

*Individual Plans*

**Our PPO 3500 (HSA-Compatible) Plan**  
with a Health Savings Account (HSA)  
from Chase

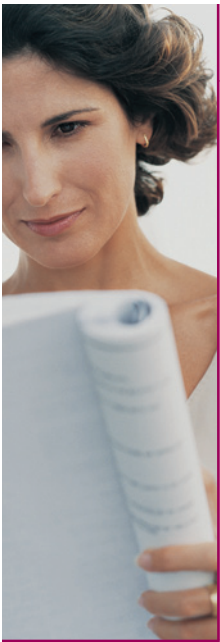


**BC Life & Health**  
Insurance Company



**Benefits and Rates**  
**Effective October 1, 2004**





# Experience *The Power of Blue<sup>SM</sup>* with our **PPO 3500 (HSA-Compatible) Plan** *and a Health Savings Account (HSA) from Chase*

- **Save on premiums:** The New PPO 3500 (HSA-Compatible) Plan from BC Life & Health Insurance Company (BCL&H) offers low-cost premiums that fit your budget.
- **Save for your future:** The optional HSA gives you tax breaks and allows you to save money to pay for certain medical expenses that are not covered by your medical coverage.
- **Save time:** You can apply for our new HSA-compatible plan and the Chase HSA at the same time through BCL&H.

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# Our PPO 3500 (HSA-Compatible) Plan with an HSA from Chase

They're better offered together.

## Convenient One-Stop Shopping

BCL&H offers you a simple approach to setting up a High Deductible Health Plan (HDHP) and a tax-advantaged Health Savings Account (HSA). Our new, low-cost PPO 3500 (HSA-Compatible) Plan is offered alongside an optional HSA. You can apply for the health plan and the health savings account at the same time, saving you the time and hassle of making both arrangements separately.

## HSA Administration through Chase

Through our arrangement with Chase, we can provide you with a powerful combination package:

- The PPO 3500 (HSA-Compatible) Plan with low premiums and 100 percent coverage for most in-network services (after the deductible is met)
- A tax-advantaged Chase HSA that helps you save money to pay for your pre-deductible health care costs and other qualified medical expenses.

The Chase HSA is backed by the security of JPMorgan Chase & Co. a leading global financial services firm with assets in excess of \$1.1 trillion serving more than 30 million consumers nationwide.

## Benefits of Both

When you select our PPO 3500 (HSA-Compatible) Plan with the HSA from Chase, you can:

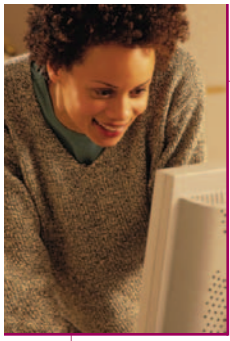
- Save time and reduce hassle
- Reap the tax advantages of an HSA
- Establish your HSA with a financial leader
- Benefit from seamless customer service between BCL&H and Chase
- Gain peace of mind

The PPO 3500 (HSA-Compatible Plan) also offers you:

- Low, negotiated provider fees that reduce your out-of-pocket costs
- Freedom to go to any doctor you choose
- Access to more than 42,000 network providers
- Out-of-state and out-of-country emergency coverage
- A variety of additional services to enhance your life, including health improvement programs and discounts on health and wellness products and services

*If you want an HSA, we have an easy solution*





# What is an HSA?

## What Is an HSA?

An HSA is a personal savings account that gives you more control over how you save for and manage your health care costs. It allows you to earn interest as you save for qualified medical expenses on a tax-advantaged basis. Qualified medical expenses include your deductible, coinsurance, prescription drug copays and many other health expenses not covered by insurance. You must first be enrolled in a qualified high-deductible health plan, such as the PPO 3500 (HSA-Compatible) Plan, to set up an HSA. The two work together to provide you with the medical coverage you need, and an account to help you pay for what the plan does not cover.

## HSA Advantages

- Contributions up to the annual IRS limit are **tax-deductible**
- Withdrawals are federally tax-free if used for qualified medical expenses
- Savings can be used to pay for qualified medical expenses not covered by the PPO 3500 (HSA-Compatible) Plan
- Savings can cover some or all of out-of-pocket expenses
- Money not spent rolls over to following year
- Potential exists to build significant, nest-egg balances after years of tax-advantaged contributions and interest earnings

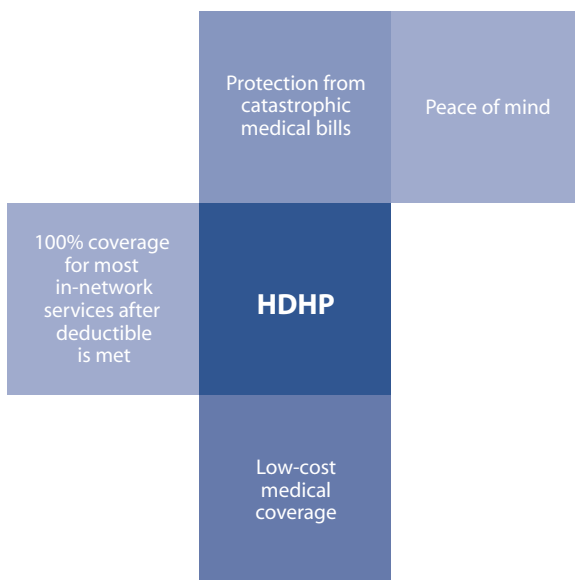
## Consult Your Tax Advisor

This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional. If you are considering an HSA, you should consult a qualified tax advisor who can evaluate your particular needs and circumstances.

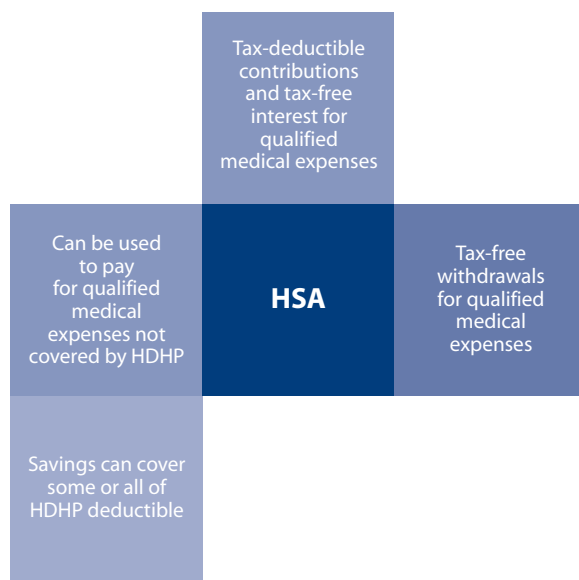
## How the PPO 3500 (HSA-Compatible) Plan Works with the Chase HSA

The PPO 3500 (HSA-Compatible) Plan works hand-in-hand with the Chase HSA to provide you with the medical coverage you need and an account to help you pay for qualified medical expenses that are not covered. Enrollment in a qualified high-deductible health plan such as the PPO 3500 (HSA-Compatible) Plan is required to establish an HSA.

### PPO 3500 (HSA-Compatible) Plan



### Chase HSA





## Examples of Qualified Medical Expenses

The list below contains some examples of qualified medical expenses for which you may be able to use your HSA funds. Please note that these examples may be subject to change and you are responsible for compliance with HSA spending regulations. A qualified medical expense is any health care cost as defined in the Internal Revenue Code (IRC Section 213 [d]), but only to the extent the expenses are not covered by insurance.

- Prescription drugs, including birth control pills
- Doctor visits, lab, X-ray and other diagnostic and treatment services
- Car controls for the physically challenged
- Christian Science practitioner services
- Coinsurance costs for health care, prescription drug and dental plans
- Dental X-ray, fillings, extraction and dentures
- Orthodontia (such as braces)
- Specially installed equipment if primary purpose is health care
- Eyeglasses, contact lenses, and solution
- Guide dog or other animal, including its maintenance
- Hearing aids and batteries
- In-vitro fertilization
- Remedial reading lessons for a child with a severe learning disability
- Laser eye surgery
- Routine physical exams
- Stop-smoking programs
- Special school costs, including tutoring fees and tuition, for physically challenged or mentally impaired
- Transportation to and from health care providers
- Vitamin and mineral supplements that can be obtained only by prescription
- Qualified long-term care services and long-term care insurance
- Medicare Part A and B premiums, Medicare HMO or Medicare Advantage premiums
- Retiree health expenses for those 65 and older
- COBRA premiums and health insurance for those on unemployment compensation

### What Kind of Tax Savings are Possible with an HSA?

The following scenario illustrates potential federal tax savings for an individual who makes the maximum amount of contributions to a qualified HSA plan in 2004, when income tax is paid at various rates.

Total Yearly HSA Contributions	X	Tax Rate	=	Potential Federal Income Tax Savings
<b>\$2,600</b>		<b>35%</b>		<b>\$910</b>
		<b>33%</b>		<b>\$858</b>
		<b>28%</b>		<b>\$728</b>
		<b>25%</b>		<b>\$650</b>
		<b>15%</b>		<b>\$390</b>

**Important: This is just an illustration; BCL&H does not provide tax advice and urges all individuals to seek guidance from a qualified tax advisor to determine their specific savings potential.**



# PPO 3500 (HSA-Compatible) Plan Benefits

Amounts listed below represent **member's share of costs after deductible** unless otherwise noted.

**Notes:**

- <sup>1</sup> Members are responsible for any difference between the allowed amount and the actual charges, as well as any deductible and percentage copays.
- <sup>2</sup> There is no additional charge for Preferred Participating Hospitals. Additional \$500 hospital admission copay for Participating Hospitals. Pre-service review required for certain medical procedures.
- <sup>3</sup> Additional \$100 copay until the annual out-of-pocket maximum is reached. Copay waived if admitted.
- <sup>4</sup> Tests ordered by a physician are covered.
- <sup>5</sup> One HealthyCheck visit at HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children ages 7 and above.
- <sup>6</sup> Limited to 12 visits per calendar year; additional visits may be authorized.
- <sup>7</sup> Limited to 24 visits per calendar year, Participating and Non-Participating Providers combined.
- <sup>8</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.
- <sup>9</sup> Non-Formulary Drugs: You pay 100% of the negotiated fee until the deductible has been met. After the deductible, you pay 50% of the negotiated fee for generic and brand (if a generic is not available). You pay a \$10 copay plus the difference in cost (between the brand and generic) if a brand-name drug is prescribed and a generic is available. You pay 30% of the negotiated fee for self-administered injectable drugs.
- <sup>0</sup> The member is responsible for all charges over the allowable amount when using a non-participating provider.

Benefit	Participating Provider	Non-Participating Provider <sup>1</sup>
<b>Annual Deductible</b> <i>(Medical/Pharmacy combined In- and out-of-network combined)</i>	Single member: \$3,500 Families: \$7,000 aggregate	
<b>Lifetime Covered Charges Paid by BCL&amp;H</b>	\$5,000,000 per member	
<b>Annual Out-of-Pocket Maximum<sup>10</sup></b> <i>(Medical/Pharmacy combined In- and out-of-network combined)</i>	Single member: \$5,000 Families: \$10,000 aggregate	
<b>Office Visits</b>	After deductible, 0% of the negotiated fee	After deductible, 50% of negotiated fee plus 100% of charges in excess of the negotiated fee
<b>Professional Services (x-ray, lab, anesthesia, surgery, etc.)</b>	After deductible, 0% of the negotiated fee	After deductible, 50% of negotiated fee plus 100% of charges in excess of the negotiated fee
<b>Hospital Inpatient Facility Services</b>	After deductible, 0% of the negotiated fee <sup>2</sup>	After deductible, all charges except \$650 per day
<b>Hospital Outpatient Services</b>	After deductible, 0% of the negotiated fee	After deductible, all charges except \$380 per day
<b>Emergency Services</b> <i>(\$100 copay for each visit – waived if admitted)</i>	After deductible, \$100 copay plus 0% of the negotiated fee <sup>3</sup>	After deductible, all charges in excess of 100% of customary and reasonable for the first 48 hours. After 48 hours: All charges except \$650 per day
<b>Preventive Care</b> <b>- Routine Mammogram, Pap and PSA tests<sup>4</sup></b>	After deductible, \$0 of the negotiated fee	After deductible, 50% of negotiated fee plus 100% of charges in excess of the negotiated fee
<b>- Well Baby &amp; Well Child (through age 6)</b>	After deductible, \$0 of the negotiated fee	After deductible, 50% of negotiated fee plus 100% of charges in excess of the negotiated fee
<b>- HealthyCheck Centers<sup>5</sup></b>	\$25 and \$75 copay for basic screenings (deductible waived)	Not covered
<b>Ambulance</b>	After deductible, \$0 of the negotiated fee	After deductible, 50% of negotiated fee plus 100% of charges in excess of the negotiated fee
<b>Physical and Occupational Therapy; Chiropractic Services<sup>6</sup></b>	After deductible, \$0 of the negotiated fee	After deductible, all charges except \$25 per visit
<b>Acupuncture/Acupressure<sup>7</sup></b>	After deductible, all charges except \$25 per visit	
<b>Maternity</b>	Not covered	
<b>Prescription Drugs</b> 30-day supply retail; up to 60-day supply available through mail order  Subject to annual deductible	Blue Cross Formulary Drugs <sup>8</sup> : \$10 copay generic copay; \$30 copay brand-name copay after annual deductible <sup>8</sup> ; 50% coinsurance for non-formulary drugs; 30% of negotiated fee for self-administered injectable drugs, except insulin	50% of the Drug Limited Fee Schedule within California <sup>8</sup>



## Exclusions and Limitations

### What the Medical Plan Does 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 Individual PPO 3500 (HSA-Compatible) Plan Policy booklet contains a comprehensive list of the plan's exclusions and limitations. For a sample copy of a Policy booklet, ask your agent or contact BCL&H.

### Exclusions and Limitations

- Conditions covered by Workers' Compensation or similar laws.
  - Experimental or investigative care or therapy.
  - Any services provided by a local, state, county or federal government agency, including any foreign government.
  - Services or supplies not specifically listed as covered under the plan agreement.
  - Services received before your Effective Date or during an inpatient stay that began before your Effective Date, or after coverage ends.
  - Services or supplies for which no charge is made, or for which no charge would be made if you had no insurance coverage, or services for which you are not legally obligated to pay.
  - Services provided by relatives, and professional services received from a person who lives in your home or who is related to you by blood, marriage or adoption.
  - Any services to the extent you are entitled to receive Medicare benefits for those services without payment of additional premium for Medicare coverage. For parts of Medicare requiring additional premium payment, services are excluded for those parts of Medicare the member has enrolled in.
  - Services or supplies that are not medically necessary, as determined by BC Life & Health.
  - 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 stated in the Maximum Comprehensive and Copay/Coinsurance Lists sections of the Policy.
  - Sex change operations or related treatment and study.
  - Cosmetic surgery or other services for beautification, including any complications arising from, or the result of cosmetic surgery, except for reconstructive surgery.\*
- \*Does not apply to reconstructive surgery to restore a bodily function or to correct a deformity caused by injury, or medically necessary reconstructive surgery performed to restore symmetry incident to mastectomy.*
- Services primarily for weight reduction or treatment of obesity, or any care, which involves weight reduction as the main method of treatment, except medically necessary treatment of morbid obesity.
  - Dental care and treatment or treatment on or to the teeth and gums, unless covered under accidental injury.
  - Dental implants.
  - Hearing aids.
  - Contraceptive drugs and/or some contraceptive devices, including Norplant and Norplant kits, except injectable contraceptives when administered by a physician. (Oral contraceptives and some contraceptive devices are covered under the plan's prescription benefits.)
  - All services related to the evaluation or treatment of infertility, including all tests, consultations, medications, surgical, medical or lab procedures, and reversal of sterilization.
  - Private duty nursing, including inpatient or outpatient services of a private duty nurse.
  - Eyeglasses or contact lenses unless specified in your plan Policy.
  - Certain eye surgeries, including those solely for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia), astigmatism, and for farsightedness (presbyopia).
  - Diagnostic admissions, including inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests that could have been safely performed on an outpatient basis, and inpatient admissions primarily for diagnostic studies when inpatient bed care is not medically necessary.
  - Mental and nervous disorders, substance abuse, and learning disabilities, except as specifically stated under the benefits sections of the plan Policy.
  - Orthopedic shoes (except when joined to braces) or shoe inserts, except for limited benefits as stated in the Policy.
  - Orthodontic services, braces, and other orthodontic appliances.
  - No payment will be made for services or supplies for the treatment of a preexisting condition during a period of six months following your Effective Date. Also, if you were covered under qualifying prior coverage within 63 days of becoming covered under the Policy, the time spent under the qualifying prior coverage will be used to satisfy, or partially satisfy, the six-month period.
  - Services furnished through outdoor treatment programs.
  - Consultations provided by telephone or fax.

# General Provisions

- Educational services except as specifically provided or arranged by BC Life & Health.
- Nutritional counseling and food supplements, except as stated in your plan Policy.
- No benefits are provided for care and treatment furnished in a non-contracting hospital, except for medical emergencies as specified in the Policy.
- Items which are furnished primarily for your personal comfort or convenience or durable medical equipment including but not limited to orthopedic shoes or shoe inserts, air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators, supplies for comfort, hygiene or beautification, disposable sheaths and supplies, correction appliances or support appliances and supplies such as stockings.
- Custodial care: Custodial care is care that does not require the services of trained medical or health professionals, such as, but not limited to, help in walking, getting in and out of bed, bathing, dressing, preparation and feeding of special diets, and supervision of medications that are ordinarily self-administered. Domiciliary, or rest cures for which facilities and/or services of a general acute hospital are not medically required, including resident treatment centers, are also excluded.
- Outpatient speech therapy, except following surgery, injury or non-congenital organic disease.
- Benefits for Hospice services are limited to a lifetime maximum of \$10,000 per member for Participating and Non-Participating Providers combined.
- Maternity care: No benefits are provided for pregnancy, maternity care or abortions.
- Outpatient drugs and medications: Any drugs, medications or other substances dispensed or administered in any outpatient setting except as specifically stated in the Policy.



## Mental Health Coverage

BCL&H 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

BCL&H 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 PPO 3500 (HSA-Compatible) Plan, 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 after your deductible is met.
- Professional Services (1 visit/day; 20 visits/year maximum) – You pay all charges except \$25/visit after your deductible is met.

For more details regarding these benefits, refer to your policy.

## Emergency Care

BCL&H 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 BCL&H about the authorization of additional services.



## 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.

**Area 1:** Del Norte, Lassen, Modoc, Monterey, Plumas, San Benito (ZIP code 95004 only), San Luis Obispo (ZIP code 93426 only), Shasta, Sierra, Siskiyou, Tehama, Trinity

**Area 2:** Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings (ZIP code 93631 only), Madera, Marin, Mariposa, Merced, Mono, Nevada, Placer, Sacramento, San Benito (except ZIP code 95004), San Joaquin, San Mateo, Santa Clara (ZIP code 94303 only), Stanislaus, Tuolumne

**Area 3:** Alameda, Butte, Colusa, Contra Costa, Glenn, Humboldt, Lake, Mendocino, Napa, San Francisco, Santa Clara (except ZIP code 94303), Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba

**Area 4:** Orange, Riverside (ZIP code 92883 only)

**Area 5:** Los Angeles (except ZIP codes beginning with 906-912, 915, 917-918 & 935), Ventura (ZIP codes beginning with 913)

**Area 6:** Imperial, Riverside (except ZIP code 92883), San Bernardino, San Diego

**Area 7:** Kern, Kings (except ZIP code 93631), Tulare

**Area 8:** San Luis Obispo (except ZIP code 93426), Santa Barbara, Ventura (except ZIP codes beginning with 913)

**Area 9:** Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935)





## 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](http://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.

### Requirement for Binding Arbitration

If you are applying for coverage, please note that BCL&H requires binding arbitration to settle all disputes, including claims of medical malpractice. Insurance Code Section 10123.19 requires specified disclosures in this regard, similar to 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 Insurance

If you believe that your claim under coverage provided by BCL&H was wrongful, in whole or in part, you may have the matter reviewed by the California Department of Insurance. You may request a review from the California Department of Insurance at the following address and telephone number: 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 Department of Insurance (DOI) 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 BCL&H at 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 2003 was 80.81 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 and 23 ("dependent" as defined by the Internal Revenue Service)

### Medical Underwriting Requirement

We believe that the cost of covering someone whose health can be predicted to require costly care should not be subsidized by someone with minimal health care needs. That's why BCL&H offers various levels of coverage, ensuring an overall balance of risk. To determine individual medical risk factors, all enrollments are subject to medical underwriting. Depending on the results of underwriting review, a number of things may happen:

- You may be offered coverage at the standard premium charge
- You may be offered the plan you selected at a higher rate
- You may not qualify for the plan listed in this brochure
- You may be offered an alternative 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 BCL&H representative for information regarding other Individual coverage options.

### Waiting Periods

For the PPO 3500 (HSA-Compatible) Plan, 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. BCL&H will credit the time you were enrolled on the previous plan. Consult with your BCL&H 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
- Duplicate Individual coverage with BCL&H

BCL&H 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. BCL&H does not change coverage or rates unless the change applies to all covered persons of the same class.



\* Domestic partner must provide a validated copy of the Declaration of Domestic Partnership issued by the state of California.

# Individual PPO 3500 Deductible (HSA-Compatible) Plan (Contract Code T160)

## Monthly Rates Effective October 1, 2004

Age Range	LEVEL 1								
Single	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
19 - 29	\$44.00	\$40.00	\$42.00	\$44.00	\$49.00	\$42.00	\$39.00	\$41.00	\$43.00
30 - 34	\$61.00	\$56.00	\$58.00	\$57.00	\$68.00	\$52.00	\$54.00	\$49.00	\$51.00
35 - 39	\$86.00	\$77.00	\$73.00	\$68.00	\$90.00	\$63.00	\$73.00	\$58.00	\$60.00
40 - 44	\$109.00	\$91.00	\$86.00	\$80.00	\$105.00	\$74.00	\$86.00	\$68.00	\$71.00
45 - 49	\$130.00	\$119.00	\$123.00	\$118.00	\$145.00	\$108.00	\$116.00	\$101.00	\$105.00
50 - 54	\$172.00	\$156.00	\$162.00	\$156.00	\$190.00	\$143.00	\$152.00	\$133.00	\$139.00
55 - 59	\$215.00	\$195.00	\$203.00	\$215.00	\$238.00	\$203.00	\$190.00	\$198.00	\$205.00
60 - 64	\$461.00	\$357.00	\$335.00	\$313.00	\$412.00	\$288.00	\$338.00	\$268.00	\$278.00
<b>Subscriber &amp; Spouse</b>									
Under 30	\$86.00	\$78.00	\$82.00	\$86.00	\$96.00	\$82.00	\$76.00	\$80.00	\$84.00
30 - 34	\$120.00	\$110.00	\$114.00	\$112.00	\$134.00	\$102.00	\$106.00	\$96.00	\$100.00
35 - 39	\$170.00	\$152.00	\$144.00	\$134.00	\$178.00	\$124.00	\$144.00	\$114.00	\$118.00
40 - 44	\$216.00	\$180.00	\$170.00	\$158.00	\$208.00	\$146.00	\$170.00	\$134.00	\$140.00
45 - 49	\$258.00	\$236.00	\$244.00	\$234.00	\$288.00	\$214.00	\$230.00	\$200.00	\$208.00
50 - 54	\$342.00	\$310.00	\$322.00	\$310.00	\$378.00	\$284.00	\$302.00	\$264.00	\$276.00
55 - 59	\$428.00	\$388.00	\$404.00	\$428.00	\$474.00	\$404.00	\$378.00	\$394.00	\$408.00
60 - 64	\$920.00	\$712.00	\$668.00	\$624.00	\$822.00	\$574.00	\$674.00	\$534.00	\$554.00
<b>Subscriber &amp; Child</b>									
Under 30	\$113.00	\$103.00	\$107.00	\$113.00	\$125.00	\$106.00	\$100.00	\$100.00	\$105.00
30 - 34	\$130.00	\$119.00	\$123.00	\$126.00	\$144.00	\$116.00	\$115.00	\$108.00	\$113.00
35 - 39	\$155.00	\$140.00	\$138.00	\$137.00	\$166.00	\$127.00	\$134.00	\$117.00	\$122.00
40 - 44	\$162.00	\$147.00	\$148.00	\$147.00	\$177.00	\$135.00	\$142.00	\$126.00	\$131.00
45 - 49	\$168.00	\$153.00	\$158.00	\$156.00	\$187.00	\$143.00	\$149.00	\$135.00	\$140.00
50 - 54	\$210.00	\$190.00	\$197.00	\$194.00	\$232.00	\$178.00	\$185.00	\$167.00	\$174.00
55 - 59	\$253.00	\$229.00	\$238.00	\$253.00	\$280.00	\$238.00	\$223.00	\$232.00	\$240.00
60 - 64	\$499.00	\$391.00	\$370.00	\$351.00	\$454.00	\$323.00	\$371.00	\$302.00	\$313.00
<b>Family</b>									
Under 30	\$156.00	\$142.00	\$148.00	\$156.00	\$173.00	\$147.00	\$138.00	\$140.00	\$147.00
30 - 34	\$190.00	\$174.00	\$180.00	\$182.00	\$211.00	\$167.00	\$168.00	\$156.00	\$163.00
35 - 39	\$240.00	\$216.00	\$210.00	\$204.00	\$255.00	\$189.00	\$206.00	\$174.00	\$181.00
40 - 44	\$269.00	\$244.00	\$245.00	\$239.00	\$293.00	\$220.00	\$235.00	\$205.00	\$213.00
45 - 49	\$297.00	\$271.00	\$280.00	\$273.00	\$331.00	\$250.00	\$264.00	\$235.00	\$244.00
50 - 54	\$381.00	\$345.00	\$358.00	\$349.00	\$421.00	\$320.00	\$336.00	\$299.00	\$312.00
55 - 59	\$467.00	\$423.00	\$440.00	\$467.00	\$517.00	\$440.00	\$412.00	\$429.00	\$444.00
60 - 64	\$959.00	\$747.00	\$704.00	\$663.00	\$865.00	\$610.00	\$708.00	\$569.00	\$590.00
<b>Subscriber &amp; Children</b>									
Under 30	\$152.00	\$138.00	\$143.00	\$152.00	\$168.00	\$142.00	\$134.00	\$135.00	\$141.00
30 - 34	\$169.00	\$154.00	\$159.00	\$165.00	\$187.00	\$152.00	\$149.00	\$143.00	\$149.00
35 - 39	\$194.00	\$175.00	\$174.00	\$176.00	\$209.00	\$163.00	\$168.00	\$152.00	\$158.00
40 - 44	\$201.00	\$182.00	\$184.00	\$186.00	\$220.00	\$171.00	\$176.00	\$161.00	\$167.00
45 - 49	\$207.00	\$188.00	\$194.00	\$195.00	\$230.00	\$179.00	\$183.00	\$170.00	\$176.00
50 - 54	\$249.00	\$225.00	\$233.00	\$233.00	\$275.00	\$214.00	\$219.00	\$202.00	\$210.00
55 - 59	\$292.00	\$264.00	\$274.00	\$292.00	\$323.00	\$274.00	\$257.00	\$267.00	\$276.00
60 - 64	\$538.00	\$426.00	\$406.00	\$390.00	\$497.00	\$359.00	\$405.00	\$337.00	\$349.00
<b>Single Child</b>									
0	\$71.00	\$65.00	\$67.00	\$71.00	\$78.00	\$66.00	\$63.00	\$61.00	\$64.00
1 - 18	\$40.00	\$36.00	\$37.00	\$40.00	\$44.00	\$37.00	\$35.00	\$36.00	\$37.00
<b>2 Children</b>									
0	\$140.00	\$128.00	\$132.00	\$140.00	\$154.00	\$130.00	\$124.00	\$120.00	\$126.00
1 - 18	\$78.00	\$70.00	\$72.00	\$78.00	\$86.00	\$72.00	\$68.00	\$70.00	\$72.00
<b>3+ Children</b>									
0	\$179.00	\$163.00	\$168.00	\$179.00	\$197.00	\$166.00	\$158.00	\$155.00	\$162.00
1 - 18	\$117.00	\$105.00	\$108.00	\$117.00	\$129.00	\$108.00	\$102.00	\$105.00	\$108.00

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

The PPO 3500 (HSA-Compatible) Plan is available with or without the Chase HSA. Rates are the same for the plan whether or not you enroll in the HSA.

**Note:**

For Subscriber & Spouse and Family, rates are based on the age of the younger spouse. 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 youngest child (the youngest child will be assigned as the subscriber).



**BC Life & Health**  
Insurance Company

## ***The Power of Blue***<sup>SM</sup>

A High Deductible Health Plan (HDHP) is not a Health Savings Account (HSA). An HSA, which must be established for tax advantages, is a separate arrangement between an individual and a qualified financial institution. Consultation with a tax advisor is recommended.

This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional. If you are considering an HSA, you should consult a qualified tax advisor who can evaluate your particular needs and circumstances.

This is only an overview of coverage. A comprehensive description of coverage, benefits and limitations is contained in the Policy booklet. Review the Exclusions and Limitations listed in the Policy booklet prior to applying for coverage. For a copy, contact your agent or call BCL&H at 800-333-0912.

The Individual PPO 3500 (HSA-Compatible) Plan offered by BC Life & Health Insurance Company (BCL&H). BCL&H is an Independent Licensee of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks and The Power of Blue is a service mark of the BCA.

HSA administration is provided by Chase.

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