

## *Individual and Family Plans*

### **SUMMARY OF FEATURES**



**BlueCross  
of California**

# ***Blue Cross EPO Plan***

#### **HSA-Compatible**

*This EPO is compatible with a Health Savings Account (HSA.) An HSA, which must be established for tax advantages, is a separate arrangement between an individual and a qualified financial institution. Consultation with a tax advisor is recommended.*

*This EPO Plan is not currently eligible for the JPMorgan Bank, N.A. (Chase) offering.*

*This is an overview of coverage.*

*A comprehensive description of coverage, benefits and limitations is contained in the Combined Evidence of Coverage and Disclosure Form. Review the Exclusions and Limitations listed in the Evidence of Coverage and Disclosure Form prior to applying for coverage. For a copy, contact your agent or call Blue Cross of California at 800-333-0912.*

*All amounts listed are the member's share of costs after the deductible, unless otherwise noted.*

**Effective March 1, 2006**

# EPO Plan: Overview of Coverage

The **Blue Cross Individual EPO Plan** is not a “health savings account” (HSA), but is designed as a high deductible plan that may allow you, if you are an eligible individual, to take advantage of the income tax benefits available to you when you establish an HSA and use the money to pay for qualified medical expenses subject to the deductibles under this plan. Self-employed and other qualified individuals may establish an HSA account with any qualified financial institution that provides that service. Please check with your tax advisor to determine your eligibility for HSA tax savings.

The Individual EPO Plan provides coverage for services received from **in-network providers only**, except in emergencies. When you obtain services from a Blue Cross in-network provider, expenses for office visits, laboratory tests, and hospital services all count toward the plan’s deductible.

Amounts listed below represent the member’s share of costs after the deductible is met, unless otherwise noted.

Benefits	EPO (7892)	
	Participating Provider	Non-Participating Provider
<b>Lifetime Maximum</b>	\$5,000,000/member	
<b>Annual Out-of-Pocket Maximum</b> <i>(includes deductible)</i>	\$3,000/single, \$5,500/family; all covered benefits for medical and drug combined	
<b>Annual Deductible</b> <i>(applies to above maximum)</i>	\$2,400/single, \$4,500/family; all covered benefits for medical and drug combined	
<b>Office Visits</b>	After deductible, 50% of negotiated fee	Not covered
<b>Professional Services</b> <i>(x-ray, lab, anesthesia, surgeon, etc.)</i>	50% of negotiated fee	Not covered
<b>Hospital Inpatient/ Outpatient</b>	50% of negotiated fee	Not covered
<b>Emergency Services</b>	50% of negotiated fee	50% of customary & reasonable charges for first 48 hours plus 100% of excess; no coverage after 48 hours
<b>Maternity</b>	50% of negotiated fee	Not covered
<b>Preventive Care</b>	Routine mammogram, PSA, and Pap tests <sup>1</sup> : 50% of negotiated fee <i>(deductible waived)</i> Well Child: 50% of negotiated fee through age 6 <i>(deductible waived)</i> <i>HealthyCheck Centers: \$25 or \$75 copay for basic screenings</i>	Not covered
<b>Ambulance</b>	50% of negotiated fee	Emergency only, then 50% of customary & reasonable charges plus excess
<b>Physical and Occupational Therapy; Chiropractic Services</b>	50% of negotiated fee, up to 12 visits/year	Not covered
<b>Acupuncture/Acupressure</b>	All charges except \$25/visit, up to 12 visits/year	Not covered
<b>Drug Benefits</b> <i>retail or mail order<sup>3</sup>: 30-day supply</i>	Combined with medical deductible. Generic <sup>2</sup> : 15% of negotiated fee, Brand-name: 35% of negotiated fee, Self-administered injectables (except insulin): 30% of negotiated fee	Not covered

<sup>1</sup> Tests ordered by a physician are covered.

<sup>2</sup> Generic drugs are based upon the Blue Cross drug formulary.

<sup>3</sup> Self-administered injectables, except insulin, are not available through mail order.

## Medical Rating Area Definitions

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

<b>Alameda</b>	95304, 95377, 95391 all other Alameda ZIPs	Area 2 Area 3
<b>Alpine</b>	all other Alameda ZIPs	Area 2
<b>Amador</b>		Area 2
<b>Butte</b>		Area 3
<b>Calaveras</b>		Area 2
<b>Colusa</b>		Area 3
<b>Contra Costa</b>		Area 3
<b>Del Norte</b>		Area 1
<b>El Dorado</b>		Area 2
<b>Fresno</b>	93245, 93313, 93618 all other Fresno ZIPs	Area 7 Area 2
<b>Glenn</b>		Area 3
<b>Humboldt</b>		Area 3
<b>Imperial</b>		Area 6
<b>Inyo</b>	93527 all other Inyo ZIPs	Area 7 Area 2
<b>Kern</b>	93536 93558 all other Kern ZIPs	Area 9 Area 6 Area 7
<b>Kings</b>	93242, 93631, 93656 all other Kings ZIPs	Area 3 Area 3
<b>Lake</b>		Area 3
<b>Lassen</b>		Area 3
<b>Los Angeles</b>	ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560 90623 90630, 90631 91709 93243 93560 96056 all other Los Angeles ZIP codes	Area 9 Area 4 Area 4 Area 6 Area 7 Area 7 Area 1 Area 5
<b>Madera</b>		Area 2
<b>Marin</b>		Area 2
<b>Mariposa</b>		Area 2
<b>Mendocino</b>		Area 3
<b>Merced</b>		Area 2
<b>Modoc</b>		Area 1
<b>Mono</b>		Area 2
<b>Monterey</b>	95076 93451 all other Monterey ZIPs	Area 3 Area 2 Area 8
<b>Napa</b>		Area 3
<b>Nevada</b>	95977 all other Nevada ZIPs	Area 3 Area 2
<b>Orange</b>	90638 all other Orange ZIPs	Area 9 Area 4
<b>Placer</b>	95668, 95692 all other Placer ZIPs	Area 3 Area 2
<b>Plumas</b>	95981 all other Plumas ZIPs	Area 3 Area 1
<b>Riverside</b>	92883 all other Riverside ZIPs	Area 4 Area 6
<b>Sacramento</b>	94571 all other Sacramento ZIPs	Area 3 Area 3
<b>San Benito</b>	93930, 95004 all other San Benito ZIPs	Area 1 Area 2
<b>San Bernardino</b>	91766, 91792 93516, 93555 all other San Bernardino ZIPs	Area 9 Area 7 Area 6
<b>San Diego</b>		Area 5
<b>San Francisco</b>		Area 3
<b>San Joaquin</b>	94514 all other San Joaquin ZIPs	Area 3 Area 2
<b>San Luis Obispo</b>	93252 93426 all other San Luis Obispo ZIPs	Area 7 Area 1 Area 8
<b>San Mateo</b>		Area 2
<b>Santa Barbara</b>	93252 all other Santa Barbara ZIPs	Area 7 Area 8
<b>Santa Clara</b>	94303, 95023 all other Santa Clara ZIPs	Area 2 Area 3
<b>Santa Cruz</b>	xxx	Area 3
<b>Sierra</b>	95922 95960 all other Sierra ZIPs	Area 3 Area 2 Area 1
<b>Shasta</b>		Area 1
<b>Siskiyou</b>		Area 1
<b>Solano</b>	95690 all other Solano ZIPs	Area 2 Area 3
<b>Sonoma</b>		Area 3
<b>Stanislaus</b>	95076	Area 2
<b>Sutter</b>	95626, 95648, 95837 all other Sutter ZIPs	Area 2 Area 3
<b>Tehama</b>	95963, 95973 all other Tehama ZIPs	Area 3 Area 1
<b>Trinity</b>	95526 all other Trinity ZIPs	Area 3 Area 1
<b>Tulare</b>	95668, 95692 all other Placer ZIPs	Area 2 Area 7
<b>Tuolumne</b>		Area 2
<b>Ventura</b>	90265 and ZIP codes beginning with 913 93252 all other Ventura ZIPs	Area 5 Area 7 Area 8
<b>Yolo</b>	94571 all other Sacramento ZIPs	Area 3
<b>Yuba</b>	95960 all other Yuba ZIPs	Area 2 Area 3

# Individual EPO Plan (7892) Monthly Rates effective 3/1/06

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
<b>Single</b>									
19 - 29	\$112	\$97	\$98	\$95	\$108	\$81	\$83	\$94	\$90
30 - 34	\$152	\$136	\$136	\$142	\$166	\$131	\$128	\$130	\$125
35 - 39	\$175	\$163	\$157	\$171	\$189	\$155	\$149	\$149	\$144
40 - 44	\$233	\$207	\$202	\$211	\$245	\$197	\$193	\$192	\$183
45 - 49	\$279	\$246	\$239	\$257	\$292	\$234	\$230	\$230	\$222
50 - 54	\$366	\$323	\$314	\$329	\$376	\$302	\$295	\$300	\$289
55 - 59	\$463	\$411	\$394	\$421	\$480	\$378	\$370	\$375	\$361
60 - 64	\$531	\$446	\$462	\$501	\$534	\$453	\$443	\$450	\$427
<b>Subscriber &amp; Spouse</b>									
Under 30	\$245	\$220	\$216	\$219	\$254	\$189	\$191	\$211	\$204
30 - 34	\$327	\$293	\$290	\$301	\$343	\$260	\$273	\$276	\$261
35 - 39	\$396	\$351	\$337	\$338	\$406	\$320	\$318	\$324	\$305
40 - 44	\$448	\$395	\$385	\$414	\$471	\$369	\$360	\$367	\$368
45 - 49	\$543	\$495	\$482	\$518	\$591	\$462	\$448	\$448	\$439
50 - 54	\$704	\$640	\$623	\$670	\$775	\$602	\$579	\$578	\$571
55 - 59	\$885	\$793	\$790	\$858	\$959	\$763	\$736	\$740	\$725
60 - 64	\$980	\$866	\$875	\$979	\$1,057	\$864	\$827	\$859	\$829
<b>Subscriber &amp; Child</b>									
Under 30	\$249	\$209	\$209	\$236	\$254	\$197	\$194	\$213	\$208
30 - 34	\$292	\$253	\$253	\$267	\$307	\$247	\$234	\$246	\$237
35 - 39	\$305	\$271	\$259	\$281	\$310	\$257	\$250	\$247	\$244
40 - 44	\$300	\$264	\$257	\$277	\$317	\$249	\$247	\$248	\$251
45 - 49	\$342	\$303	\$295	\$317	\$361	\$283	\$280	\$276	\$278
50 - 54	\$429	\$379	\$369	\$397	\$452	\$354	\$344	\$347	\$349
55 - 59	\$523	\$474	\$460	\$493	\$578	\$452	\$434	\$438	\$424
60 - 64	\$589	\$519	\$522	\$578	\$640	\$505	\$497	\$505	\$489
<b>Family</b>									
Under 30	\$387	\$320	\$320	\$371	\$393	\$324	\$306	\$328	\$322
30 - 34	\$467	\$408	\$394	\$449	\$498	\$414	\$394	\$393	\$388
35 - 39	\$530	\$456	\$432	\$485	\$544	\$439	\$429	\$429	\$411
40 - 44	\$605	\$535	\$511	\$550	\$634	\$495	\$480	\$488	\$463
45 - 49	\$677	\$599	\$589	\$620	\$727	\$566	\$553	\$559	\$535
50 - 54	\$812	\$730	\$729	\$782	\$899	\$700	\$672	\$679	\$651
55 - 59	\$1,003	\$883	\$894	\$972	\$1,111	\$866	\$831	\$839	\$804
60 - 64	\$1,089	\$958	\$953	\$1,073	\$1,187	\$938	\$909	\$936	\$905
<b>Subscriber &amp; Children</b>									
Under 30	\$319	\$264	\$264	\$308	\$321	\$273	\$269	\$271	\$266
30 - 34	\$370	\$309	\$309	\$340	\$375	\$317	\$312	\$314	\$295
35 - 39	\$376	\$329	\$319	\$345	\$381	\$308	\$299	\$304	\$287
40 - 44	\$397	\$351	\$342	\$367	\$419	\$328	\$319	\$321	\$315
45 - 49	\$435	\$384	\$379	\$418	\$476	\$373	\$358	\$361	\$346
50 - 54	\$516	\$454	\$450	\$499	\$563	\$445	\$427	\$431	\$417
55 - 59	\$628	\$537	\$533	\$608	\$677	\$538	\$523	\$529	\$507
60 - 64	\$679	\$577	\$593	\$655	\$722	\$571	\$553	\$574	\$550
<b>Single Child</b>									
0	\$202	\$171	\$169	\$172	\$180	\$151	\$154	\$165	\$157
1 - 18	\$88	\$81	\$81	\$87	\$97	\$78	\$76	\$76	\$75
<b>2 Children</b>									
0	\$279	\$248	\$240	\$264	\$298	\$232	\$229	\$235	\$237
1 - 18	\$156	\$129	\$141	\$146	\$168	\$136	\$133	\$135	\$126
<b>3+ Children</b>									
0	\$374	\$336	\$326	\$349	\$392	\$313	\$307	\$312	\$311
1 - 18	\$233	\$194	\$215	\$229	\$261	\$210	\$202	\$209	\$195

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

NOTE: For the "Subscriber & Spouse" and "Family" categories, rates are based on the age of the younger spouse (or younger domestic partner). In some cases, purchasing separate policies for each member may reduce the premium. For children-only contracts, rates are based on the age of the younger child (and the youngest child will be assigned as the subscriber).

# What the EPO Plan Does Not Cover

*Every health plan has exclusions and limitations that describe what the plans do not cover. General exclusions and limitations for the EPO health plan are described in this brochure. Please take a few moments to review this listing. We want you to understand what your coverage does not include before you enroll.*

## **Exclusions and Limitations**

- Conditions covered by Workers' Compensation or similar laws.
- Experimental or investigative care or therapy.
- Any services provided by a local, state, county or federal government agency, including any foreign government.
- Services or supplies not specifically listed as covered under the plan agreement.
- Services received before your Effective Date or during an inpatient stay that began before your Effective Date.
- 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 you are entitled to receive Medicare benefits for those services without payment of additional premium for Medicare coverage. For parts of Medicare requiring additional premium payment, services are excluded for those parts of Medicare the member has enrolled in.
- Services or supplies that are not medically necessary, as determined by Blue Cross of California.
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered).
- Any amounts in excess of the maximum amounts stated in the Maximum Comprehensive and Copay/Coinsurance Lists sections of your agreement.
- Sex change operations or related treatment and study.
- Cosmetic surgery or other services for beautification, including any complications arising from, or the result of cosmetic surgery, except for reconstructive surgery.\*
- *Does not apply to reconstructive surgery to restore a bodily function or to correct a deformity caused by injury, or medically necessary reconstructive surgery performed to restore symmetry incident to mastectomy.*
- Services primarily for weight reduction or treatment of obesity, or any care which involves weight reduction as the main method of treatment, except medically necessary treatment of morbid obesity.
- Dental care and treatment or treatment on or to the teeth and gums, unless covered under accidental injury.
- Dental implants.
- Hearing aids.
- Contraceptive drugs and/or some contraceptive devices, including Norplant and Norplant kits, except injectable contraceptives when administered by a physician. (Oral contraceptives and some contraceptive devices are covered).
- All services related to the evaluation or treatment of infertility, including all tests, consultations, medications, surgical, medical or lab procedures, and reversal of sterilization.
- Private duty nursing, including inpatient or outpatient services of a private duty nurse.
- Eyeglasses or contact lenses unless specified in your plan agreement.
- Certain eye surgeries, including those solely for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia), astigmatism, and for farsightedness (presbyopia).
- Diagnostic admissions, including inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests that could have been safely performed on an outpatient basis, and inpatient admissions primarily for diagnostic studies when inpatient bed care is not medically necessary.
- Mental and nervous disorders, substance abuse, and learning disabilities, except as specifically stated under the benefits sections of the plan agreement.
- Orthopedic shoes (except when joined to braces) or shoe inserts, except for limited benefits as stated in the Evidence of Coverage.
- Orthodontic services, braces, and other orthodontic appliances.
- No payment will be made for services or supplies for the treatment of a pre-existing condition during a period of six months following your Effective Date. This limitation does not apply to a child born or newly adopted by an enrolled subscriber or spouse. Also, if you were covered under qualifying prior coverage within 63 days of becoming covered under this Agreement, the time spent under the qualifying prior coverage will be used to satisfy, or partially satisfy, the six-month period.
- Consultations provided by telephone or fax.
- Educational services except as specifically provided or arranged by Blue Cross.
- Nutritional counseling and food supplements, except as stated in your plan agreement.
- No benefits are provided for care and treatment furnished in a non-contracting hospital, except for medical emergencies as specified in your agreement.
- Items which are furnished primarily for your personal comfort or convenience: air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for comfort, hygiene or beautification.
- Custodial care. Custodial care is care that does not require the services of trained medical or health professionals, such as, but not limited to, help in walking, getting in and out of bed, bathing, dressing, preparation and feeding of special diets, and supervision of medications that are ordinarily self-administered. Domiciliary, or rest cures for which facilities and/or services of a general acute hospital are not medically required, including resident treatment centers, are also excluded.
- Outpatient speech therapy, except following surgery, injury or otherwise as medically necessary.
- Services from a Non-Participating Provider except as specified in your Evidence of Coverage and Disclosure Form.

# 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 shared with employers. You may obtain our complete **Notice of Privacy Practices** from our Web site at [www.bluecrossca.com](http://www.bluecrossca.com). You may also call the Customer Service number listed on your member ID card or prospective members can call 1-800-333-0912.

## **Requirement for Binding Arbitration**

If you are applying for coverage, please note that 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.

## **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.

## **Medical Care Ratio**

As required by law, we are advising you that Blue Cross of California's incurred medical care ratio for 2005 was 80.87 percent. This loss ratio was calculated after provider discounts were applied.

# General Provisions

## **Mental Health Coverage**

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

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

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

For EPO 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.

# Enrollment Guidelines

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

- *age 64<sup>3/4</sup> or younger,*
- *a permanent legal resident of California, and*
- *a U.S. resident for at least the last 3 months;*
- *the applicant's spouse, age 64<sup>3/4</sup> or younger;*
- *the applicant's children, or the children of the applicant's enrolling spouse, under 19 years of age; or*
- *the applicant's unmarried dependent children between the ages of 19 and 22 ("dependent" as defined by the Internal Revenue Service).*

## **Medical Underwriting Requirement**

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

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

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

## **Waiting Periods**

For EPO 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*

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.





**BlueCross**  
of California

The EPO Plan is offered by Blue Cross of California.  
Blue Cross of California is an Independent Licensee of the Blue Cross Association (BCA).  
The Blue Cross name and symbol are registered service marks of the BCA.

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