

*Individual and Family Health Programs*



**BlueCross**  
of California

*For Coverage You Can Trust  
Every Step of the Way*



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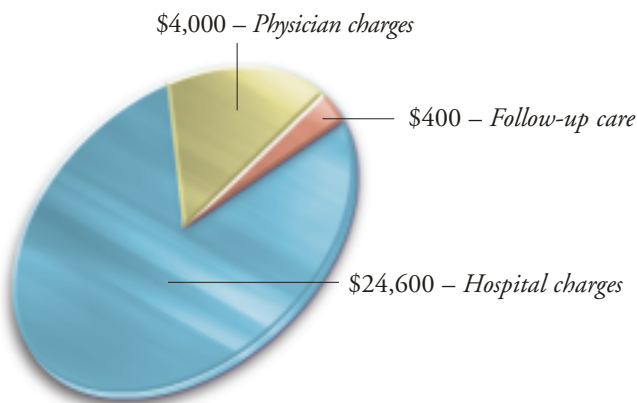
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# HEALTH CARE COVERAGE

## You Can't Afford to Be Without It

Health coverage protects you and your family from high financial costs that may result from even common accidents or illnesses. For example, the cost of a typical hospital stay (about four days and two follow-up visits) could be more than \$29,000<sup>1</sup>.

### Cost of Typical Hospital Stay



**\$29,000 Total**

Health coverage can significantly reduce these costs and give you the access you need to routine affordable health care. It protects your health and financial assets, and provides peace of mind.

<sup>1</sup> June 2003: Individual and Small Group Actuarial Department, Blue Cross of California Individual data, 2002.

## Important Tax Savings

If you are self-employed, the IRS allows you to deduct 100% of your health insurance premiums for you and your family. This deduction is especially important because it appears on the tax return above the line for adjusted gross income. This "above-the-line deduction" is deducted directly from your income and you can take advantage of this deduction whether or not you itemize your deductions. Certain limitations apply. Contact your accountant or the IRS to determine your eligibility.

## What The Power of Blue<sup>SM</sup> Offers You

Blue Cross of California has been providing health coverage to Californians for over 65 years. We are committed to keeping you connected to quality health care services by offering affordable coverage you can rely on.

### Your Key to Quality Health Care Services

The Blue Cross provider network is among the largest in the state, consisting of more than 42,000 Preferred Provider (PPO) physicians, 27,000 Health Maintenance (HMO) physicians and 440 hospitals.

### Cost Savings

We've negotiated discounts for you when you use a doctor or facility from our vast network. By using a participating Blue Cross doctor, your costs will be substantially lower and you will save money. You also can save when you use a non-participating doctor or facility, but not as much.

### Your Choice from a Wide Selection of Health Plans

We offer a broad range of health plans that vary in price and health coverage levels so that you can choose the medical plan that's right for you.

### Dental and Life Insurance Coverage

Blue Cross offers dental from Blue Cross of California and BC Life & Health Insurance Company, and life insurance options from BC Life & Health Insurance Company. Blue Cross dental plans provide affordable coverage for regular dental care, an important part of an overall health care program. And our term life options offer an easy way to provide added financial security for you and your family.



# CHOOSING THE RIGHT HEALTH PLAN FOR YOU

Blue Cross of California offers a broad range of health plans, with varying costs, levels of health coverage, and accessibility to health care. These are important considerations for helping you identify which plan is right for you.

## **Your Plan Type and Access to Health Care**

The plan type you choose will determine how you select and access health care services. In general, the wider your choice of doctors and hospitals, the higher your costs will be in terms of premiums and/or levels of health care coverage.

## **Preferred Provider Organization (PPO) Plans featuring PlanScape®**

The PPO Plans offer you the most flexibility in your choice of doctors and hospitals (providers). PPO Plans provide coverage (at different levels) for services from both Participating and Non-Participating Providers. Please see the PPO Plan section of this brochure for definitions of these and other terms related to PPO Plan Coverage.

## **Health Maintenance Organization (HMO) Plans**

The Blue Cross of California HMO Plans cover more of the costs of your health care than any other plan type. HMO Plans provide coverage *only* for services received from doctors and hospitals within the HMO Network. You choose a specific health care group and physician within the network to coordinate all of your health care needs.

## **Selecting a Plan Type**

*Use the statements below to help determine what plan type best meets your coverage needs.*

|    |                          |   |                 |
|----|--------------------------|---|-----------------|
| 1. | <input type="checkbox"/> | I want more control over my health care and access to any doctor or specialist I choose.  | <b>PPO Plan</b> |
| 2. | <input type="checkbox"/> | I need a lower monthly premium so I'm willing to pay more for my health care services as they occur throughout the year.  | <b>PPO Plan</b> |
| 3. | <input type="checkbox"/> | I want to pay as little as possible when I see a doctor, so I'm willing to select a specific medical group and physician to coordinate all of my health care needs. | <b>HMO Plan</b> |
| 4. | <input type="checkbox"/> | I'm willing to pay a higher premium up front so that my costs for health care services are lower as they occur throughout the year.                                 | <b>HMO Plan</b> |

If you chose statements **1** and **2**, you prefer **PPO Plan** coverage.

With statements **3** and **4**, your preference is **HMO Plan** coverage.

## Blue Cross of California Plan Selections

### PPO PLAN SELECTIONS

#### *PlanScape® PPO Share Plans*

The Blue Cross PPO Share Plans all cover the same comprehensive package of health care services. The difference is in the deductibles, coinsurance amounts and annual out-of-pocket maximums. Blue Cross offers a variety of PPO Share Plans so that you can more precisely choose the best pricing options for you.

#### *Basic PPO and PPO Saver Plans*

The Basic PPO 2500/1000 Plans and PPO Saver Plan offer in-hospital and surgical coverage with low affordable monthly premiums. These plans are designed to protect against great financial losses due to unexpected illness or injury. These plans offer limited coverage for professional services and access to pharmacy discounts at participating pharmacies. However, for a slightly higher premium, the PPO Saver Plan provides more covered professional services.

### HMO PLAN SELECTIONS

*The Blue Cross Individual HMO Plan* provides extensive coverage with low out-of-pocket costs for covered health care services you receive only from HMO Network doctors and hospitals.

*The Blue Cross HMO Saver Plan* provides the same coverage as the Individual HMO Plan, but has a deductible amount for services you receive from hospitals and other health facilities to keep the premiums lower.

### Customizing Coverage with FamilyElect

If your family members have varying coverage needs, you can select a different plan (PPO or HMO) for each family member through the Blue Cross FamilyElect Program. This may help you to design a program that works best for your family overall. *See the illustration on Page 7 for more details on how this program works.*

## Further Considerations

Now that you have identified a plan type, you can move directly to that plan type section of the guide for more information. You may also reference the enclosed Individual Sales and Enrollment Guide Companion Brochure that includes a plan comparison overview and plan exclusions and limitations. We encourage you to review all the information pertaining to your plan(s) selection before applying for coverage.

## Quality Recognized

Blue Cross PPO and HMO plans have earned high ratings from the National Committee for Quality Assurance (NCQA). Our HMO products were awarded Excellent Accreditation and our PPO products received Full Accreditation. Both are the highest ratings possible for each product, and are granted to those plans that have programs for service and clinical quality that meet or exceed NCQA's rigorous standards for consumer protection and quality improvement. Blue Cross is the first PPO in California to have achieved Full Accreditation.

NCQA is an independent, not-for-profit organization that evaluates managed care organizations. Its mission is to provide information that enables purchasers and consumers of managed health care to distinguish plans based on quality, allowing them to make more informed decisions.



Blue Cross of California  
Commercial HMO/POS Combined





# BLUE CROSS PPO PLANS FEATURING PLANSCAPE®

## Your Access to Health Care

Preferred Provider Organization (PPO) Plans offer you the freedom to choose any doctor or facility within the Blue Cross PPO network for covered medical services. If you choose from the more than 42,000 participating doctors or 440 participating hospitals that belong to the Blue Cross of California PPO network, your costs will be based on **negotiated fees**, (the fees we agreed upon when the doctor or hospital joined our network) and you will save substantially.

Below is an example of how our PPO Plan discounts work for participating and non-participating doctors and facilities (providers):

| What You Pay for Professional Services |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <b>Assumptions:</b>                    |                                     |                                     |
| Total charges: \$1,000                 |                                     |                                     |
| Blue Cross negotiated fee: \$600       |                                     |                                     |
|  | Participating                       | Non-Participating                   |
| Total charges                          | \$1,000                             | \$1,000                             |
| Blue Cross discount                    | — \$ 400                            | —                                   |
| Blue Cross negotiated fee              | \$ 600                              | —                                   |
| Blue Cross payment*                    | — \$ 420<br>(70% of negotiated fee) | — \$ 300<br>(50% of negotiated fee) |
| You pay*                               | <b>\$ 180</b>                       | <b>\$ 700</b>                       |

\* Assuming any deductible has been met and you have not yet reached your annual out-of-pocket maximum and your coinsurance amount is 30% for participating and 50% for non-participating doctors.

## PPO Plan Highlights

- ◆ **direct access to the doctors, hospitals and specialists of your choice**
- ◆ **immediate (deductible-free) benefits for office visits and generic drugs** (except for the Basic PPO 2500/1000 plans)
- ◆ **payment at 100% for most covered services once you've met your out-of-pocket maximum**
- ◆ **coverage up to \$5 million in benefits over your lifetime**
- ◆ **annual wellness screenings through HealthyCheck<sup>SM</sup> centers**
- ◆ **MedCall 24-hour nurse access**
- ◆ **access to participating doctors and facilities nationwide through the BlueCard<sup>®</sup> program when you travel**

## Helpful Definitions – PPO Plan Terms

**In-Network Provider/Participating Provider** – a doctor, hospital, or other provider who has a contract with Blue Cross to provide health care at a negotiated fee

**Out-of-Network Provider/Non-Participating Provider** – a doctor, hospital, or other provider that is not part of the network. You pay substantially more for health care services received from these providers

**Deductible** – the amount you pay each year for covered services before your plan begins paying part of the cost

**Coinsurance** – the percentage of allowable costs you pay for covered health care services after you satisfy your annual deductible; amounts vary by plan

**Out-of-Pocket Maximum** – the maximum amount for qualifying covered services you would have to spend in any one year, including your deductible, before your plan pays 100% of your covered costs for most services

**Non-Contracting Hospital** – a limited number of hospitals are considered Non-Contracting Hospitals; no coverage is provided at Non-Contracting Hospitals, except for medical emergencies

## Taking Care of Your Health with Blue Cross PPO Plans

### Staying Healthy – Preventive Care

Blue Cross offers many resources to help you and your family live a healthy lifestyle. Your PPO Plan provides access to preventive care screenings through HealthyCheck<sup>SM</sup>, valuable health and wellness information from our Web site at [www.bluecrossca.com](http://www.bluecrossca.com) and covers routine cancer screenings including mammograms, Pap smears, and testing for prostate cancer at the doctor of your choice.

### HealthyCheck<sup>SM</sup>

When you visit a HealthyCheck center, you pay a flat copay for the package of screenings that you choose. You will receive a summary of your results at the end of your appointment. A copy of your results will also be sent to your doctor.

HealthyCheck Centers are available in communities throughout California with new locations being added regularly. To locate a HealthyCheck Center near you, visit [www.bluecrossca.com/healthycheck](http://www.bluecrossca.com/healthycheck) or call (800) 274-WELL.

HealthyCheck also offers an online method for assessing and monitoring your health. Visit the HealthyCheck Web site and choose the Health Status Report link to access the Health Quotient (HQ) questionnaire. Once you complete it, you will have a personal Web page that includes your health profile. You will also receive a Health Quotient score with personalized messages highlighting health concerns, potential risks and steps you can take to improve your overall health.

### Blue Cross Online Resources

[www.bluecrossca.com](http://www.bluecrossca.com) features health and wellness resources on a variety of topics including an education program directory for classes that promote good health, health articles on a wide range of topics, preventive health care guidelines for children, adolescents, adults and seniors and our HealthyExtensions program.

### HealthyExtensions<sup>SM</sup>

PPO Plan members can also take advantage of discounts for healthy lifestyle resources. HealthyExtensions\* lets members know about independent vendors and professionals who offer 10% - 50% discounts on a variety of alternative health care and wellness products and services, including programs to lose weight and quit smoking, eyecare, hearing impairment, nutritional supplements, fitness and sports equipment and more.

Additionally, HealthyExtensions informs members about health and wellness practitioners who offer 10%-25% discounts on massage therapy, hypnotherapy, yoga and nutrition.

\* This program is provided by Blue Cross as a service to our members. This service does not constitute benefits under Blue Cross plans and is subject to change or cancellation without notice. Goods and services available through discount programs are not benefits of coverage. Blue Cross does not endorse or recommend any goods or services provided at a discount by these vendors or practitioners. These programs may be changed or withdrawn at any time without notice by the offering vendor or practitioner.



# BLUE CROSS PPO PLANS FEATURING PLANSCAPE®

## When You Need Care

When you need care, simply make an appointment with the doctor of your choice. Blue Cross PPO plans give you direct access to over 42,000 participating doctors, or you can go to the non-participating doctor of your choice to access routine health care. Remember, your benefits are greater when you go to a participating doctor in the Blue Cross PPO network.

### Diagnostic and Surgical Procedures

With your PPO plan, you are not required to obtain preservice authorization from Blue Cross to receive most covered health care services. This includes a CAT Scan, MRI or other diagnostic test, and most surgical procedures. *(If you are not sure whether a particular service or procedure is covered, you can have your doctor check with Blue Cross in advance.)*

### Blue Cross MedCall – 24-Hour Medical Advice

Not sure how serious it is? PPO plan members can get professional, reliable health care information instantly by phone, toll-free, any time of the day or night, from the registered nurses at MedCall. They can answer questions from how to gauge your current symptoms to medication side effects, and more. MedCall also provides over 200 educational audiotapes on health related topics.

## Addressing Specific Health Care Needs

Blue Cross PPO plans offer specific programs to enhance your health care experience.

### Blue Cross Baby Connection

To help our members maintain a healthy pregnancy and deliver a healthy baby, the Baby Connection from Blue Cross promotes early and regular prenatal care.

Members can access the program by calling (800) 769-4896 or visiting the Blue Cross Web site at [www.bluecrossca.com](http://www.bluecrossca.com). To enroll, members

complete and submit a Risk Assessment Form. Specialized nurses review the Risk Assessment Form and can help identify potential risk factors, such as pre-term labor, or pregnancy-induced hypertension or diabetes.

- ◆ *Within 4 weeks of enrollment, you are provided with information and educational material about how to have a safe, healthy pregnancy and early motherhood.*
- ◆ *Nurses work with you and your doctor to create a pregnancy program that fits your specific needs.*
- ◆ *Baby Connection nurses are available by phone, toll-free, to answer your questions concerning your pregnancy or newborn baby.*

### Living Well with Chronic Conditions

Blue Cross provides health improvement programs and activities for managing chronic conditions that affect a large number of our members, such as diabetes, asthma and congestive heart failure. Blue Cross works with you and your doctors to provide education, home or telephone coaching, and health improvement tools to help members with chronic conditions enjoy a fuller, more active life. For more information, members can call (800) 522-5560.

## When Traveling - BlueCard® Extends The Power of Blue<sup>SM</sup>

At no additional cost, the BlueCard program provides coverage for PPO plan members who suddenly become sick or have a medical emergency outside California. The BlueCard gives you access to doctors and hospitals in participating local Blue plan networks throughout the nation at negotiated rates.

Your PPO member ID Card will have the toll-free BlueCard number printed on the back so that you always have the number with you when you travel. You can save money and have the security of knowing you have access to quality health care, wherever you travel in the U.S.



## FamilyElect

*For When Your Family Members Have Varying Coverage Needs*

You and your family can select different plans (PPO or HMO) for each family member through the Blue Cross FamilyElect Program. Choosing different plans for different family members can help you design a program that works best for your family overall.

## The Blue Cross Short-Term PPO Plan

Blue Cross of California also offers short-term coverage for those in between permanent coverage, such as those just graduating or between jobs. Coverage is available from 30 to 185 days and can begin and end any day of the month. Your Blue Cross agent can give you additional information about our short-term health coverage for individuals and families.

### Here is an example of how FamilyElect can help the “Smith” family in San Diego

|   |                                 |               |
|---|---------------------------------|---------------|
| Jim, age 56, and Jean, age 44, choose subscriber and spouse coverage — the rate is based on her younger age                           | PlanScape’s PPO Saver Plan      | \$ 238        |
| They decide on single coverage for daughter Jane, a 19-year-old college student   | PlanScape’s PPO Share 2500 Plan | \$ 56         |
| They choose the single child HMO Saver Plan coverage for their 10-year-old son Jason, who may require more frequent medical attention | HMO Saver Plan                  | \$ 114        |
| <b>Monthly Premium</b>  |                                 | <b>\$ 408</b> |



# BLUE CROSS HMO PLANS

## *Your Access to Health Care*

Blue Cross of California Health Maintenance Organization (HMO) Plans cover more of the costs of your health care than any other plan type. With HMO plans, you choose a **Participating Medical Group (PMG)** or **Independent Practice Association (IPA)** from the Blue Cross HMO Network listed in your directory. You also choose a doctor within the group to serve as your **Primary Care Physician (PCP)**, and you can select a different Primary Care Physician for each family member enrolled in your HMO plan.

Your HMO plan coverage applies only when you receive health care services through your Primary Care Physician. He or she will coordinate all of your health care, either by treating you directly, or by referring you to a specialist.

## *HMO Plan Highlights*

- ◆ **low out-of-pocket costs**
- ◆ **comprehensive health care coverage**
- ◆ **unlimited lifetime benefits for covered services**
- ◆ **minimal copays for office visits**
- ◆ **self-referral for OB/GYN (women's health specialists)**
- ◆ **Blue Cross DirectAccess**
- ◆ **Blue Cross SpeedyReferral<sup>SM</sup>**

## *Taking Care of Your Health with Blue Cross HMO Plans*

### ***Staying Healthy – Preventive Care***

Your Blue Cross HMO Plan gives you comprehensive health care coverage that includes physical exams by your Primary Care Physician, and routine cancer screenings, such as mammograms, Pap smears and testing for prostate cancer. Blue Cross also provides you with access to valuable health and wellness information from our Web site at [www.bluecrossca.com](http://www.bluecrossca.com).

### ***Well Woman Preventive Care Self Referral for OB/GYN Care***

For well woman exams, including mammography and Pap testing, all women enrolled in a Blue Cross HMO plan have the option to use their Primary Care Physicians or select an obstetrician and/or gynecologist (OB/GYN) directly from a participating specialist, without referral from their Primary Care Physicians. Your medical group can provide you with a list of participating OB/GYN referral physicians.

Self Referral for OB/GYN is not only for well woman exams. It extends to other health care services offered by obstetricians and gynecologists including pregnancy, birth control, and other women's health concerns, such as menopause.

## ***Helpful Definitions – HMO Plans***

**Participating Medical Group (PMG)** – a group of physicians and specialists in the Blue Cross HMO Network who practice in one location and provide most medical services, including X-ray and lab work, at the same location

**Independent Practice Association (IPA)** – physicians in the Blue Cross HMO Provider Network who practice in their own independent offices and may refer you to a specialist or medical lab at a different location

**Primary Care Physician (PCP)** – the physician you select within your medical group to coordinate your health care needs

**Copay** – a set amount you will always pay for a specific health care service, such as a \$10 copay for an office visit

### **Blue Cross Online Resources**

www.bluecrossca.com features health and wellness resources on a variety of topics including an education program directory for classes that promote good health, health articles on a wide range of topics, preventive health care guidelines for children, adolescents, adults and seniors and our HealthyExtensions program.

### **HealthyExtensions**

HMO Plan members can also take advantage of discounts for healthy lifestyle resources. HealthyExtensions\* lets members know about independent vendors and professionals who offer 10% - 50% discounts on a variety of alternative health care and wellness products and services, including programs to lose weight and quit smoking, eyecare, hearing impairment, nutritional supplements, fitness and sports equipment and more.

Additionally, HealthyExtensions informs members about health and wellness practitioners who offer 10%-25% discounts on massage therapy, hypnotherapy, yoga and nutrition.

### **When You Need Care**

When you need care, simply call your Primary Care Physician for an appointment. He or she can help you when you are ill, either by treating you directly, or referring you to a specialist.

### **Programs for Quick Access to Specialists**

Blue Cross provides you with additional options for accessing health care through the following special programs for our HMO Members:

#### **Blue Cross DirectAccess**

Blue Cross DirectAccess allows HMO plan members to select specialists for some services without authorization from their Primary Care Physicians. The specialty services include allergy, dermatology, and ear, nose, and throat.

The program is available to HMO members who choose a medical group or IPA that participates in DirectAccess. Participation of a medical group or IPA is indicated in the provider directory. It is important that you check participation before utilizing DirectAccess.

#### **Blue Cross SpeedyReferral<sup>SM</sup>**

With SpeedyReferral, HMO members can be referred by their Primary Care Physicians for specialist visits without prior authorization from the medical group or IPA. Specialty services include cardiology, dermatology, ear, nose, and throat, endocrinology, gastroenterology, general surgery, hematology, neurology, oncology, ophthalmology, orthopedic surgery, podiatry, routine laboratory, routine X-ray and urology.

This program is available to HMO members who choose a medical group or IPA that participates in SpeedyReferral. Participation of a medical group or IPA is indicated in the provider directory. It is important that you check participation before utilizing SpeedyReferral.

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# BLUE CROSS HMO PLANS

## Addressing Specific Health Care Needs

Blue Cross HMO plans offer specific programs to enhance your health care experience. With a Blue Cross HMO Plan, your coverage for health care services includes:

### Blue Cross Baby Connection

To help our members maintain a healthy pregnancy and deliver a healthy baby, the Baby Connection from Blue Cross promotes early and regular prenatal care.

Members can access the program by calling (800) 769-4896 or visiting the Blue Cross Web site at [www.bluecrossca.com](http://www.bluecrossca.com). To enroll, members complete and submit a Risk Assessment Form. Specialized nurses review the Risk Assessment Form and can help identify potential risk factors, such as pre-term labor, or pregnancy-induced hypertension or diabetes.

- ◆ *Within 4 weeks of enrollment, you are provided with information and educational material about how to have a safe, healthy pregnancy and early motherhood.*
- ◆ *Nurses work with you and your doctor to create a pregnancy program that fits your specific needs.*
- ◆ *Baby Connection nurses are available by phone, toll-free, to answer your questions concerning your pregnancy or newborn baby.*

### Living Well with Chronic Conditions

Blue Cross provides health improvement programs and activities for managing chronic conditions that affect a large number of our members, such as diabetes, asthma and congestive heart failure. Blue Cross works with you and your doctors to provide education, home or telephone coaching, and health improvement tools to help members with chronic conditions enjoy a fuller, more active life. For more information, members can call (800) 522-5560.

## FamilyElect

*For When Your Family Members Have Varying Coverage Needs*

If you have a family, you can select a different plan (PPO or HMO) for each family member through the Blue Cross FamilyElect Program. Choosing different plans for different family members can help you design a program that works best for your family overall.

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|   |                                 |               |
|---|---------------------------------|---------------|
| Jim, age 56, and Jean, age 44, choose subscriber and spouse coverage — the rate is based on her younger age                           | PlanScape’s PPO Saver Plan      | \$ 238        |
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| They choose the single child HMO Saver Plan coverage for their 10-year-old son Jason, who may require more frequent medical attention | HMO Saver Plan                  | \$ 114        |
| <b>Monthly Premium</b>  |                                 | <b>\$ 408</b> |

# DENTAL COVERAGE KEEPS YOU SMILING

*Regular dental care is important to your overall health. That's why we offer a variety of affordable dental plans to meet your individual needs.*

## Advantages with Blue Cross Individual Dental PPO Plans

- ◆ **Freedom to choose any dentist**
- ◆ **Access to quality care at discounted fees**
- ◆ **Services at pre-negotiated rates**

With our Blue Cross PPO Dental Plans from BC Life & Health Insurance Company, when you use a **participating dentist**, you'll receive valuable benefits at lower Blue Cross-negotiated fees. This means no office copays for specified services, no waiting periods or office copays for preventive and diagnostic care, no deductible for preventive and diagnostic care such as regular checkups, cleanings and X-rays, and a low \$50 annual deductible per member (with a three-member maximum).

## Advantages with Blue Cross Dental SelectHMO<sup>SM</sup> Plans

- ◆ **Unlimited benefits with participating dentists**
- ◆ **Low out-of-pocket expenses and no deductibles**
- ◆ **No waiting periods for most services**
- ◆ **No annual maximums**
- ◆ **Regular checkups, X-rays, and teeth cleaning (\$5 office copay)**
- ◆ **No age limitation**

The Blue Cross Dental SelectHMO offers three plans: Blue Cross Individual Dental Saver SelectHMO, Blue Cross Individual Dental SelectHMO, and Blue Cross Individual Dental Premier SelectHMO. Specifically designed to match you and your family's needs, each plan has its own scope of coverage. All of the Blue Cross Dental SelectHMO plans feature a \$5 office visit fee for exams, cleanings and X-rays.

Our Dental SelectHMO plans require you to use **participating dentists** and vary primarily in the amount they pay for restorative services. You have access to complete dental care, including cosmetic and specialty care, either as a covered benefit or at a discount.

Only the services you receive from a Blue Cross Dental SelectHMO participating dental office are covered by the plan or are available at a discount.

## Who's Eligible for Blue Cross Dental Plans

You and your enrolling dependents must be permanent legal residents of California. For the Dental PPO plan, you and your enrolling spouse must be 64<sup>3</sup>/<sub>4</sub> or younger. If you enroll in one of the Blue Cross Dental SelectHMO plans, you and your dependents must select the same participating dental office. Dental providers and locations are different for the Dental PPO and Dental SelectHMO. Eligible dependents include:

- ◆ *Your lawful spouse*
- ◆ *Any unmarried child under age 19 of you or your enrolled spouse*
- ◆ *Any unmarried child, age 19 to 23, of you or your enrolled spouse, who qualifies as a dependent for federal income tax purposes*
- ◆ *A child of you or your enrolled spouse, who continues to be both incapable of self-support, due to continuing mental retardation or physical handicap, and who is at least one-half dependent on you or your enrolled spouse for support*



## Helpful Definitions - Plan Terms

**Participating Dentist** – a dentist who has a contract with Blue Cross to provide dental care at a negotiated fee

**Non-Participating Dentist (PPO)** – a dentist who does not have a Prudent Buyer Participating Dentist Agreement in effect with BC Life & Health at the time services are rendered

**Non-Participating Dentist (SelectHMO)** – a dentist who has not entered into a Participating Blue Cross Dental SelectHMO Agreement with Blue Cross at the time services are rendered

**Negotiated Fees** – fees for various services that Blue Cross of California and the participating dentists have agreed upon

**Deductible** – the amount you pay each year before your plan begins paying part of the cost



# INDIVIDUAL DENTAL PPO PLAN

Individual Dental PPO Plan (7874) from BC Life & Health Insurance Company

| Benefit  | At a Participating Dentist<br>the plan pays  | At a Non-Participating Dentist<br>the plan pays |
|--|--|---|
| Annual Maximum Benefit<br>per calendar year  | \$1,000/member<br><i>(benefits paid after the deductible and applicable waiting periods are met)</i> |   |
| Annual Deductible per calendar year  | \$50/person (3-member maximum)   |   |
| Preventive and Diagnostic Care: Coverage begins upon approval of your application. |  |   |
| Periodic oral exam<br><i>limited to two per member per year</i>                    | 100%   | \$18  |
| Comprehensive oral exam  | 100%   | \$25  |
| Bitewing X-rays — single film  | 100%   | \$16 <sup>1</sup>                               |
| Bitewing X-rays — two films  | 100%   | \$18 <sup>1</sup>                               |
| Full mouth X-rays<br><i>limited to one set every 3 years</i>                       | 100%   | \$60  |
| Routine cleaning — adult<br><i>limited to two per adult per year</i>               | 100%   | \$39  |
| Routine cleaning — child<br><i>limited to two per child per year</i>               | 100%   | \$30  |
| Cleaning with fluoride<br><i>limited to two per child per year</i>                 | 100%   | \$35  |
| Topical fluoride only<br><i>limited to two per child per year</i>                  | 100%   | \$14  |

**Basic Dental Care:** Coverage begins after the policy has been in effect for three continuous months.

| Benefit   | At a Participating or Non-Participating Dentist<br>the plan pays |
|---|--|
| <b>Fillings</b> — one surface/two surfaces/three surfaces/four or more surfaces | \$42/\$55/\$72/\$84  |
| <b>Extraction</b> — erupted tooth or root                                       | \$49   |
| <b>Surgical extraction</b> — removal of erupted tooth                           | \$84   |
| <b>Removal of impacted tooth</b> —<br>soft tissue/partial bony/complete bony    | \$111/\$148/\$180  |

**Major Dental Care:** Coverage begins after the policy has been in effect for twelve continuous months.

| Benefit  | At a Participating or Non-Participating Dentist<br>the plan pays |
|--|--|
| <b>Scaling/root planing</b> —per quadrant  | \$ 48  |
| <b>Gingivectomy</b> — one to three teeth per quadrant/<br>four or more contiguous teeth per quadrant | \$ 40/<br>\$145  |
| <b>Osseous surgery</b> —per quadrant<br><i>paid at \$62 per tooth to a maximum of \$277/quadrant</i> | \$277  |
| <b>Root canal</b> — one canal  | \$154  |
| <b>Root canal</b> — two canals   | \$189  |
| <b>Root canal</b> — three canals   | \$242  |
| <b>Crown</b> (except stainless steel)  | \$264  |
| <b>Stainless steel crown</b>   | \$ 57  |
| <b>Pontic</b>  | \$264  |
| <b>Post and core</b> — in addition to crown  | \$ 75  |
| <b>Dentures</b> — complete upper or lower/partial upper or lower/reline<br>chairside/reline lab      | \$343/\$308/\$75/\$106   |

Amounts listed are what the plan pays. The plan pays either the specified amount, or the actual amount charged by your dentist, whichever is lower. You pay any charges in excess of the stated benefit.

<sup>1</sup>Total benefit for single and bitewing X-rays not to exceed cost of full mouth – \$60 at non-participating dentists.

# INDIVIDUAL DENTAL SELECTHMO PLANS

Individual Dental SelectHMO Plans from Blue Cross of California

| Benefits   | Saver SelectHMO (ZE6N)<br>Member's Copays | SelectHMO (ZE7N)<br>Member's Copays | Premier SelectHMO (ZE8N)<br>Member's Copays |
|--|---|-------------------------------------|---|
| <b>Office Visit</b>                                      | \$5                                       | \$5                                 | \$5   |
| <b>Diagnostic Care</b>                                   |   |                                     |   |
| <b>Oral Exams</b>  | No charge                                 | No charge                           | No charge                                   |
| <b>X-rays</b>  | No charge                                 | No charge                           | No charge                                   |
| <b>Preventive Care</b>                                   |   |                                     |   |
| <b>Prophylaxis</b> – adult and child                     | No charge <sup>1</sup>                    | No charge <sup>1</sup>              | No charge <sup>1</sup>                      |
| <b>Topical Fluoride</b> – child                          | No charge <sup>1</sup>                    | No charge <sup>1</sup>              | No charge <sup>1</sup>                      |
| <b>Sealant</b> – per tooth                               | \$25                                      | \$25                                | No charge <sup>2</sup>                      |
| <b>Restorative Care: Fillings</b> – permanent            |   |                                     |   |
| <b>1 surface amalgam</b>                                 | \$54                                      | No charge <sup>2</sup>              | No charge <sup>2</sup>                      |
| <b>2 surfaces amalgam</b>                                | \$64                                      | No charge <sup>2</sup>              | No charge <sup>2</sup>                      |
| <b>Endodontic Care</b>                                   |   |                                     |   |
| <b>Root canal</b> – bicuspid                             | \$341                                     | \$341                               | \$341                                       |
| <b>Root canal</b> – molar                                | \$459                                     | \$459                               | \$459                                       |
| <b>Pulpotomy</b>   | \$62                                      | \$62                                | \$62  |
| <b>Periodontal Care</b>                                  |   |                                     |   |
| <b>Scaling/root planing</b> – per quadrant               | \$101                                     | \$101                               | No charge <sup>2</sup>                      |
| <b>Gingivectomy</b> – per tooth                          | \$72                                      | \$72                                | \$72  |
| <b>Gingivectomy</b> – per quadrant                       | \$194                                     | \$194                               | \$194                                       |
| <b>Prosthodontic Care</b>                                |   |                                     |   |
| <b>Crown</b> – porcelain with high noble metal           | \$432                                     | \$432                               | \$432                                       |
| <b>Oral surgery</b>                                      |   |                                     |   |
| <b>Extraction</b> – erupted tooth or root                | \$60                                      | \$60                                | No charge <sup>2</sup>                      |
| <b>Cosmetic Care</b>                                     |   |                                     |   |
| <b>Resin filling</b> – permanent, one surface, posterior | \$75                                      | \$75                                | \$75  |
| <b>Labial veneer (laminare)</b> – chairside              | \$187                                     | \$187                               | \$187                                       |
| <b>Orthodontic Care</b>                                  |   |                                     |   |
| <b>Child</b>   | \$2,870                                   | \$2,870                             | \$2,870                                     |
| <b>Adult</b>   | \$3,045                                   | \$3,045                             | \$3,045                                     |
| <b>Retention</b>   | \$210                                     | \$210                               | \$210                                       |

Amounts listed are the member's responsibility to pay. These copayments apply only to services rendered by a Participating Dentist. Services provided by a Participating Specialist are included on a separate schedule in the dental plan contract.

General anesthesia is covered if the member's medical contract does not cover it.

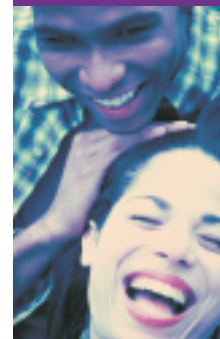
**Note:** The Blue Cross Dental Select HMO Provider Network:

- Available in these counties: Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Solano, and Sonoma.
- The Blue Cross Dental SelectHMO Provider Network is available on a limited basis in these counties: El Dorado, Fresno, Kern, Kings, Monterey, Placer, Riverside, San Bernardino, San Mateo, Santa Cruz, Tulare, and Ventura. Contact your agent for more information on the location of participating providers.

**Footnotes:**

<sup>1</sup>First two treatments in 12 consecutive months. All additional treatments within a 12-month period require copays of \$44 for adults and \$35 for children.

<sup>2</sup>You must meet a six-month waiting period before these benefits are payable.



# WHAT DENTAL PLANS DO NOT COVER

*Every dental plan has exclusions and limitations – what the plans do not cover. General exclusions and limitations for the dental plans described in this brochure are listed here.*

*Please take a few moments to review these listings. We want you to understand what your coverage does not include before you enroll.*

*These listings are an overview only. Plan-specific Evidence of Coverage booklets contain a comprehensive list of each plan's exclusions and limitations. For a sample copy of an Evidence of Coverage booklet, ask your agent or contact us.*

## **Exclusions and Limitations Common to All Individual Dental Plans:**

- ◆ Conditions covered by Workers' Compensation or similar laws.
- ◆ Experimental or investigative care or therapy (except for the Blue Cross Dental SelectHMO).
- ◆ 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.
- ◆ Services rendered before coverage begins 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 that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid.

## **Additional Exclusions and Limitations for Dental PPO Plan Only**

- ◆ Any amounts in excess of the maximum amounts stated in the Benefit Schedule section.
- ◆ Any services performed for cosmetic purposes are not covered under this policy, unless they are for correction of functional disorders or as a result of an accidental injury occurring while you were covered under this policy.
- ◆ Charges for treatment by other than a licensed dentist or physician, except charges for dental prophylaxis performed by a licensed dental hygienist.
- ◆ Replacement of an existing prosthesis which has been lost or stolen or which, in the opinion of the dentist, is or can be made satisfactory.
- ◆ Replacement of a fixed or removable prosthesis for which benefits were paid by us, if such replacement occurs within five years of the original placement, unless the denture is a stayplate used during the healing period for recently extracted anterior teeth.
- ◆ Orthodontic services, braces, appliances and all related services. Surgery necessary in conjunction with orthodontic treatment is also not covered.
- ◆ Diagnosis or treatment of the joint of the jaw and/or occlusion services, supplies or appliances provided in connection with:
  - Any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or
  - Any treatment, including crowns, caps and/or bridges, to change the way the upper and lower teeth meet (occlusion); or
  - Treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means, including the restoration of vertical dimension because teeth have worn down due to attrition, abrasion, abfraction, erosion or bruxism.
- ◆ Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions. These include but are not limited to:
  - Changing the vertical dimension.
  - Replacing or stabilizing lost structure tooth by attrition, abrasion, abfraction, erosion or bruxism.
  - Realignment of teeth.
  - Gnathological recording.
  - Occlusal equilibration.
  - Splinting.
- ◆ Oral examinations, including prophylaxis (teeth cleaning), exceeding two visits per year.
- ◆ More than one set of full-mouth X-rays or its equivalent in a three-year period.
- ◆ Fluoride applications and sealants for patients over 18 years of age. Fluoride applications exceeding two visits per year.

# WHAT DENTAL PLANS DO NOT COVER

- ◆ Correction of congenital or development malformation for a policyholder or dependent, including but not limited to cleft palate, maxillary or mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
  - ◆ Adjustment, repairs or relines to prostheses for a period of six months from initial placement if the prostheses were paid for under this policy.
  - ◆ Fixed bridges, removable cast partials and/or cast crowns, with or without veneers, and inlays for patients under 16 years of age.
  - ◆ Replacement of crowns and cast restorations, including porcelain inlays and porcelain crowns, for which benefits were paid by BC Life & Health, if such replacement occurs within five years of the original placement.
  - ◆ If a policyholder transfers from the care of one dentist to that of another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, BC Life & Health shall be liable only for the amount it would have been liable for had one dentist rendered the services.
  - ◆ Prescribed drugs, pre-medication or analgesia (including nitrous oxide) are excluded.
  - ◆ Oral hygiene instruction.
  - ◆ Services for treatment of malignancies and neoplasms are not covered dental benefits.
  - ◆ All hospital costs and any additional fees charged by the dentist for hospital treatment.
  - ◆ Implants (materials implanted into or on bone or soft tissue) or the removal of implants are not benefits under this policy. However, if implants are provided in association with a covered prosthetic appliance, BC Life & Health will allow the benefit for a standard complete or partial denture or a bridge toward the cost of implants and prosthetic appliances.
  - ◆ Replacement of teeth missing prior to the effective date of coverage with partial dentures, complete dentures or fixed bridges.
  - ◆ Crown lengthening is not covered.
  - ◆ Any services performed for cosmetic purposes (including but not limited to external bleaching, bleaching of non-vital discolored teeth, composite restorations, veneers, crowns on teeth not exhibiting pathology and facings on crowns on posterior teeth).
  - ◆ Prescription drugs are not covered.
  - ◆ Treatment of fractures or dislocations.
  - ◆ Dental treatment or expenses incurred in connection with any dental procedure started prior to the member's effective date.
  - ◆ Any treatment to correct a dental condition that resulted from dental services performed by a Non-Participating Dentist while this coverage is in effect, and any dental services started by a Non-Participating Dentist will not be the responsibility of the participating dental office or Blue Cross for completion.
  - ◆ Histopathological exams, and/or the removal of tumors, cysts, neoplasms, and foreign bodies not covered under the medical plan.
  - ◆ A dental treatment plan which, in the opinion of the participating dentist and/or Blue Cross, is not dentally necessary for dental health or will not produce beneficial results.
  - ◆ Teeth with questionable, guarded or poor prognosis are not covered for endodontic treatment, periodontal surgery, or crowns and bridges. Plan will allow for observation or extraction and prosthetic replacement.
  - ◆ Gold, porcelain or resin fillings on primary teeth are excluded.
  - ◆ Services received after the benefit limit under this agreement is reached.
  - ◆ Orthodontic services must be received from a participating orthodontic office. In the event of a member's loss of coverage, for any reason, and at the time of loss of coverage, the member is still receiving orthodontic treatment, the member will be responsible for the remainder of the cost for that treatment at the participating orthodontist's usual and customary fee, prorated.
  - ◆ Replacement of lost or stolen orthodontic appliances or repair of orthodontic appliances broken due to negligence of the member may not be discounted.
  - ◆ Myofunctional therapy and related services.
  - ◆ Surgical procedures incidental to orthodontic treatment, including but not limited to extraction of teeth, solely for orthodontic reasons, exposure of impacted teeth, correction of micrognathia or macrognathia, or repair of cleft palate.
  - ◆ Treatment of orthodontic cases begun prior to the member's effective date of eligibility or after the termination of eligibility of coverage.
  - ◆ Changes in treatment necessitated by an accident of any kind.
  - ◆ Treatment related to the joint of the jaw (temporomandibular joint, TMJ) and/or hormonal imbalance.
- Additional Exclusions and Limitations for Blue Cross Dental SelectHMO Plans Only**
- ◆ Unless an exception is specifically authorized by Blue Cross in writing, dental services must be received from the member's participating dental office or participating specialty office.
  - ◆ No benefits are provided for hospital or associated physician charges for any dental treatment that cannot be performed in the participating dental office.



# BC LIFE & HEALTH TERM LIFE INSURANCE

## Keep Your Family Protected with Affordable Term Life Coverage

Your loved ones depend on you. Choosing BC Life & Health Term Life coverage is one of the most precious gifts you can give them. For as little as a few cents a day, you're providing your family with peace of mind and extra financial support in the event of your untimely death.

Enroll today and experience the advantages of adding Term Life Insurance to your Blue Cross Individual Medical Coverage:

**Security:** Financial security for your family.

**Simple:** Coverage requires no questionnaires, medical tests or underwriting.

**Convenient:** Life coverage can be a standalone policy; no medical coverage required.

**Affordable:** Reasonably priced premiums provide protection for as little as a few cents a day.

**Dependable:** Rely on the financial stability and superior service of one of the most trusted carriers in California.

## Term Life Insurance Monthly Rates

| Age   | \$15,000 | \$30,000 | \$50,000 |
|-------|----------|----------|----------|
| 1-18  | \$1.50   | \$3.00   | N/A      |
| 19-29 | \$2.80   | \$5.60   | \$9.30   |
| 30-39 | \$3.25   | \$6.50   | \$10.80  |
| 40-49 | \$7.50   | \$15.00  | \$25.00  |
| 50-59 | \$20.90  | \$41.80  | \$69.60  |
| 60-64 | \$29.40  | \$58.80  | \$98.00  |

Blue Cross of California and BC Life & Health Insurance Company are Independent Licensees of the Blue Cross Association (BCA).



# RIGHTS AND OBLIGATIONS

## **No-Obligation Review Period**

After you enroll in a Blue Cross health plan, you will receive an Evidence of Coverage 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 Evidence of Coverage booklet along with a letter notifying us that you wish to discontinue coverage. Evidence of Coverage 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 share 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 may call 1-800-333-0912.

## **Requirement for Binding Arbitration**

If you are applying for coverage, please note that Blue Cross requires binding arbitration to settle all disputes, including claims of medical malpractice. 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.

## **Grievances**

All complaints and disputes relating to your coverage must be resolved in accordance with Blue Cross' grievance procedure. Grievances may be made by telephone or in writing; the phone number and address are located in your Evidence of Coverage and Disclosure Form. All grievances received by Blue Cross will be answered in writing, together with a description of how Blue Cross proposes to resolve the grievance.

## **Department of Managed Health Care**

The California Department of Managed Health Care is responsible for regulating health care service plans. 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 a 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 (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site (<http://www.hmohelp.ca.gov>) has complaint forms, IMR application forms and instructions on-line.

## **Third-Party Liability**

Blue Cross of California is entitled to reimbursement of benefits paid if you recover damages from a legally liable third party. Examples of third-party liability situations include car accidents and work-related injuries. For complete information on third-party liability, refer to the plan Evidence of Coverage booklet.

## **Incurred Medical Care Ratio**

As required by law, we are advising you that Blue Cross of California's incurred medical care ratio for 2002 was 80.81 percent. This ratio was calculated after provider discounts were applied.



# ENROLLMENT GUIDELINES

## **To enroll, you must be**

- ◆ *age 64-3/4 or younger,*
- ◆ *a permanent legal resident of California, and*
- ◆ *a U.S. resident for at least the last 3 months;*
- ◆ *the applicant's spouse or Domestic Partner\*, age 64-3/4 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, or*
- ◆ *the applicant's unmarried dependent children between the ages of 19 and 23 ("dependent" as defined by the Internal Revenue Service).*

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

## **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 Blue Cross 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, or*
- ◆ *you may not qualify for the plans listed in this brochure.*

If you have a significant medical condition and do not qualify for the plans in this brochure, we may provide you with an application for coverage under the California Major Risk Medical Insurance Program (MRMIP). If you are pregnant, you may also qualify for the state-sponsored Access for Infants and Mothers (AIM) plan. For more information on AIM eligibility, call (800) 433-2611.

Blue Cross and other Individual health care companies by law must provide coverage to

anyone who qualifies for certain coverage regardless of health under the Health Insurance Portability and Accountability Act (HIPAA).

To qualify for a HIPAA plan, you must

- ◆ *have completed a minimum 18 months of continuous health coverage, most recently under an employer-sponsored group health plan;*
- ◆ *have elected and exhausted continuation of coverage under COBRA or Cal-COBRA, if available;*
- ◆ *have lost coverage within the last 63 days; and*
- ◆ *not be eligible for Medi-Cal, Medicare or any other group medical coverage.*

If you want to find out if you qualify, contact us so that we can determine your eligibility and advise you about the available HIPAA plans.

## **Waiting Periods**

For PPO 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 on 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 and/or*
- ◆ *duplicate Individual coverage with Blue Cross*

Coverage for a Domestic Partner will cease when the Domestic Partner no longer satisfies all

# GENERAL PROVISIONS

eligibility requirements, and the Domestic Partnership has terminated.

Members who become divorced or who have children's coverage and become overage dependents will be moved to their own policy.

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.

If you have just discontinued group coverage, please contact your agent for information on Individual coverage options.

## **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 all PPO plans, 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 Evidence of Coverage.

## **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*
- ◆ *Active natal labor (childbirth)*
- ◆ *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.

If you have HMO coverage, you or a member of your family must notify your Primary Care Physician or medical group as soon as possible, but not later than 48 hours after initial care has been provided.



# APPLICATION CHECKLIST

## **Importance of Fully Completing Your Application**

Please carefully review your application before submitting it. Incomplete enrollment forms may delay the effective date of your coverage by several weeks.

Please refer to this checklist before you mail your application to Blue Cross of California.

### **Be sure that:**

- ☐ all health history questions are answered completely. If you answered yes to any of the health history questions, please provide complete details:
  - ▶ Whether or not you are still under treatment; date treatment ended
  - ▶ Names and dosages of any medications
  - ▶ Complete name and address of your doctor
- ☐ your height, weight, age, and/or birthday information is included.
- ☐ your complete residential address, including ZIP code, is included.  
A P.O. box is not acceptable as a residential address.
- ☐ your spouse's and/or dependent's social security or ID number(s) are included.
- ☐ Domestic Partnership Declaration is included, if applicable.
- ☐ if you have changed any responses, you have also given an explanation and initialed the change.
- ☐ dependents age 18 and older have signed and dated the application.
- ☐ if you selected an HMO plan, you also selected a PMG/IPA .
- ☐ your Blue Cross of California agent's number is included.
- ☐ the agent certification is completed.
- ☐ you have provided requested current insurance information, including the name of your current carrier.
- 20 ☐ you have completed the Exceptions to Standard Enrollment form if necessary.
- ☐ you have correctly dated the application. A post-dated application or one over 30 days old may cause the application to be returned.
- ☐ you have completed the application in dark blue or black ink.
- ☐ your premium payment is included (check, credit card information or checking account automatic premium payment authorization). Checks must be dated and not over six months old.
- ☐ if paying by check, there is a separate premium check included with each application submitted.
- ☐ **all** sections of the application are complete.

## **Applying Online**

For your convenience, you may be able to apply online. Please check with your agent if you are interested in this option.



**BlueCross**  
of California

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

*The following plans are offered by Blue Cross of California: PPO Share 2500/1500/1000/500, HMO Saver, Individual HMO, EPO and DentalSelect HMO plans. The following plans are offered by BC Life & Health Insurance Company (BCL&H): Basic PPO 2500/1000, PPO Saver, PPO Share 5000/1000/500, RightPlan PPO 40 plans, 3500 Deductible PPO, Dental PPO and Term Life products. Blue Cross of California and BCL&H are Independent licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks.*

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