Blue Cross of California

The Plans of Choice for Medicare Supplemental Coverage

ClaimFree® Standard Plan A Medicare Supplement Plan

Blue Cross Senior Classic℠ C Medicare Supplement Plan

Blue Cross Senior Classic F Medicare Supplement Plan

Blue Cross Senior Classic I Medicare Supplement Plan

Blue Cross Senior Classic J Medicare Supplement Plan

MEDICARE AND BLUE CROSS BOTH SIDES OF THE STORY

When it comes to Medicare, it's important that you know both sides of the story, and understand the advantages and disadvantages of relying solely on Medicare to provide for your health care needs.

Though Medicare covers many health care costs, there are many medical services that Medicare does not cover. This point is clearly made in the "**Guide to Health Insurance for People with Medicare**," which is published yearly by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services. As the guidebook suggests, "There are health care costs that Medicare either does not pay in full or does not pay at all. If you need or want services not covered by Medicare, you must pay the bill." To help fill the gaps in your Medicare coverage, you have the option of buying supplemental insurance policies known as "Medigap" plans. **Our ClaimFree Standard Plan A Medicare Supplement Plan, Blue Cross Senior Classic C Medicare Supplement Plan; Blue Cross Senior Classic F Medicare Supplement Plan; Blue Cross Senior Classic I Medicare Supplement Plan; and Blue Cross Senior Classic J Medicare Supplement Plan** are supplement plans that help pay the bills Medicare does not, and provide you with protection from the ever-increasing gaps in Medicare.

Why should I consider buying supplemental insurance?

Before Medicare will pay for any of the medical services you want or need, you must first pay Medicare's deductibles. When combined with the coinsurance you are also required to pay, you may be out hundreds, even thousands of dollars before any benefits are paid by Medicare! These are bills you are expected to pay.

The Advantages Are Yours With:

- **Blue Cross Senior Classic C Medicare Supplement Plan**
- **Blue Cross Senior Classic F Medicare Supplement Plan**
- **Blue Cross Senior Classic I Medicare Supplement Plan**
- **Blue Cross Senior Classic J Medicare Supplement Plan**
- **Freedom to use the doctor of your choice,** including nearly 50,000 Prudent Buyer® Physicians and specialists.
- **Freedom to use the hospital of your choice,** including more than 300 Participating Hospitals.
- **Pays *all* Medicare deductibles.***
- **Coverage for Skilled Nursing Facility Coinsurance.**
- **Benefits for Medicare Part A *and* B Coinsurance.**
- **Benefits for Foreign Travel Emergency.**
- **Full conventional Medicare benefits at all providers**, inside and outside California — anywhere in the U.S.
- **You get to keep your Medicare card *and* your right to basic Medicare benefits too!**

Blue Cross Senior Classic C Medicare Supplement Plan, Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan and Blue Cross Senior Classic J Medicare Supplement Plan are Medicare SELECT plans.

* Pays the Medicare Part A $992 deductible. Pays the Medicare Part B $131 annual deductible only when you use a Participating Prudent Buyer Provider. Part B deductible is covered when using a non-participating provider in limited circumstances, including emergency care. Medicare Part B deductible not covered for Blue Cross Senior Classic I Medicare Supplement Plan.

FREEDOM OF CHOICE

You've earned the right to have a choice of the doctor or hospital you want to use, and we respect that right. Our **ClaimFree Standard Plan A Medicare Supplement Plan, Blue Cross Senior Classic C Medicare Supplement Plan, Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan and Blue Cross Senior Classic J Medicare Supplement Plan** offer you access to the Prudent Buyer network, as well as any Medicare-participating physician and any Medicare-approved hospital in the state. You are covered whether or not you use a Prudent Buyer Physician.

PRUDENT BUYER NETWORK OF PARTICIPATING DOCTORS AND HOSPITALS

The Prudent Buyer network offers you the choice of a wide variety of physicians and hospitals conveniently located throughout the state to help you with all of your health care needs. This is the largest network in California, with over one half of all physicians and hospitals in the state being Participating Prudent Buyer Providers. Nearly 50,000 physicians and more than 300 hospitals are Participating Prudent Buyer Providers, so there's a good chance that your current physician or hospital is already a member of our network.

PROTECTION AGAINST EXCESS CHARGES

Under Part B of Medicare, you could have out-of-pocket costs if your physician or medical supplier does not accept assignment of your Medicare claim and charges more than Medicare's approved amount. The difference to be paid is called the 'excess charge.'

Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan and **Blue Cross Senior Classic J Medicare Supplement Plan** can save you the expense and worry about paying significant out-of-pocket costs because of gaps in Medicare. When you utilize Blue Cross of California's Prudent Buyer network, your doctor's charges for Medicare's covered services are *paid in full, and most plans also cover the Medicare Part B deductible*.* Even if you receive medical services from a provider that is not a member of the Prudent Buyer network, your doctor's charges for Medicare's covered services are *still paid in full*, except for the Medicare Part B $131 deductible, except in limited circumstances, including emergency care.

CLAIMFREE® SERVICE

You may never have to fill out another claim form ever again. Blue Cross of California has created a way to put an end to the frustration caused by burdensome and tedious claim forms. It's called ClaimFree service, and we are the only health carrier in the state that provides you with this worry-free automatic claims payment service for both Parts A and B of Medicare.

The way it works is simple. When providers bill Medicare, a computerized display of the information is automatically sent to Blue Cross of California for processing. We then pay your doctor or hospital directly. This results in your medical bills being processed faster and more accurately.

* Blue Cross Senior Classic I Medicare Supplement Plan covers 'excess charges' but not the Medicare Part B $131 deductible.

IN NETWORK VERSUS OUT OF NETWORK SERVICES

When you receive services from a Participating Physician, Hospital, or other medical supplier that is a member of the Prudent Buyer network, this is referred to as “In Network.”

When you receive services from any other physician, hospital, or medical supplier that is not a member of the Prudent Buyer network, this is referred to as “Out of Network.”

Please note that there are financial and other advantages to making use of In Network services available to you through the Prudent Buyer network. But remember, the decision to use or not use In Network services is up to you, so you’re not locked in.

PROVIDER DIRECTORIES

You will receive a directory listing the Participating Providers in your area when you sign up for your plan. If you do not, you may call your agent or your dedicated customer service unit, at **1-800-333-3883**, and request a provider listing for your area.

FIVE GREAT PLANS – CHOOSE THE PLAN THAT BEST MEETS YOUR NEEDS

Blue Cross of California products are designed to meet the health coverage needs of people who are enrolled in both Parts A and B of Medicare. Plus, you receive the following benefits:

- Affordable monthly plan premiums.
- No annual maximums for Medicare-covered services.
- Guaranteed renewable.
- ClaimFree processing for all Medicare claims.
- Toll-free dedicated customer service phone number: **1-800-333-3883**.

1 **ClaimFree Standard Plan A Medicare Supplement Plan**

2 **Blue Cross Senior Classic C Medicare Supplement Plan**

3 **Blue Cross Senior Classic F Medicare Supplement Plan**

4 **Blue Cross Senior Classic I Medicare Supplement Plan**

5 **Blue Cross Senior Classic J Medicare Supplement Plan**

CLAIMFREE STANDARD PLAN A MEDICARE SUPPLEMENT PLAN

This is our basic affordable Medicare supplement coverage with ClaimFree service.

Benefits (Effective January 1, 2007)	***Coverage***
Basic Benefits	
Part A Hospital (Days 61-90)	Yes
Lifetime Reserve Days (91-150)	Yes
365 Lifetime Hospital Days	Yes
Parts A and B Blood	Yes
Part B Coinsurance	Yes

BLUE CROSS SENIOR CLASSIC C MEDICARE SUPPLEMENT PLAN

All the benefits of **ClaimFree Standard Plan A Medicare Supplement Plan**, plus the following:

- Pays the Part A $992 deductible.
- Pays the Part B $131 annual deductible (only when using a Participating Provider, or in other limited circumstances, including emergency care.).
- Coverage for Skilled Nursing Facility Coinsurance.
- Benefits for Foreign Travel Emergency.

Benefits (Effective January 1, 2007)	***Participating Providers***	***Any Other Providers***
Part A Deductible ($992)	Yes	Yes
Basic Benefits		
Part A Hospital (Days 61-90)	Yes	Yes
Lifetime Reserve Days (91-150)	Yes	Yes
365 Lifetime Hospital Days	Yes	Yes
Parts A and B Blood	Yes	Yes
Part B Coinsurance	Yes	Yes
Part B Annual Deductible ($131)	Yes	No
Skilled Nursing Facility Coinsurance (Days 21-100)	Yes	Yes
Foreign Travel Emergency	Yes	Yes

Note: Please remember to review the Outline of Coverage which begins on page 13, so you'll know about conditions, limitations and exclusions of coverage.

BLUE CROSS SENIOR CLASSIC F MEDICARE SUPPLEMENT PLAN

All the benefits of **ClaimFree Standard Plan A Medicare Supplement Plan**, plus the following:

- Pays the Part A $992 deductible.
- Pays the Part B $131 annual deductible (only when using a Participating Provider, or in other limited circumstances, including emergency care.).
- Benefits for Part B excess charges.
- Coverage for Skilled Nursing Facility Coinsurance.
- Benefits for Foreign Travel Emergency.

Benefits (Effective January 1, 2007)	***Participating Providers***	***Any Other Providers***
Part A Deductible ($992)	Yes	Yes
Basic Benefits		
Part A Hospital (Days 61-90)	Yes	Yes
Lifetime Reserve Days (91-150)	Yes	Yes
365 Lifetime Hospital Days	Yes	Yes
Parts A and B Blood	Yes	Yes
Part B Coinsurance	Yes	Yes
Skilled Nursing Facility Coinsurance (Days 21-100)	Yes	Yes
Part B Annual Deductible ($131)	Yes	No
Part B Excess Charges at 100%	Yes	Yes
Foreign Travel Emergency	Yes	Yes

BLUE CROSS SENIOR CLASSIC I MEDICARE SUPPLEMENT PLAN

All the benefits of **ClaimFree Standard Plan A Medicare Supplement Plan**, plus the following:

- Pays the Part A $992 deductible.
- Coverage for Skilled Nursing Facility Coinsurance.
- Benefits for Part B excess charges.
- Benefits for Foreign Travel Emergency.
- Benefits for At-Home Recovery.

Benefits (Effective January 1, 2007)	***Participating Providers***	***Any Other Providers***
Part A Deductible ($992)	Yes	Yes
Basic Benefits		
Part A Hospital (Days 61-90)	Yes	Yes
Lifetime Reserve Days (91-150)	Yes	Yes
365 Lifetime Hospital Days	Yes	Yes
Parts A and B Blood	Yes	Yes
Part B Coinsurance	Yes	Yes
Skilled Nursing Facility Coinsurance (Days 21-100)	Yes	Yes
Part B Excess Charges at 100%	Yes	Yes
Foreign Travel Emergency	Yes	Yes
At-Home Recovery (up to $1,600 per year)	Yes	Yes

Note: Please remember to review the Outline of Coverage which begins on page 13, so you'll know about conditions, limitations and exclusions of coverage.

BLUE CROSS SENIOR CLASSIC J MEDICARE SUPPLEMENT PLAN

All the benefits of **Blue Cross Senior Classic F Medicare Supplement Plan**, plus the following:

- Benefits for At-Home Recovery.
- Benefits for Preventive Medical Care.

Benefits (Effective January 1, 2007)	***Participating Providers***	***Any Other Providers***
Part A Deductible ($992)	Yes	Yes
Basic Benefits		
Part A Hospital (Days 61-90)	Yes	Yes
Lifetime Reserve Days (91-150)	Yes	Yes
365 Lifetime Hospital Days	Yes	Yes
Parts A and B Blood	Yes	Yes
Part B Coinsurance	Yes	Yes
Skilled Nursing Facility Coinsurance (Days 21-100)	Yes	Yes
Part B Annual Deductible ($131)	Yes	No
Part B Excess Charges at 100%	Yes	Yes
Foreign Travel Emergency	Yes	Yes
At-Home Recovery (up to $1,600 per year)	Yes	Yes
Preventive Medical Care (up to $120 per year)	Yes	Yes

Note: Please remember to review the Outline of Coverage which begins on page 13, so you'll know about conditions, limitations and exclusions of coverage.

EXAMPLE

Here is an example of how you could save money when you have incurred a $2,000 charge for services where Medicare has established a $1,750 allowable level charge (assume that your Medicare Part B deductible has been satisfied):

ClaimFree Standard Plan A Medicare Supplement Plan	*Doctor Accepts Medicare Assignment*	*Doctor Does Not Accept Medicare Assignment*
Medicare pays	$1,400	$1,400
Blue Cross pays	$ 350	$ 350
You pay	$ 0	$ 250

Blue Cross Senior Classic C Medicare Supplement Plan	*Doctor Accepts Medicare Assignment*	*Doctor Does Not Accept Medicare Assignment*
Medicare pays	$1,400	$1,400
Blue Cross pays	$ 350	$ 350
You pay	$ 0	$ 250

Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan or Blue Cross Senior Classic J Medicare Supplement Plan	*Doctor Accepts Medicare Assignment*	*Doctor Does Not Accept Medicare Assignment*
Medicare pays	$1,400	$1,400
Blue Cross pays	$ 350	
Pays the difference between the negotiated rate/ billed charges and Medicare's payment		$ 600
You pay	$ 0	$ 0

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE AND PREMIUM INFORMATION

Use this outline to compare benefits and premiums among policies.

Medicare supplement coverage/policies of this category are designed to supplement Medicare by covering some hospital, medical and surgical services that are partially covered by Medicare. Coverage is provided for hospital inpatient charges and some physicians' charges, subject to any deductibles and coinsurance provisions which may be in addition to those provided by Medicare, and subject to other limitations which may be set forth in the policy.

POLICY REPLACEMENT

If you are replacing other health coverage, do NOT cancel it until you have actually received your new contract and are sure you want to keep it.

NOTICE

This contract may not fully cover all of your medical costs. Neither Blue Cross of California nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "The Medicare Handbook" for further details and limitations applicable to Medicare.

READ YOUR AGREEMENT

This brochure provides a brief description of important features of your program. This is not the Agreement and only the Agreement sets forth, in detail, the rights and obligations of both you and Blue Cross of California. You will receive your Blue Cross of California Agreement once you enroll. It is important that you read your Agreement carefully upon receiving it.

Use the easy-to-read charts on the next 6 pages to learn how we can help you cover the gaps in Medicare with

1 ClaimFree Standard Plan A Medicare Supplement Plan

2 Blue Cross Senior Classic C Medicare Supplement Plan

3 Blue Cross Senior Classic F Medicare Supplement Plan

4 Blue Cross Senior Classic I Medicare Supplement Plan

5 Blue Cross Senior Classic J Medicare Supplement Plan

Services	*Benefit*	*Medicare Pays*	*ClaimFree Standard Plan A Medicare Supplement Plan Pays*	*Blue Cross Senior Classic C Medicare Supplement Plan Pays*
Hospitalization Semiprivate room and board, general nursing and other hospital services and supplies, such as drugs, x-rays, lab tests and operating room.	First 60 days	All but the first $992 (Part A deductible)	No benefit	Pays in full
	61st thru 90th day	All but $248 per day coinsurance	Pays in full	Pays in full
	91st thru 150th day*	All but $496 per day lifetime reserve	Pays in full	Pays in full
	151st thru 515th day	Nothing	100% of medically necessary Part A eligible expenses up to 365 days per lifetime	100% of medically necessary Part A eligible expenses up to 365 days per lifetime
Skilled Nursing Facility Care (must be approved by Medicare) You must have been in a hospital for at least 3 days, enter a Medicare-approved facility generally within 30 days after hospital discharge, and meet other program requirements.	First 20 days	100% of approved amount	No benefit (Paid by Medicare)	No benefit (Paid by Medicare)
	21st thru 100th day	All but $124 per day	No benefit	Pays in full
Blood	Unlimited if medically necessary	All but first 3 pints per calendar year	First 3 pints of unreplaced blood	First 3 pints of unreplaced blood

* 60 lifetime reserve days may be used only once

** These charges are covered in full when using any other provider if services are for a medical emergency, services are immediately required for an unforeseen illness, injury or condition, or it is unreasonable to obtain services through a network provider.

Blue Cross Senior Classic F Medicare Supplement Plan Pays	*Blue Cross Senior Classic I Medicare Supplement Plan Pays*	*Blue Cross Senior Classic J Medicare Supplement Plan Pays*	*You Pay*
Pays in full	Pays in full	Pays in full	Nothing for **Blue Cross Senior Classic C Medicare Supplement Plan**, **Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan,** and **Blue Cross Senior Classic J Medicare Supplement Plan**. For **ClaimFree Standard Plan A Medicare Supplement Plan**, the $992 initial deductible.
Pays in full	Pays in full	Pays in full	Nothing
Pays in full	Pays in full	Pays in full	Nothing
100% of medically necessary Part A eligible expenses up to 365 days per lifetime	100% of medically necessary Part A eligible expenses up to 365 days per lifetime	100% of medically necessary Part A eligible expenses up to 365 days per lifetime	Nothing
No benefit (Paid by Medicare)	No benefit (Paid by Medicare)	No benefit (Paid by Medicare)	Nothing
Pays in full	Pays in full	Pays in full	Nothing for **Blue Cross Senior Classic C Medicare Supplement Plan, Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan,** and **Blue Cross Senior Classic J Medicare Supplement Plan**. For **ClaimFree Standard Plan A Medicare Supplement Plan,** $124 per day.
First 3 pints of unreplaced blood	First 3 pints of unreplaced blood	First 3 pints of unreplaced blood	Nothing

Services	*Benefit*	*Medicare Pays*	*ClaimFree Standard Plan A Medicare Supplement Plan Pays*	*Blue Cross Senior Classic C Medicare Supplement Plan Pays*
Medical Expenses Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, and other services.	Medical services in or out of the hospital	80% of approved amount (50% of approved charges for most outpatient mental health services) after the $131 Part B deductible	Remainder of Medicare approved amount (Medicare coinsurance) No benefit for the $131 Part B deductible	Remainder of Medicare approved amount (Medicare coinsurance) 100% of the Medicare Part B deductible when using a Participating Provider**
Excess Charges	Medical expenses in excess of Medicare's approved charges	Nothing	No benefit	No benefit
Blood	Unlimited if medically necessary	80% of approved amount (after $131 deductible and starting with 4th pint)	First 3 pints of unreplaced blood and coinsurance amount	First 3 pints of unreplaced blood and coinsurance amount

* 60 lifetime reserve days may be used only once

** These charges are covered in full when using any other provider if services are for a medical emergency, services are immediately required for an unforeseen illness, injury or condition, or it is unreasonable to obtain services through a network provider.

Blue Cross Senior Classic F Medicare Supplement Plan Pays	*Blue Cross Senior Classic I Medicare Supplement Plan Pays*	*Blue Cross Senior Classic J Medicare Supplement Plan Pays*	*You Pay*
Remainder of Medicare approved amount (Medicare coinsurance) 100% of the Medicare Part B deductible when using a Participating Provider**	Remainder of Medicare approved amount (Medicare coinsurance) No benefit for the $131 Part B deductible	Remainder of Medicare approved amount (Medicare coinsurance) 100% of the Medicare Part B deductible when using a Participating Provider**	Nothing for **Blue Cross Senior Classic C Medicare Supplement Plan, Blue Cross Senior Classic F Medicare Supplement Plan,** and **Blue Cross Senior Classic J Medicare Supplement Plan,** when using a Participating Provider. For **ClaimFree Standard Plan A Medicare Supplement Plan,** and **Blue Cross Senior Classic C Medicare Supplement Plan,** and for **Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan,** and **Blue Cross Senior Classic J Medicare Supplement Plan,** when using any other provider, the $131 deductible.
100%	100%	100%	Nothing for **Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan,** and **Blue Cross Senior Classic J Medicare Supplement Plan**. For **ClaimFree Standard Plan A Medicare Supplement Plan** and **Blue Cross Senior Classic C Medicare Supplement Plan**, any amounts over 100% of Medicare's approved charges if you go to a provider who does not accept Medicare assignment.
First 3 pints of unreplaced blood and coinsurance amount	First 3 pints of unreplaced blood and coinsurance amount	First 3 pints of unreplaced blood and coinsurance amount	Nothing

Services	*Benefit*	*Medicare Pays*	*ClaimFree Standard Plan A Medicare Supplement Plan Pays*	*Blue Cross Senior Classic C Medicare Supplement Plan Pays*
Foreign Travel Emergency	Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
	First $250 each calendar year	Nothing, except under limited circumstances in Canada and Mexico	No benefit	No benefit
	Remainder of charges	Nothing	No benefit	80% to a lifetime maximum benefit of $50,000
At-Home Recovery	Includes short term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from an illness, injury or surgery			
	Benefit for each visit	Nothing	No benefit	No benefit
	Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	Nothing	No benefit	No benefit
	Calendar year maximum	Nothing	No benefit	No benefit
Preventive Medical Care–Not Covered By Medicare	Some annual physical and preventive tests and services such as: hearing screenings, dipstick urinalysis, diabetes screening, thyroid function test, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare			
	First $120 each calendar year	Nothing	No benefit	No benefit
	Additional charges	Nothing	No benefit	No benefit

Blue Cross Senior Classic F Medicare Supplement Plan Pays	*Blue Cross Senior Classic I Medicare Supplement Plan Pays*	*Blue Cross Senior Classic J Medicare Supplement Plan Pays*	*You Pay*
No benefit 80% to a lifetime maximum benefit of $50,000	No benefit 80% to a lifetime maximum benefit of $50,000	No benefit 80% to a lifetime maximum benefit of $50,000	For **Blue Cross Senior Classic C Medicare Supplement Plan**, **Blue Cross Senior Classic F Medicare Supplement Plan**, **Blue Cross Senior Classic I Medicare Supplement Plan,** and **Blue Cross Senior Classic J Medicare Supplement Plan**, the $250 calendar year deductible, plus any charges above 80% of the billed charges for Medicare-eligible expenses, plus any amounts over the $50,000 lifetime maximum benefit. For **ClaimFree Standard Plan A Medicare Supplement Plan**, all costs.
No benefit No benefit No benefit	Actual charges up to $40 per visit Up to the number of Medicare-approved visits, not to exceed 7 each week $1,600	Actual charges up to $40 per visit Up to the number of Medicare-approved visits, not to exceed 7 each week $1,600	For **Blue Cross Senior Classic I Medicare Supplement Plan** and **Blue Cross Senior Classic J Medicare Supplement Plan**, any charges above $40 per visit, any visits exceeding 7 per week, and any amounts over $1,600 per year. For **ClaimFree Standard Plan A Medicare Supplement Plan**, **Blue Cross Senior Classic C Medicare Supplement Plan** and **Blue Cross Senior Classic F Medicare Supplement Plan**, all costs.
No benefit No benefit	No benefit No benefit	Up to $120 per year No benefit	For **Blue Cross Senior Classic J Medicare Supplement Plan**, any amounts over $120 per year. For **ClaimFree Standard Plan A Medicare Supplement Plan**, **Blue Cross Senior Classic C Medicare Supplement Plan**, **Blue Cross Senior Classic F Medicare Supplement Plan,** and **Blue Cross Senior Classic I Medicare Supplement Plan** all costs.

Medicare supplement insurance can be sold in only 12 standard plans (A-L) or approved Preferred Provider Organizations and Medicare SELECT plans. **Blue Cross Senior Classic C Medicare Supplement Plan**, **Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan,** and **Blue Cross Senior Classic J Medicare Supplement Plan** are approved Medicare SELECT plans. This chart shows the benefits included in each plan. Every company must make available Plan "A." Some plans may not be available in your state. Basic Benefits for Plan K and L include similar services as plans A-J, but cost sharing for the basic benefits is at different levels.

Plan **A**	**B**	**C**	**D**	**E**	**F**
ClaimFree Standard Plan A Medicare Supplement Plan		***Blue Cross Senior Classic C Medicare Supplement Plan***			***Blue Cross Senior Classic F Medicare Supplement Plan***
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible†
					Part B Excess Charges at 100%
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery		
				Preventive Medical Care	

Note: These plans are intended only for people age 65 or older, who are enrolled in both Parts A and B of Medicare.

† Part B Deductible covered only when using a Participating Prudent Buyer Provider. If services are for a medical emergency, services are immediately required for an unforeseen illness, injury or condition, or it is unreasonable to obtain services through a network provider, the Part B deductible is covered when using another provider.

Basic Benefits: Included in All Plans.

- Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses: Part B coinsurance amount.
- Blood: First 3 pints of blood each year.

Medicare SELECT Disclosure about your right to purchase other plans. You may replace your Medicare SELECT plan with any Medicare supplement plan we offer of comparable or lesser benefits. This offer does not require proof of good health.

G	*H*	*I*	*J*	*K*††	*L*††
		Blue Cross Senior Classic I Medicare Supplement Plan	***Blue Cross Senior Classic J Medicare Supplement Plan***		
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services
Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible
			Part B Deductible†		
Part B Excess Charges at 80%		Part B Excess Charges at 100%	Part B Excess Charges at 100%		
Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		
At-Home Recovery		At-Home Recovery	At-Home Recovery		
			Preventive Medical Care	$4000 Out of Pocket Limit†††	$2000 Out of Pocket Limit†††

†† Plans K and L provide for different cost-sharing for items and services than Plans A-J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges". You will be responsible for paying excess charges.

††† The out-of-pocket annual limit will increase for each year for inflation.

POLICY EFFECTIVE DATE

- Policy effective dates are the 1st and 15th of the month. If you are replacing a health insurance policy that terminates on a date other than the 1st or 15th, your coverage will be effective the date your other plan ends.
- Your fully completed application must be received by the Blue Cross Senior Enrollment Department prior to your requested effective date. Applications received after your requested effective date will be processed for the next available effective date (the 1st or 15th of the month).
- Blue Cross of California reserves the right to reject your application. If your application is rejected, you will be notified in writing and any payment you made will be refunded.

MEMBER BILLING

- If your effective date of coverage is the 15th of the month, the first premium bill you receive will be for one-and-a-half (1 1/2) months. Thereafter, Blue Cross of California will bill you every two (2) months.
- If your effective date of coverage is the 1st of the month, Blue Cross of California will bill you bimonthly.

MONTHLY CHECKING ACCOUNT DEDUCTION

With the Blue Cross of California Monthly Checking Account Deduction Program, you can have your monthly Blue Cross dues withdrawn directly from your checking account on the sixth (6th) day of each month. When you receive your bank statement and cleared checks, your Blue Cross of California monthly checking account deduction will be included. To find out more about this convenient service, contact your Blue Cross of California Authorized Agent, or call us toll-free at **1-800-333-3883.**

CONVENIENCE OF SUMMARY BILLING

Summary Billing offers you the convenience of consolidating your billing with any other Blue Cross of California Senior Plan Member, such as a spouse or relative. This means that we can combine separate billings onto a single statement, even if you and the other person(s) are enrolled in different Blue Cross of California Senior Plans. The result is less paperwork for you because one statement, one check and one envelope does the job. Summary Billing is also available if you choose the monthly checking account deduction option.

GUARANTEED RENEWABLE

Blue Cross of California Medicare supplements are guaranteed renewable.

After the first one (1) month's payment, the term of this coverage is for two (2) months if you have chosen bimonthly coverage, or monthly if you have chosen monthly checking account deductions. It renews automatically, subject to the right of Blue Cross of California to change subscription charges. Any such changes would be made only upon 30 days written notice to all persons covered under the same plan as you.

We will not cancel your coverage, except for the reasons listed below:

- If we discover any concealment of material facts upon enrollment
- If you do not pay your subscription charges, your coverage will end automatically without notice from us
- You cease to be covered under both Parts A and B of Medicare
- You enroll in a Medicare Coordinated Care Plan

Coordinated Care Plans (also sometimes referred to as Medicare-at-Risk Plans) are special Health Maintenance Organizations (HMOs) and Competitive Medical Plans (CMPs) that seniors eligible for Medicare may be able to join. They essentially combine Medicare benefits with supplemental benefits. People who join must generally get all health care from providers affiliated with the plan, and they do not receive regular Medicare benefits for services obtained outside the plan.

QUALITY ASSURANCE

In accordance with California law, Blue Cross continuously reviews the quality of care provided to you under this contract. Under Blue Cross' quality of care review system, Participating Providers are credentialed regularly, and the quality of the care they provide is reviewed on both a concurrent and

prospective basis. Because members may obtain care from any Nonparticipating Provider they choose, Blue Cross is unable to review the credentials of such Nonparticipating Providers or to include them in prospective and concurrent review programs. Nevertheless, Blue Cross reviews the services provided by all providers, both participating and nonparticipating retrospectively.

30-DAY RIGHT TO EXAMINE

If you're not satisfied with your coverage, for whatever reason, just send back your Policy within 30 days of receiving it. The insurance will be canceled and your premium will be promptly refunded — no questions asked. What could be safer than that?

MEDICARE CHANGES

Blue Cross of California will send an annual notice to you 30 days prior to the effective date of Medicare changes, which will describe these changes and the changes in your Medicare supplement coverage.

GUARANTEED ACCEPTANCE

Acceptance of your application is guaranteed if you are 65 or older and apply within six (6) months of your initial enrollment in Part B of Medicare. You must already be enrolled in both Parts A and B of Medicare to apply for these plans. Acceptance for this coverage is also guaranteed and preexisting conditions will be waived if you meet any of the following conditions:

1 The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare, and the plan either terminates or ceases to provide all of those supplemental health benefits to the individual.

2 The individual is enrolled with a Medicare Advantage organization under a Medicare Advantage plan under Medicare Part C, and any of the following circumstances apply:

A) The certification of the organization or plan has been terminated.

B) The organization has terminated or otherwise discontinued providing the plan in the area in which the individual resides.

C) The individual is no longer eligible to elect the plan because of a change in the individual's place of residence or other change in circumstances specified by the secretary. Those changes in circumstances shall not include termination of the individual's enrollment on the basis described in Section 1851(g)(3)(B) of the federal Social Security Act where the individual has not paid premiums on a timely basis or has engaged in disruptive behavior as specified in standards under Section 1856, or the plan is terminated for all individuals within a residence area.

D) The Medicare Advantage plan in which the individual is enrolled reduces any of its benefits or increases the amount of cost sharing or discontinues for other than good cause relating to quality of care, its relationship or contract under the plan with a provider who is currently furnishing services to the individual. An individual shall be eligible under this subparagraph for a Medicare supplement contract issued by the same issuer through which the individual was enrolled at the time the reduction, increase, or discontinuance described above occurs or, commencing January 1, 2007, for one issued by a subsidiary of the parent company of that issuer or by a network that contracts with the parent company of that issuer.

E) The individual demonstrates, in accordance with guidelines established by the secretary, either of the following:

(i) The organization offering the plan substantially violated a material provision of the organization's contract under this article in relation to the individual, including the failure to provide on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide the covered care in accordance with applicable quality standards.

(ii) The organization, or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to the individual.

F) The individual meets other exceptional conditions as the secretary may provide.

3 The individual is 65 years of age or older, is enrolled with a Program of All-Inclusive Care for the Elderly (PACE) provider under Section 1894 of the Social Security Act, and circumstances similar to those described in paragraph (2) exist that would permit discontinuance of the individual's enrollment with the provider, if the individual were enrolled in a Medicare Advantage plan.

4) The individual meets both of the following conditions:

A) The individual is enrolled with any of the following:

(i) An eligible organization under a contract under Section 1876 of the Social Security Act (Medicare cost).

(ii) A similar organization operating under demonstration project authority, effective for periods before April 1, 1999.

(iii) An organization under an agreement under Section 1833(a)(1)(A) of the Social Security Act (health care prepayment plan).

(iv) An organization under a Medicare Select policy.

B) The enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under paragraph (2) or (3).

5 The individual is enrolled under a Medicare supplement contract, and the enrollment ceases because of any of the following circumstances:

A) The insolvency of the issuer or bankruptcy of the nonissuer organization, or other involuntary termination of coverage or enrollment under the contract.

B) The issuer of the contract substantially violated a material provision of the contract.

C) The issuer, or an agent or other entity acting on the issuer's behalf, materially misrepresented the contract's provisions in marketing the contract to the individual.

6 The individual meets both of the following conditions:

A) The individual was enrolled under a Medicare supplement contract and terminates enrollment and subsequently enrolls, for the first time, with any Medicare Advantage organization under a Medicare Advantage plan under Medicare Part C, any eligible organization under a contract under Section 1876 of the Social Security Act (Medicare cost), any similar organization operating under demonstration project authority, any PACE provider under Section 1894 of the Social Security Act, or a Medicare Select policy.

B) The subsequent enrollment under subparagraph (A) is terminated by the individual during any period within the first 12 months of the subsequent enrollment (during which the enrollee is permitted to terminate the subsequent enrollment under Section 1851(e) of the federal Social Security Act).

7 The individual upon first becoming eligible for benefits under Medicare Part A at age 65 years of age, enrolls in a Medicare Advantage plan under Medicare Part C or with a PACE provider under Section 1894 of the Social Security Act, and disenrolls from the plan or program not later than 12 months after the effective date of enrollment.

8 The individual while enrolled under a Medicare supplement contract that covers outpatient prescription drugs enrolls in a Medicare Part D plan during the initial enrollment period, terminates enrollment in the Medicare supplement contract, and submits evidence of enrollment in Medicare Part D along with the application for a Medicare supplement policy that has a benefit package classified as Plan A, B, C, F (including F with high deductible), K or L, and that is offered and is available for issuance to new enrollees by the same issuer that issued the individual's Medicare supplement policy with outpatient prescription drug coverage.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new contract, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your contract and refuse to pay any claims if you leave out or falsify important medical information; this would not apply if you are in your guaranteed acceptance period described above. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

WHAT IS NOT COVERED

Some expenses the **ClaimFree Standard Plan A Medicare Supplement Plan** agreement does not cover are: the Part A deductible; Skilled Nursing Facility Care; the Part B deductible; excess physician charges (above the amount Medicare allows); travel coverage; custodial care; outpatient drugs; dental care or dentures; routine checkups or immunizations; foot care; eyeglasses (unless covered by Medicare); hearing aids; chiropractic care (unless covered by Medicare).

Some expenses the **Blue Cross Senior Classic C Medicare Supplement Plan** agreement does not cover are: the Part B deductible (out of network); excess physician charges (above the amount Medicare allows); custodial care; outpatient drugs; dental care or dentures; routine checkups or immunizations; foot care; eyeglasses (unless covered by Medicare); hearing aids; chiropractic care (unless covered by Medicare).

Some expenses the **Blue Cross Senior Classic F Medicare Supplement Plan** agreement does not cover are: the Part B deductible (out of network), custodial care; outpatient drugs; dental care or dentures; routine checkups or immunizations; foot care; eyeglasses (unless covered by Medicare); hearing aids; chiropractic care (unless covered by Medicare).

Some expenses the **Blue Cross Senior Classic I Medicare Supplement Plan** agreement does not cover are: the Part B deductible, custodial care; outpatient drugs; dental care or dentures; routine checkups or immunizations; foot care; eyeglasses (unless covered by Medicare); hearing aids; chiropractic care (unless covered by Medicare).

Some expenses the **Blue Cross Senior Classic J Medicare Supplement Plan** agreement does not cover are: the Part B deductible (out of network), custodial care; outpatient drugs; dental care or dentures; routine checkups or immunizations (unless covered under the Preventive Medical Care Benefit); foot care; eyeglasses (unless covered by Medicare); hearing aids; chiropractic care (unless covered by Medicare).

Some expenses the **ClaimFree Standard Plan A Medicare Supplement Plan**, **Blue Cross Senior Classic C Medicare Supplement Plan**, **Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan,** and **Blue Cross Senior Classic J Medicare Supplement Plan** agreements do not cover are: private duty nursing; personal comfort items; services for which no charge is made; services rendered by relatives; any services or supplies not specifically listed as covered in your Agreement; services rendered during a hospital stay which began before coverage is in force or after coverage has been terminated; hearing aids; dental care and treatment; eyeglasses (unless covered by Medicare); eye examinations and chiropractic care (unless covered by Medicare); any conditions covered under Workers' Compensation; any conditions covered by any Federal Government agency; conditions resulting from war, invasion or atomic explosion; custodial care and rest cures; routine physical examinations (with the exception of the Blue Cross Senior Classic J Medicare Supplement Plan which offers some coverage); inpatient admissions primarily for diagnostic studies when inpatient bed care is not medically necessary; acupuncture; dental work; cosmetic surgery or other services for beautification; services primarily for weight reduction as the main method of treatment and services not approved by Medicare unless specified elsewhere.

As required by law, we are advising you that the loss ratios for these plans in 2005 were:
64% for **Blue Cross Senior Classic F Medicare Supplement Plan,** 62% for **Blue Cross Senior Classic J Medicare Supplement Plan,** 63% for **Blue Cross Senior Classic C Medicare Supplement Plan** and 58% for **ClaimFree Standard Plan A Medicare Supplement Plan**.

GRIEVANCE PROCEDURE

All complaints and disputes relating to coverage under this plan must be resolved in accordance with Blue Cross' grievance procedure. Grievances may be made by telephone or in writing.

All grievances received by Blue Cross will be acknowledged in writing, together with a description of how Blue Cross of California proposes to resolve the grievance. Grievances that cannot be resolved by this procedure shall be submitted to arbitration.

MEMBER GRIEVANCE PROCEDURE

We are certain that you will be completely satisfied with your Blue Cross of California plan, but if you should ever have a complaint or problem, please follow the Member Grievance Procedure:

Step 1.

Contact Blue Cross of California.
You can call us at **1-800-333-3883**.
You can write to us at **P.O. Box 9053, Oxnard, CA 93031-9053**.

Your grievance will be reviewed and you will receive a response within 30 days.

Step 2.

If you are not satisfied with the response, you can submit the grievance to binding arbitration.

Any dispute between the Member and Blue Cross regarding the decision of Blue Cross must be submitted to binding arbitration if the amount in dispute exceeds the jurisdictional limits of the small claims court. This arbitration is begun by the Member making written demand on Blue Cross.

This arbitration will be held before a designated neutral arbitrator appointed by the county medical association of the county in which the services were provided. If the county medical association declines or is unable to appoint an arbitrator, the arbitration will be conducted according to the rules of the American Arbitration Association.

Any dispute regarding a claim for damages within the jurisdictional limits of the small claims court will be resolved in such court.

Any dispute or claim, of whatever nature, arising out of, in connection with, or in relation to, this Agreement, or breach or rescission thereof, or in relation to care or delivery of care, including any claim based on contract, tort or statute, must be resolved by arbitration if the amount sought exceeds the jurisdictional limit of the small claims court. Any dispute regarding a claim for damages within the jurisdictional limits of the small claims court will be resolved in such court. The Federal Arbitration Act shall govern the interpretation and enforcement of all proceedings under this BINDING ARBITRATION provision. To the extent that the Federal Arbitration Act is inapplicable, or is held not to require arbitration of a particular claim, state law governing agreements to arbitrate shall apply. The Member and Blue Cross agree to be bound by these arbitration provisions and acknowledge that they are giving up their right to trial by court or jury.

California Health & Safety Code section 1363.1 requires that any arbitration agreement include 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."

The Member and Blue Cross agree to give up the right to participate in class arbitrations against each other. Even if applicable law permits class actions or class arbitrations, the Member waives any right to pursue, on a class basis, any such controversy or claim against Blue Cross and Blue Cross waives any right to pursue, on a class basis, any such controversy or claim against the Member. The arbitration findings will be final and binding except to the extent that state or federal law provides for the judicial review of arbitration proceedings. The arbitration is initiated by the Member making written demand on Blue Cross. The arbitration will be conducted by Judicial Arbitration and Mediation Services ("JAMS"), according to its applicable Rules and Procedures. If for any reason JAMS is unavailable to conduct the arbitration, the arbitration will be conducted by another neutral arbitration entity, by agreement of the Member and Blue Cross, or by order of the court, if the Member and Blue Cross cannot agree.

The costs of the arbitration will be allocated per the JAMS Policy on Consumer Arbitrations. If the arbitration is not conducted by JAMS, the costs will be shared equally by the parties, except in cases of extreme financial hardship, upon application to the neutral arbitration entity to whom the parties have agreed, in which cases, Blue Cross will assume all or a portion of the costs of the arbitration. Please send all Binding Arbitration demands in writing to:

Blue Cross of California
P.O. Box 9053, Oxnard,
CA 93031-9053

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 1-800-333-3883 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 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 Web site at www.hmohelp.ca.gov has complaint forms, IMR application forms and instructions online.

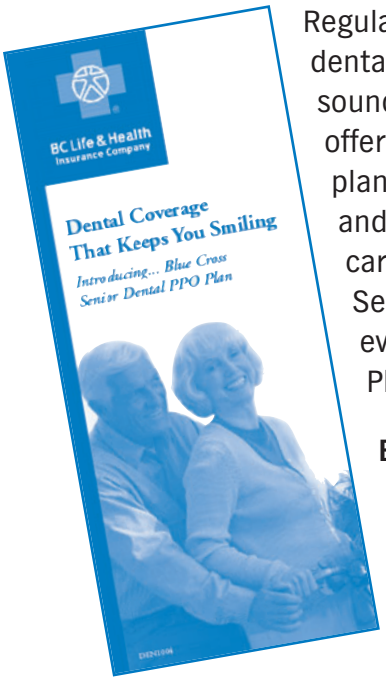
QUESTIONS?

After you receive your Agreement, please feel free to contact your Blue Cross of California Authorized Agent, or call us toll-free at **1-800-333-3883.**

You can write to us at **P.O. Box 9053, Oxnard, CA 93031-9053**.

Health Maintenance Organizations (HMO) require that a specific primary care physician (gatekeeper) authorize all medical services outside the scope of his or her office. A Preferred Provider Organization (PPO) allows members to choose their own physician and specialist anytime, anywhere within the provider network. Blue Cross of California's ClaimFree Standard Plan A Medicare Supplement Plan , Blue Cross Senior Classic C Medicare Supplement Plan, Blue Cross Senior Classic F Medicare Supplement Plan, Blue Cross Senior Classic I Medicare Supplement Plan, and Blue Cross Senior Classic J Medicare Supplement Plan provide their members a network of over 50,000 physicians statewide.

Dental Coverage That Keeps You Smiling



Regular diagnostic and preventive dental care is essential to maintain sound oral health. That's why we offer a variety of affordable dental plans to meet your individual needs and offset the cost of major dental care. Seniors can sign up for our Senior Dental PPO Plan or our even more affordable Dental HMO Plans.

Blue Cross Senior Dental PPO Plan

Our Senior Dental PPO Plan features coverage for a wide range of dental procedures.

Affordable dental plans to meet your individual needs...

- Freedom to choose any dentist
- 100% coverage for preventative and diagnostic care (immediate coverage)
- Coverage for basic services such as: fillings and extractions
- Coverage for major services such as: crowns, dentures and root canals
- Nearly 11,000 PPO dental providers, one of the largest dental networks in California
- Top quality customer service (rated Best-in-Class in a 2000 NADP Industry Standard survey)

The Blue Cross Senior PPO Dental Plan administered by BC Life & Health Insurance Company offers you the freedom to choose any dentist you wish. However, if you select a participating dentist from our network, you can take advantage of additional savings, lowering your out-of-pocket costs with negotiated fees.

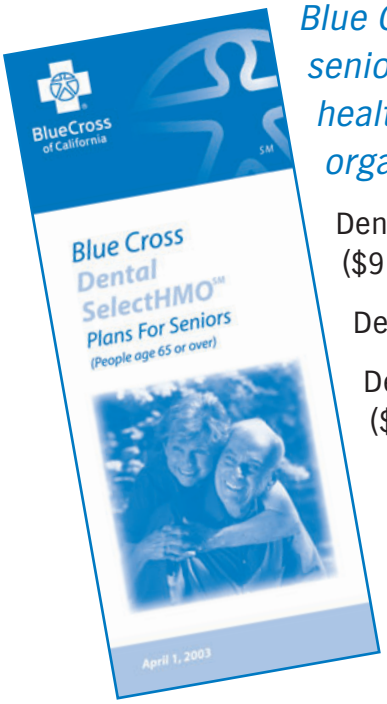
Plan Benefits	In Network	Out of Network
Preventative/Diagnostic Services	100% coverage	Refer to Benefit Schedule**
Monthly Premium	$30/person (Area 1, 2 & 3 – Northern California) $35/person (Area 4, 5 & 6 – Southern California)	
Annual Deductible*	$50 per person	
Annual Maximum Benefit	$1,000	
Basic services (examples include: fillings and extractions) **	3 month waiting period	
Major services (examples include: crowns, dentures and root canals) **	12 month waiting period	

To determine your rating area please refer to the Blue Cross Senior Dental PPO brochure.

* Annual deductible is waived for preventative/diagnostic services when rendered by an in-network dentist.

** Please refer to the Benefit Schedules shown in the Dental PPO brochure.

Also available – our Dental HMO Plans



Blue Cross of California offers seniors three affordable dental health maintenance organization plans –

Dental Saver Select ($9 premium)

Dental Select ($13 premium)

Dental Premier Select ($16 premium).

To encourage regular checkups and teeth cleanings, our plans provide these services at a low $5 copay.

- Affordable premiums
- $5 office visit for exams, cleanings and x-rays
- More than half of the most frequently billed procedures are covered at only $5
- Low out-of-pocket expenses
- No hidden costs or deductibles
- No waiting periods for preventive services
- No annual maximums

Dental Service	Saver SelectHMO	SelectHMO	Premier SelectHMO
Office visit	$5	$5	$5
Diagnostic care (oral exams and x-rays)	No charge	No charge	No charge
Preventive care (two visits in 12 months)	No charge	No charge	No charge
Other benefits are available at low, discounted fees with no deductibles.			

With our large network* of dedicated professionals, you have access to complete dental care, including cosmetic and specialty care, either as a covered benefit or at a discount.

* Not available in all areas of California.

These Senior Dental Plans are available to Californians age 65 or older.

The information provided only features highlights of the Plans. For more detailed information, be sure to read the Senior Dental Brochures.

Visit our Web site
www.bluecrossca.com

IS7067 1/07