visit, up to 24 visits per year	All charges except \$25 per visit, up to 24 visits per year
Prescription Drug Coverage Options	In-Network	Out-of-Network
RightPlan PPO 40 with No Prescription Drug Coverage (P958)	No Prescription Drug Coverage	No Prescription Drug Coverage
RightPlan PPO 40 with Generic Prescription Drug Coverage (PE48) (30-day supply, retail and mail order)	\$10 copay generic (<i>Drugs on Generic Rx Formulary only</i>)	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits (<i>Drugs on Generic Rx Formulary only</i>)
RightPlan PPO 40 with Comprehensive Prescription Drug Coverage (PE49) (30-day supply, retail and mail order)	Blue Cross Formulary Drugs: ⁷ \$10 copay generic; \$30 copay brand-name ⁸ after annual \$500 brand-name prescription drug deductible; 30% of negotiated fee for self-administered injectables, except insulin	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$500 brand-name prescription drug deductible

¹ 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.

² 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.

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

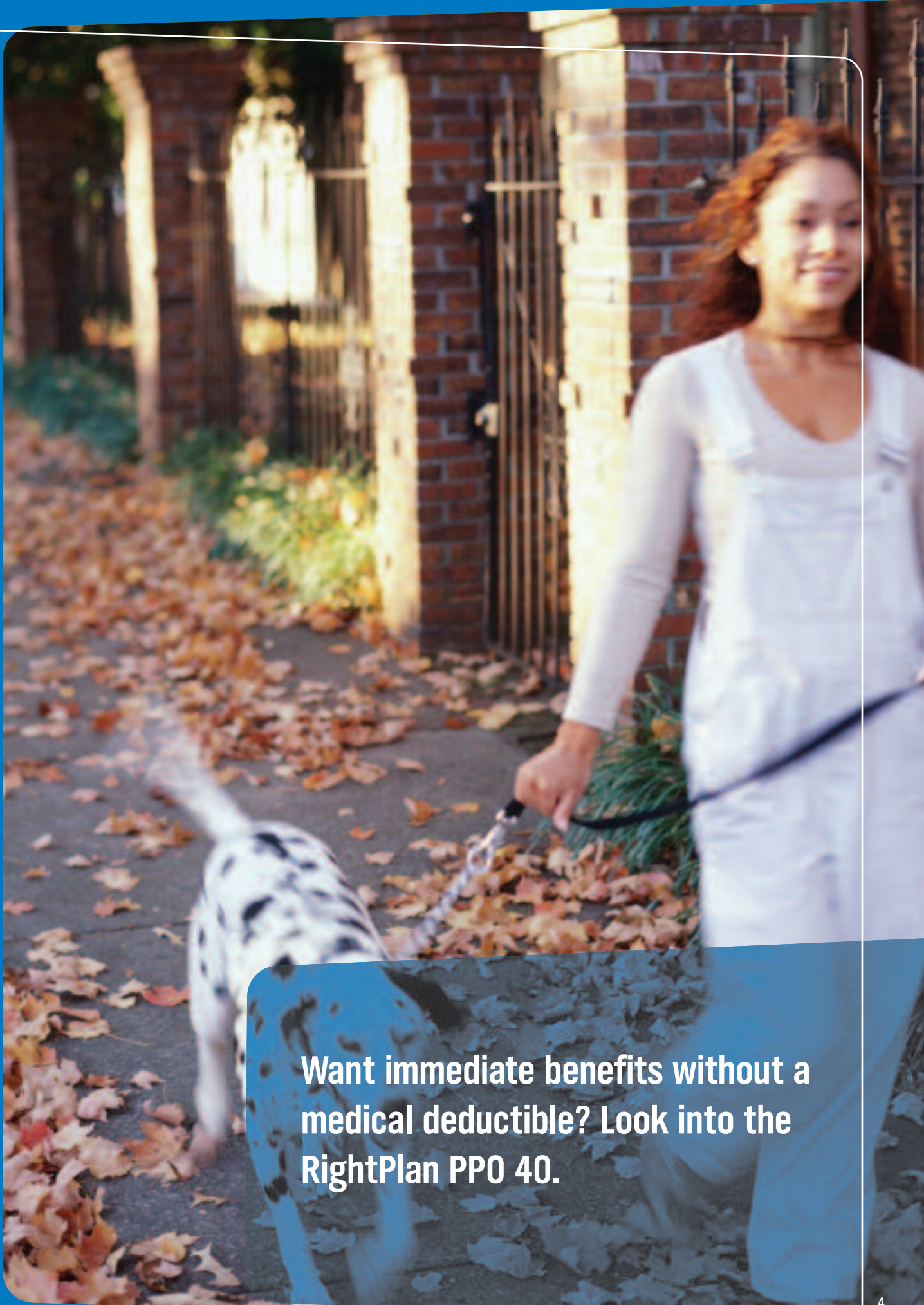
⁴ Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.

⁵ One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children age 7 and above.

⁶ Visits to participating and non-participating providers combined. Additional visits may be authorized.

⁷ 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.

⁸ 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.



Want immediate benefits without a medical deductible? Look into the RightPlan PPO 40.

**What level of prescription drug coverage do you want?
The RightPlan PPO 40 is all about choices.**



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 RightPlan PPO 40 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

- Maternity or pregnancy care.
- Conditions covered by workers' compensation or similar law.
- Experimental or investigative services.
- Services provided by a local, state, federal or foreign government, unless you have to pay for them.
- Services or supplies not specifically listed as covered under the Policy.
- Services received before your effective date.
- Services received after coverage ends.
- Services you wouldn't have to pay for without insurance.
- Services from relatives.
- Any services received by Medicare benefits without payment of additional premium.
- Services or supplies that are not medically necessary.
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered).
- Any amounts in excess of the maximum amounts listed in the Policy.
- Sex changes.
- Cosmetic surgery.
- Services primarily for weight reduction except medically necessary treatment of morbid obesity.
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Policy.
- Hearing aids.
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Policy.
- Infertility services.
- Private duty nursing.
- Eyeglasses or contact lenses, except as specifically stated in the Policy.
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Policy.
- Mental and nervous disorders and substance abuse, except as specifically stated in the Policy.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Policy.
- Services or supplies related to a preexisting condition.
- Outdoor treatment programs.
- Telephone or facsimile machine consultations.
- Educational services except as specifically provided or arranged by Blue Cross.
- Nutritional counseling.
- Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU).
- Care or treatment furnished in a non-contracting hospital, except as specifically stated in the Policy.
- Personal comfort items.
- Custodial care.
- Certain genetic testing.
- Outpatient speech therapy, except as specifically stated in the Policy.
- Any amounts in excess of maximums stated in the 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.

Additional Exclusion and Limitation for RightPlan PPO 40 with No Prescription Drug Coverage

- Outpatient prescription drugs.

General Provisions

Mental Health Coverage

Blue Cross provides the same level of coverage as other medical diagnoses for the medically necessary treatment of severe mental illnesses in persons of any age. Severe mental illness, as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM), includes the following diagnoses:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa

Blue Cross also provides the same level of coverage as other medical diagnoses for serious emotional disturbances in children that result in behavior inappropriate to the child's age, according to expected developmental norms.

For the RightPlan PPO, coverage is provided for non-severe mental and nervous disorders and substance abuse as follows:

- Inpatient Hospital (30 days/year maximum) – You pay all charges except \$175/day
- Professional Services (1 visit/day; 20 visits/year maximum) – You pay all charges except \$25/visit

For more details regarding these benefits, refer to the Policy booklet.

Emergency Care

Blue Cross covers emergency services necessary to screen and stabilize your condition. No authorization or precertification is required if you reasonably believe an emergency medical condition exists. A medical emergency is an unexpected acute illness, injury or condition that could endanger your health if not treated immediately. Examples of medical emergencies include:

- Severe pain
- Chest pains
- Heavy bleeding
- Difficulty breathing or shortness of breath
- Sudden loss of consciousness
- Sudden weakness or numbness of the face, arm or leg on one side of the body

When you consider a medical condition to be an emergency, immediately call 911 or go to the nearest hospital emergency room. Once your condition is stabilized, it is important for the hospital, you or a family member to contact your physician or Blue Cross about the authorization of additional services.

Rights and Obligations

No-Obligation Review Period

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

Guarding Your Privacy

BCL&H is fully committed to protecting our members' privacy. Our complete **Notice of Privacy Practices** provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including: the right to authorize release of information; the right to limit access to medical information; protection of oral, written and electronic information; use of data; and information shared with employers. You may obtain our complete Notice of Privacy Practices from our Web site at www.bluecrossca.com. You may also call the Customer Service number listed on your member ID card or prospective members can call 1-800-333-0912.

Utilization Management and Pre-Service Review

The Blue Cross Utilization Management and Pre-Service Review Program helps members receive coverage for appropriate treatment in the appropriate setting. Four review processes are included:

- 1) Pre-Service Review assesses medical necessity before services are provided;
 - 2) Admission Review determines at the time of admission if the stay or surgery is Medically Necessary in the event Pre-Service Review is not conducted;
 - 3) Continued Stay Review determines if a continued stay is Medically Necessary;
 - 4) Retrospective Review determines if the stay or surgery was Medically Necessary after care has been provided if none of the first three reviews were performed.
- Utilization Management and Pre-Service Review is not the practice of medicine or the provision of medical care to you. Only your doctor can provide you with medical advice and medical care.

Requirement for Binding Arbitration

If you are applying for coverage, please note that BCL&H requires binding arbitration to settle **any and all** disputes including medical malpractice, breach of contract and benefits. This means that you are waiving your right to a jury or court trial for **both** medical malpractice claims and any other disputes. California Health and Safety Code Section 1363.1 and Insurance

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

California Department of Insurance

If you have a problem regarding your coverage, please contact BCL&H to resolve the issue. If you are unable to resolve the matter, you may request a review by the California Department of Insurance (CDI) at the following address and telephone number:

California Department of Insurance,
Consumer Affairs Bureau
300 South Spring Street, South Tower
Los Angeles, California 90013
1-800-927-HELP (4357).

You may also be eligible for an Independent Medical Review (IMR) of disputed health care services from the California Department of Insurance if you believe that BCL&H has improperly denied, modified, or delayed health care services. A disputed health care service is any health care service eligible for coverage and payment under your plan that has been denied, modified or delayed by BCL&H, in whole or in part because the service is not Medically Necessary.

The IMR process is in addition to any other procedures or remedies that may be available to you. If you need additional information about IMR or require help in completing the form, you may call (818) 234-3353 or you may write to:

BC Life & Health Insurance Company
P.O. Box 4310
Woodland Hills, CA 91365.

Your BCL&H Policy contains an arbitration clause. Disagreements between you and BCL&H which exceed small claims court jurisdictional limits will be resolved through arbitration. To initiate arbitration, a written request must be submitted to your dedicated processing unit who will provide you with information to initiate arbitration.

Incurred Medical Care Ratio

As required by law, we are advising you that Blue Cross of California and its affiliated companies' incurred medical care ratio for 2006 was 81.53 percent. This ratio was calculated after provider discounts were applied.

Enrollment Guidelines

To enroll, you must be:

- Age 64¾ or younger;
- A permanent legal resident of California;
- A U.S. resident for at least the last 3 months

The RightPlan PPO 40 is designed and priced for an Individual policyholder. Only the named policyholder is eligible for benefits under this Policy. Other persons, including, but not limited to, the policyholder's dependents, such as spouse, newborn, legal ward, natural and/or adopted child, are not eligible for coverage under the same policy as the policyholder. They may, however, apply separately for their own coverage by using the FamilyElect option on the Enrollment Application.

Medical Underwriting Requirement

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

- You may be offered coverage at the standard premium charge, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure, or
- You may be offered an alternate plan.

If you have a significant medical condition and do not qualify for the plan in this brochure or if you have discontinued group coverage, please contact your Blue Cross representative for information regarding other Individual coverage options.

Waiting Periods

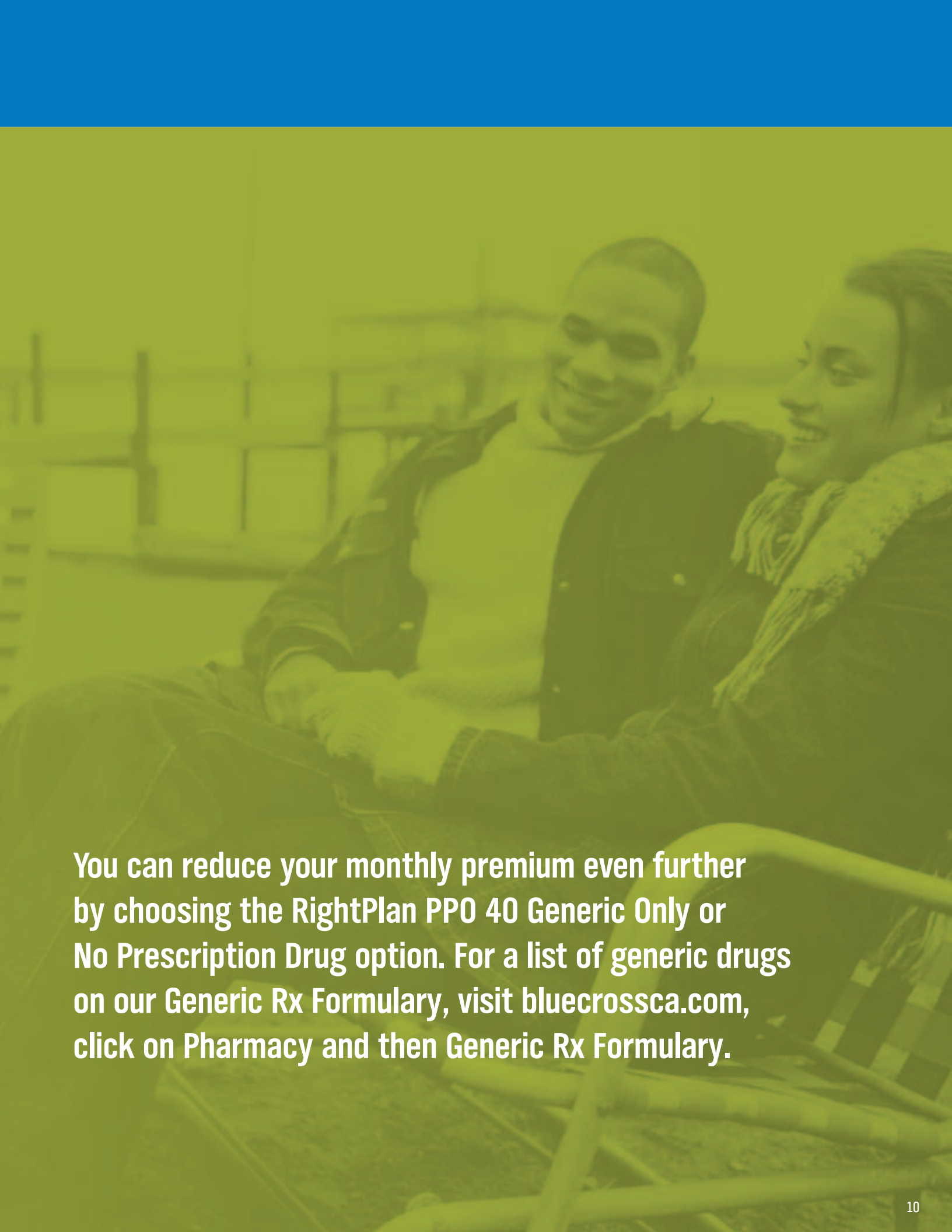
For the RightPlan PPO 40 plans, there is a specific six-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage.

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.

Terms of Coverage

Coverage remains in force as long as you pay the required premiums on time and for as long as you remain eligible for membership. Coverage will cease if you become ineligible because of residency requirements or duplicate Individual coverage with Blue Cross.

Blue Cross may change or terminate coverage for all covered persons with the same plan, rating area and deductible (if applicable), including changing rates, with 30 days prior written notice. Blue Cross does not change coverage or rates unless the change applies to all covered persons of the same class.



You can reduce your monthly premium even further by choosing the RightPlan PPO 40 Generic Only or No Prescription Drug option. For a list of generic drugs on our Generic Rx Formulary, visit bluecrossca.com, click on Pharmacy and then Generic Rx Formulary.

Medical Rating Area Definitions

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

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	
	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
	93558	Area 6	all other Santa Barbara ZIPs	Area 8	
	all other Kern ZIPs	Area 7	Santa Clara	94303, 95023	Area 2
Kings	93242, 93631, 93656	Area 2		all other Santa Clara ZIPs	Area 3
	all other Kings ZIPs	Area 7	Santa Cruz		Area 3
Lake		Area 3	Shasta		Area 1
Lassen		Area 1	Sierra	95922	Area 3
Los Angeles	ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560	Area 9		95960	Area 2
	90623, 90630, 90631	Area 4		all other Sierra ZIPs	Area 1
	91709	Area 6	Siskiyou		Area 1
	93243, 93560	Area 7		Solano	95690
	all other Los Angeles ZIPs	Area 5	all other Solano ZIPs	Area 3	
Madera		Area 2	Sonoma		Area 3
Marin		Area 2	Stanislaus		Area 2
Mariposa		Area 2	Sutter	95626, 95648, 95837	Area 2
Mendocino		Area 3		all other Sutter ZIPs	Area 3
Merced		Area 2	Tehama	95963, 95973	Area 3
Modoc		Area 1		all other Tehama ZIPs	Area 1
Mono		Area 2	Trinity	95526	Area 3
Monterey	93451	Area 8		all other Trinity ZIPs	Area 1
	95076	Area 3	Tulare	93631, 93641, 93646, 93654	Area 2
	all other Monterey ZIPs	Area 1		all other Tulare ZIPs	Area 7
Napa		Area 3	Tuolumne		Area 2
Nevada	95977	Area 3	Ventura	90265 and ZIP codes beginning with 913	Area 5
	all other Nevada ZIPs	Area 2		93252	Area 7
Orange	90638	Area 9		all other Ventura ZIPs	Area 8
	all other Orange ZIPs	Area 4		Yolo	
Placer	95668, 95692	Area 3	Yuba		95960
	all other Placer ZIPs	Area 2		all other Yuba ZIPs	Area 3
Plumas	95981	Area 3			
	all other Plumas ZIPs	Area 1			

RightPlan PPO 40 Plans

These rates are Level 1 (standard) rates. Rates may be higher based on an individual's underwriting review.

RightPlan PPO 40 - No Rx (P958)

	Medical Rating Areas								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	103	89	76	76	88	74	72	74	74
30 - 34	126	102	94	93	98	84	89	91	93
35 - 39	145	117	104	104	115	98	102	102	103
40 - 44	190	152	147	147	157	134	134	135	135
45 - 49	239	205	187	187	202	170	181	181	172
50 - 54	305	258	238	236	253	214	227	226	218
55 - 59	417	345	318	316	362	292	307	302	306
60 - 64	558	450	411	411	447	374	399	393	400
Single Child									
0	179	139	124	118	136	107	110	114	119
1-18	96	80	69	69	79	67	67	68	69

RightPlan PPO 40 - Generic Only Rx (PE48)

	Medical Rating Areas								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	124	98	90	89	96	82	87	88	88
30 - 34	146	123	110	110	121	101	102	103	103
35 - 39	170	137	127	125	136	114	121	123	123
40 - 44	207	181	155	156	179	151	146	147	146
45 - 49	270	216	196	193	213	180	188	188	190
50 - 54	342	286	246	246	282	239	238	238	239
55 - 59	481	397	363	362	392	330	351	350	343
60 - 64	602	516	472	472	508	428	455	453	424
Single Child									
0	198	162	139	121	141	108	121	132	131
1-18	116	90	84	82	89	77	79	82	82

RightPlan PPO 40 - Comprehensive Rx (PE49)

	Medical Rating Areas								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	141	110	104	104	114	94	96	99	101
30 - 34	161	138	121	121	143	116	110	113	115
35 - 39	194	159	147	147	165	131	133	137	139
40 - 44	235	201	183	185	211	169	172	174	171
45 - 49	311	252	234	236	268	208	221	227	234
50 - 54	397	323	298	301	344	272	279	289	298
55 - 59	575	474	442	448	509	397	416	428	431
60 - 64	712	608	562	571	643	506	534	544	533
Single Child									
0	221	177	156	137	162	123	136	146	148
1-18	126	101	95	95	106	85	86	89	91

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

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

9608 2/07