Anthem
Blue Cross

Short-Term PPO Plans

Individual and Family
Health Care Plans for California
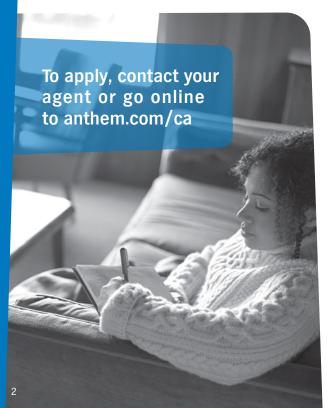
Our Short-Term Plans are Long on Benefits … for You!

· You can depend on our experience – we've been helping people get covered and stay covered for 70 years
· You get access to one of the largest provider networks in California
· You save money because we've negotiated lower fees with our network doctors and hospitals

At-a-Glance

· Coverage from 30 to 180 days
· Begin or end coverage any day of the month
· Deductibles from $250 to $2,000
· You don't need to fill out claim forms for in-network providers

To apply, contact your agent or go online to anthem.com/ca

Maximum Coverage Period

You decide the length of coverage of your Short-Term PPO Plan, from a minimum of 30 to a maximum of 180 days. This policy is non-renewable and designed to meet your health plan needs while you are between other coverage. After your Short-Term PPO Plan expires, you may complete a new application and reapply for a new plan. Note that after you have had two elections of a Short-Term Plan with less than a six-month lapse in-between, you must wait six months before you reapply for short-term coverage.

Enrollment Guidelines

To enroll, you and/or your dependents must be:

· Age 15 days to 64 years old;
· A permanent legal resident of California;
· A U.S. resident for at least the last 3 months;
· The applicant's spouse or domestic partner, age 64 or younger;
· The applicant's children (under 19 years of age), or the children (under 19 years of age) of the applicant's enrolling spouse or qualified domestic partner;
· The applicant's unmarried dependent children between the ages of 19 through 22 ("dependent" as defined by the Internal Revenue Service)
· The applicant's child (of any age) who is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition and is chiefly dependent upon the applicant for support and maintenance.

Pricing is based on a per-member, per-day rate. Please submit the entire premium with your application. For faster service, you may choose to pay by electronic check or credit card (VISA, MasterCard or Discover) and submit online or via fax to Anthem Blue Cross Life and Health Insurance Company at 800-327-9255. See application for details.

Here's the Coverage You Need.

What The Plan Covers

- Emergency care
- Hospitalization services
- Outpatient services
- Access to any doctor you want (you'll save money "in-network")
- Professional services including X-ray, lab and office visits
- Prescription drugs
- Ambulance ($1,000 benefit maximum)
- Accidental Death and Dismemberment coverage (AD&D) up to $50,000
- $3,000,000 per member maximum lifetime benefit for medical
- BlueCard® gives you access to participating doctors and medical facilities throughout the U.S.

These listings are an overview only. Refer to the policy booklet for a comprehensive list of benefits. For a sample copy of the policy booklet, ask your agent or contact Anthem Blue Cross.

Extra Value from Anthem Blue Cross to Keep You Healthy

Stay Healthy with HealthyCheck℠
Annual health care screenings are available to Anthem Blue Cross PPO members from age 7 to adult at a HealthyCheck Center. You do not have to meet your deductible first - simply pay $25 for a basic screening or $75 for a premium screening.

SpecialOffers provides information on discounts offered by independent vendors and practitioners on health related goods and services. Learn more online at anthem.com/ca - just click on "Healthy Living."

These programs are provided by Anthem Blue Cross Life and Health Insurance Company as a service to members. These services do not constitute benefits under Anthem Blue Cross Life and Health plans and are subject to change or cancellation without notice.

Short-Term PPO Plans Overview

These amounts show your share of costs after deductibles, if any.

Benefits	In-Network	Out-of-Network
Lifetime Maximum	$3,000,000	
Deductible (Waived for emergency treatment of accidental injuries)	$250, $500, $1,000, $2,000 per member, depending on plan chosen	
Out-of-Pocket Maximum	$1,000 per member, participating and non-participating combined (plus deductible)	
Professional Services Including X-ray, lab and office visits	20% of negotiated fee	20% of negotiated fee plus any excess charges
Hospital Inpatient/ Outpatient	**Preferred Participating Providers and Participating Providers:** 20% of negotiated fee	You pay all charges except $650 per day inpatient, $380 per day outpatient
Ambulatory Surgical Centers	20% of negotiated fee	You pay all charges except $380 per day
Emergency Services (Deductible waived for emergency treatment of accidental injuries) $50 copay for each visit; waived for accidents or if admitted	20% of negotiated fee	**Physician:** 20% of customary and reasonable charges plus any excess charges **Hospital:** 20% of customary and reasonable charges for the first 48 hours plus any excess charges
Ambulance Up to $1,000 maximum	20% of negotiated fee	20% of negotiated fee plus any excess charges
Prescription Drugs[1] 30-day supply; retail only; no mail-order benefits	$10 generic; $30 brand-name; brand-name drug maximum of $500 per member	**In California:** you pay all charges except 50% of drug limited fee schedule; **Outside California:** you pay drug limited fee schedule amount less copay as stated for participating pharmacies
Maternity Care	No benefits	No benefits
Physical Therapy, Occupational Therapy, Chiropractic Care $1,000 per member maximum	20% of negotiated fee	20% of negotiated fee

[1]If you request brand-name drugs, you pay the difference in cost between brand-name and generic, in addition to the brand-name copay. Generic drugs are based upon our *Generic Rx Formulary*.

What The Plan Does Not Cover

Every health plan has exclusions and limitations. These listings are an overview only. A comprehensive description of what is covered and what is not covered under the plan can be found in the policy booklet.

· No payment will be made for services or supplies for the treatment of a pre-existing condition during a period of six (6) months following your effective date. However, if you were covered under qualifying prior coverage within 63 days of becoming covered under this policy, the time spent under the qualifying prior coverage will be used to satisfy, or partially satisfy, the six-month period.

· Services or supplies that are not medically necessary, as determined by Anthem Blue Cross Life and Health.

· Experimental or investigative care or therapy.

· Services received before your effective date or during an inpatient stay that began before your effective date.

· Services received 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.

· Conditions covered by Workers' Compensation or similar laws.

· Conditions arising from any act of war, invasion, armed aggression or release of nuclear energy.

· Any services provided by a local, state, county or federal government agency including any foreign government.

· Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid.

· 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.

· Private duty nursing, including inpatient or outpatient services of a private duty nurse.

· Custodial care.

· Services provided in a facility that provides continuous skilled nursing care.

· Diagnostic admissions.

What The Plan Does Not Cover (continued)

· Dental care and treatment or treatment on or to the teeth and gums – unless covered under accidental injury. Dental implants.

· Orthodontic services, braces and other orthodontic appliances.

· Hearing aids and routine hearing tests.

· Eyeglasses and eye examinations. Certain eye surgeries including those solely for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and astigmatism.

· Cosmetic surgery[1].

· Sex change operations or related treatment and study.

· Maternity care.

· Well Baby and Well Child Care.

· All services related to the evaluation or treatment of infertility, including reversal of sterilization.

· Services primarily for weight reduction or treatment of obesity or any care which involves weight reduction as the main method of treatment.

· Orthopedic shoes (except when joined to braces) or shoe inserts.

· Items which are furnished primarily for your personal comfort or convenience.

· Consultations provided by telephone or facsimile machines.

· Nutritional counseling and food supplements except as stated in your policy agreement.

· Educational services except as specifically provided or arranged by Anthem Blue Cross Life and Health.

· Treatment furnished in a non-contracting California hospital except for a medical emergency as defined in the policy booklet.

· Routine physical exams.

· Smoking cessation.

· Durable Medical Equipment (DME).

· Outpatient drugs and medications except as stated in your policy booklet under prescription drug benefits.

· Outpatient speech therapy.

· Treatment of sexual dysfunction.

· Organ and tissue transplants.

[1]Does not apply to reconstructive surgery to restore a bodily function or to correct a deformity caused by injury or to medically necessary reconstructive surgery performed to restore symmetry incident to mastectomy.

Terms of Coverage

You must qualify for coverage under guidelines established by Anthem Blue Cross Life and Health Insurance Company. A brief review of health and claims history will be completed.

Important Note: To be eligible for a guarantee issue plan under the Health Insurance Portability and Accountability Act (HIPAA), a person must, among other things, have been most recently covered under an employer plan. A Short-Term plan is not an employer plan. Therefore, most recent coverage under a Short-Term plan will make a person ineligible for HIPAA guarantee issue plans. Please contact your agent for information about other individual coverage options.

Approved and enrolled members will receive an Anthem Blue Cross Life and Health subscriber identification (ID) card and a policy booklet. The policy gives a comprehensive description of what is covered and what is not covered under the plan and may be requested in advance by calling Customer Service at 800-333-0912.

Effective Date of Coverage

If you are approved, coverage begins at 12:01 a.m. on the date following the postmark date on the envelope, if mailed, or the day after the application is received if faxed or submitted online or on the future effective date you request.

How To Calculate Your Premium

1. Find your area, based on your county and/or ZIP code *(See pages 10-11.)*

2. Go to the rate pages for your area.
   Area 1: pages 14/15; Areas 2 and 10: pages 16/17;
   Area 3: pages 18/19; Areas 4, 6 and 11: pages 20/21;
   Area 5: pages 22/23; Areas 7, 8 and 12: pages 24/25;
   Areas 9, 13 and 14: pages 26/27

3. Locate the columns for the deductible you prefer.

4. Find the rates for each family member you're enrolling, based on age (as of the first of the month of the requested start date) and gender, and enter them in the table below
   For children:
   – If a parent or guardian will be on the policy, locate the rates for the three youngest children. Other children will not be charged.
   – If a parent or guardian will <u>not</u> be on the policy, locate the rates for the four youngest children. Other children will not be charged.

5. Add up the amounts in the Daily Premium column to get your Total Daily Premium.

6. Multiply the Total Daily Premium by the number of days you want to be covered. This is your Total Premium for your Short-Term Policy.

Premium Calculation Table

Name	Daily Premium
Policyholder	$
Spouse/domestic partner	$
Dependent Child (youngest)	$
Dependent Child #2	$
Dependent Child #3	$
Dependent Child #4 (if applicable)	$
Total Daily Premium	$
Number of Days (30 - 180) x	
= Total Premium for Policy	$

Medical rating area definitions by county

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

County	ZIP codes	Area
Alameda	95304, 95377, 95391	Area 11
	all other Alameda ZIPs	Area 3
Alpine		Area 2
Amador		Area 2
Butte		Area 3
Calaveras		Area 11
Colusa		Area 3
Contra Costa		Area 3
Del Norte		Area 10
El Dorado		Area 2
Fresno	93245, 93618	Area 7
	all other Fresno ZIPs	Area 11
Glenn		Area 3
Humboldt		Area 12
Imperial	92004, 92225, 92274	Area 6
	all other Imperial ZIPs	Area 14
Inyo	93527	Area 7
	all other Inyo ZIPs	Area 2
Kern	93536	Area 9
	93558	Area 14
	all other Kern ZIPs	Area 7
Kings	93242, 93631, 93656	Area 11
	all other Kings ZIPs	Area 7
Lake	except 95467	Area 3
	95467	Area 12
Lassen		Area 10
Los Angeles	ZIP codes beginning with 906-912, 915, 917, 918 & 935 (except 90623, 90630, 90631, 91709, 93560)	Area 9
	90623, 90630, 90631	Area 13
	91709	Area 14
	93243, 93560	Area 7
	all other Los Angeles ZIPs	Area 5
Madera		Area 11
Marin		Area 2
Mariposa		Area 11
Mendocino		Area 12
Merced		Area 11
Modoc		Area 10
Mono		Area 2
Monterey	93451	Area 8
	95076	Area 3
	all other Monterey ZIPs	Area 1
Napa	95476	Area 12
	all other Napa ZIPs	Area 3
Nevada	95977	Area 3
	all other Nevada ZIPs	Area 2
Orange	90638	Area 9
	all Orange ZIPs beginning with 926	Area 4
	all other Orange ZIPs	Area 13
Placer	95668, 95692	Area 3
	all other Placer ZIPs	Area 2
Plumas	95981	Area 3
	all other Plumas ZIPs	Area 10

Riverside	92883	Area 13
	92028 and ZIP codes beginning with 922 except 92248	Area 6
	91752, 92248 and all other Riverside ZIPs beginning with 923-928 except 92883	Area 14
Sacramento	94571	Area 3
	all other Sacramento ZIPs	Area 2
San Benito	93930, 95004	Area 1
	all other San Benito ZIPs	Area 11
San Bernardino	91766, 91792	Area 9
	93516, 93555	Area 7
	all other San Bernardino ZIPs	Area 14
San Diego		Area 6
San Francisco		Area 3
San Joaquin	94514	Area 3
	95632, 95690	Area 2
	all other San Joaquin ZIPs	Area 11
San Luis Obispo	93252	Area 7
	93426	Area 1
	all other San Luis Obispo ZIPs	Area 8
San Mateo		Area 2
Santa Barbara	93252	Area 7
	all other Santa Barbara ZIPs	Area 8
Santa Clara	94303	Area 2
	95023	Area 11
	ZIPs beginning with 950-951 except 95023, 95076	Area 12
	all other Santa Clara ZIPs	Area 3
Santa Cruz	95033	Area 12
	all other Santa Cruz ZIPs	Area 3
Shasta		Area 10
Sierra	95922	Area 3
	95960	Area 2
	all other Sierra ZIPs	Area 10
Siskiyou		Area 10
Solano	95690	Area 2
	all other Solano ZIPs	Area 3
Sonoma	94515	Area 3
	all other Sonoma ZIPs	Area 12
Stanislaus		Area 11
Sutter	95626, 95648, 95837	Area 2
	all other Sutter ZIPs	Area 3
Tehama	95963, 95973	Area 3
	all other Tehama ZIPs	Area 10
Trinity	95526	Area 12
	all other Trinity ZIPs	Area 10
Tulare	93631, 93641, 93646, 93654	Area 11
	all other Tulare ZIPs	Area 7
Tuolumne		Area 11
Ventura	90265 and ZIP codes beginning with 913	Area 5
	93252	Area 7
	all other Ventura ZIPs	Area 8
Yolo		Area 3
Yuba	95960	Area 2
	all other Yuba ZIPs	Area 3

Medical rating area definitions by area

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

AREA 1: Monterey (except 93451, 95076), San Benito (93930, 95004 only), San Luis Obispo (93426 only)

AREA 2: Alpine, Amador, El Dorado, Inyo (except 93527), Marin, Mono, Nevada (except 95977), Placer (except 95668, 95692), Sacramento (except 94571), San Joaquin (95632, 95690 only), San Mateo, Santa Clara (94303 only), Sierra (95960 only), Solano (95690 only), Sutter (95626, 95648, 95837 only), Yuba (95960 only)

AREA 3: Alameda (except 95304, 95377, 95391), Butte, Colusa, Contra Costa, Glenn, Lake (except 95467), Monterey (95076 only), Napa (except 95476), Nevada (95977 only), Placer (95668, 95692 only), Plumas (95981 only), Sacramento (94571 only), San Francisco, San Joaquin (94514 only), Santa Clara (94550, 95076 and ZIP codes starting with 940-943 except 94303), Santa Cruz (except 95033), Sierra (95922 only), Solano (except 95690), Sonoma (94515 only), Sutter (except 95626, 95648, 95837), Tehama (95963, 95973 only), Yolo, Yuba (except 95960)

AREA 4: Orange (ZIP codes starting with 926)

AREA 5: Los Angeles (except 93243 and except ZIP codes starting with 906-912, 915, 917, 918 & 935), Ventura (90265 and ZIP codes starting with 913 only)

AREA 6: Imperial (92004, 92225, 92274 only), Riverside (92028 and Zip Codes starting with 922 except 92248), San Diego

AREA 7: Fresno (93245, 93618 only), Inyo (93527 only), Kern (except 93536, 93558), Kings (except 93242, 93631, 93656), Los Angeles (93243, 93560 only), San Bernardino (93516, 93555 only), San Luis Obispo (93252 only), Santa Barbara (93252 only), Tulare (except 93631, 93641, 93646, 93654), Ventura (93252 only)

AREA 8: Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes starting with 913)

AREA 9: Kern (93536 only), Los Angeles (ZIP codes starting with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560), Orange (90638 only), San Bernardino (91766, 91792 only)

AREA 10: Del Norte, Lassen, Modoc, Plumas (except 95981), Shasta, Sierra (except 95922, 95960), Siskiyou, Tehama (except 95963, 95973), Trinity (except 95526)

AREA 11: Alameda (95304, 95377, 95391 only), Calaveras, Fresno (except 93245, 93618), Kings (93242, 93631, 93656 only), Madera, Mariposa, Merced, San Benito (except 93930, 95004), San Joaquin (except 94514, 95632, 95690), Santa Clara (95023 only), Stanislaus, Tulare (93631, 93641, 93646, 93654 only), Tuolumne

AREA 12: Humboldt, Lake (95467 only), Mendocino, Napa (95476 only), Santa Clara (ZIP codes starting with 950-951 except 95023, 95076), Santa Cruz (95033 only), Sonoma (except 94515), Trinity (95526 only)

AREA 13: Los Angeles (90623, 90630, 90631 only), Orange (except 90638 and except ZIP codes starting with 926), Riverside (92883 only)

AREA 14: Imperial (except 92004, 92225, 92274), Kern (93558 only), Los Angeles (91709 only), Riverside (91752, 92248, and ZIP codes starting with 923-928 except 92883), San Bernardino (except 91766, 91792, 93516, 93555)

Short-Term PPO Plan Per-Day Rates
Area 1

Age	$250 Deductible		$500 Deductible	
	Male	Female	Male	Female
Under 1	12.69	12.69	8.30	8.30
1	10.29	10.29	6.67	6.67
2	8.01	8.01	5.12	5.12
3	5.94	5.94	3.74	3.74
4	4.31	4.31	2.64	2.64
5	3.29	3.29	1.95	1.95
6	3.01	3.05	1.79	1.79
7	3.01	3.05	1.79	1.79
8	3.01	3.05	1.79	1.79
9	4.59	4.59	2.93	2.93
10	5.12	5.08	3.29	3.25
11	5.53	5.41	3.58	3.50
12	5.77	5.61	3.78	3.62
13	5.94	5.73	3.90	3.70
14	6.06	5.73	3.98	3.74
15	6.14	5.77	4.02	3.74
16	6.14	5.77	4.07	3.74
17	6.14	5.77	4.07	3.74
18	6.14	5.77	4.07	3.74
19	6.14	5.82	4.07	3.78
20	6.14	5.86	4.07	3.82
21	6.14	5.94	4.07	3.86
22	6.14	6.02	4.07	3.94
23	6.14	6.14	4.07	4.02
24	6.14	6.22	4.07	4.07
25	6.14	6.34	4.07	4.15
26	6.14	6.43	4.07	4.23
27	6.26	6.55	4.11	4.27
28	6.47	6.71	4.27	4.35
29	6.63	6.87	4.35	4.47
30	6.75	7.08	4.43	4.59
31	6.87	7.28	4.51	4.72
32	7.00	7.48	4.59	4.88
33	7.16	7.73	4.68	5.04
34	7.36	7.97	4.84	5.20
35	7.61	8.26	4.96	5.37
36	7.85	8.50	5.12	5.57
37	8.09	8.79	5.29	5.73
38	8.34	9.07	5.45	5.94
39	8.54	9.32	5.57	6.10
40	8.79	9.60	5.73	6.30
41	8.99	9.93	5.90	6.51
42	9.27	10.21	6.06	6.71
43	9.56	10.54	6.22	6.91
44	9.93	10.90	6.47	7.12
45	10.29	11.27	6.71	7.36
46	10.74	11.64	7.04	7.61
47	11.27	12.04	7.36	7.89
48	11.84	12.45	7.73	8.14
49	12.45	12.94	8.14	8.42
50	13.10	13.43	8.58	8.75
51	13.83	13.96	9.07	9.11
52	14.57	14.52	9.52	9.48
53	15.30	15.18	10.05	9.89
54	16.07	15.83	10.54	10.33
55	16.89	16.60	11.07	10.82
56	17.70	17.37	11.59	11.35
57	18.59	18.23	12.21	11.92
58	19.49	19.12	12.77	12.49
59	20.43	20.06	13.39	13.10
60	21.36	20.96	14.00	13.71
61	22.22	21.85	14.57	14.24
62	23.03	22.62	15.05	14.77
63	23.68	23.32	15.50	15.22
64	24.29	23.89	15.91	15.58

$1,000 Deductible		$2,000 Deductible		
Male	Female	Male	Female	Age
6.63	6.63	5.65	5.65	Under 1
5.29	5.29	4.51	4.51	1
4.02	4.02	3.41	3.41	2
2.88	2.88	2.44	2.44	3
1.99	1.99	1.66	1.66	4
1.46	1.46	1.18	1.18	5
1.30	1.30	1.05	1.05	6
1.30	1.30	1.05	1.05	7
1.30	1.30	1.05	1.05	8
2.27	2.27	1.91	1.91	9
2.60	2.56	2.19	2.15	10
2.84	2.76	2.40	2.36	11
3.01	2.88	2.56	2.44	12
3.13	2.93	2.68	2.48	13
3.17	2.97	2.72	2.52	14
3.25	2.97	2.76	2.52	15
3.25	2.97	2.80	2.52	16
3.25	2.97	2.80	2.52	17
3.25	2.97	2.80	2.52	18
3.25	3.01	2.80	2.52	19
3.25	3.01	2.80	2.56	20
3.25	3.09	2.80	2.60	21
3.25	3.13	2.80	2.68	22
3.25	3.21	2.80	2.72	23
3.25	3.25	2.80	2.76	24
3.25	3.33	2.80	2.80	25
3.25	3.37	2.80	2.84	26
3.29	3.41	2.84	2.88	27
3.45	3.50	2.93	2.93	28
3.54	3.58	3.01	3.01	29
3.58	3.66	3.05	3.09	30
3.62	3.78	3.09	3.21	31
3.70	3.90	3.13	3.29	32
3.78	4.07	3.21	3.41	33
3.90	4.19	3.29	3.54	34
3.98	4.31	3.41	3.66	35
4.15	4.47	3.54	3.78	36
4.27	4.59	3.62	3.90	37
4.35	4.76	3.70	4.02	38
4.47	4.88	3.82	4.15	39
4.55	5.04	3.90	4.27	40
4.68	5.20	3.98	4.43	41
4.84	5.37	4.11	4.59	42
5.00	5.53	4.27	4.72	43
5.16	5.69	4.43	4.88	44
5.37	5.90	4.59	5.04	45
5.61	6.10	4.84	5.20	46
5.90	6.30	5.04	5.37	47
6.22	6.51	5.33	5.53	48
6.55	6.75	5.61	5.73	49
6.91	7.00	5.94	5.94	50
7.28	7.24	6.26	6.14	51
7.65	7.52	6.59	6.38	52
8.05	7.85	6.91	6.67	53
8.46	8.22	7.28	6.95	54
8.87	8.58	7.65	7.32	55
9.32	8.99	8.01	7.65	56
9.76	9.44	8.38	8.05	57
10.25	9.93	8.79	8.46	58
10.74	10.41	9.19	8.87	59
11.19	10.90	9.60	9.27	60
11.64	11.35	9.97	9.64	61
12.04	11.76	10.33	10.01	62
12.41	12.12	10.62	10.33	63
12.73	12.41	10.86	10.58	64

Short-Term PPO Plan Per-Day Rates
Area 2, Area 10

Age	$250 Deductible Male	$250 Deductible Female	$500 Deductible Male	$500 Deductible Female
Under 1	11.34	11.34	7.41	7.41
1	9.19	9.19	5.96	5.96
2	7.16	7.16	4.58	4.58
3	5.30	5.30	3.34	3.34
4	3.85	3.85	2.36	2.36
5	2.94	2.94	1.74	1.74
6	2.69	2.72	1.59	1.59
7	2.69	2.72	1.59	1.59
8	2.69	2.72	1.59	1.59
9	4.10	4.10	2.61	2.61
10	4.58	4.54	2.94	2.90
11	4.94	4.83	3.19	3.12
12	5.16	5.01	3.38	3.23
13	5.30	5.12	3.49	3.30
14	5.41	5.12	3.56	3.34
15	5.49	5.16	3.59	3.34
16	5.49	5.16	3.63	3.34
17	5.49	5.16	3.63	3.34
18	5.49	5.16	3.63	3.34
19	5.49	5.19	3.63	3.38
20	5.49	5.23	3.63	3.41
21	5.49	5.30	3.63	3.45
22	5.49	5.38	3.63	3.52
23	5.49	5.49	3.63	3.59
24	5.49	5.56	3.63	3.63
25	5.49	5.67	3.63	3.70
26	5.49	5.74	3.63	3.78
27	5.59	5.85	3.67	3.81
28	5.78	5.99	3.81	3.89
29	5.92	6.14	3.89	3.99
30	6.03	6.32	3.96	4.10
31	6.14	6.50	4.03	4.21
32	6.25	6.69	4.10	4.36
33	6.39	6.90	4.18	4.50
34	6.58	7.12	4.32	4.65
35	6.79	7.38	4.43	4.79
36	7.01	7.59	4.58	4.98
37	7.23	7.85	4.72	5.12
38	7.45	8.10	4.87	5.30
39	7.63	8.32	4.98	5.45
40	7.85	8.58	5.12	5.63
41	8.03	8.87	5.27	5.81
42	8.29	9.12	5.41	5.99
43	8.54	9.41	5.56	6.18
44	8.87	9.74	5.78	6.36
45	9.19	10.07	5.99	6.58
46	9.59	10.39	6.29	6.79
47	10.07	10.76	6.58	7.05
48	10.58	11.12	6.90	7.27
49	11.12	11.56	7.27	7.52
50	11.70	11.99	7.67	7.81
51	12.36	12.47	8.10	8.14
52	13.01	12.98	8.50	8.47
53	13.67	13.56	8.98	8.83
54	14.36	14.14	9.41	9.23
55	15.09	14.83	9.89	9.67
56	15.81	15.52	10.36	10.14
57	16.61	16.29	10.90	10.65
58	17.41	17.09	11.41	11.16
59	18.25	17.92	11.96	11.70
60	19.09	18.72	12.50	12.25
61	19.85	19.52	13.01	12.72
62	20.58	20.21	13.45	13.19
63	21.16	20.83	13.85	13.59
64	21.70	21.34	14.21	13.92

$1,000 Deductible		$2,000 Deductible		
Male	Female	Male	Female	Age
5.92	5.92	5.05	5.05	Under 1
4.72	4.72	4.03	4.03	1
3.59	3.59	3.05	3.05	2
2.58	2.58	2.18	2.18	3
1.78	1.78	1.49	1.49	4
1.30	1.30	1.05	1.05	5
1.16	1.16	0.94	0.94	6
1.16	1.16	0.94	0.94	7
1.16	1.16	0.94	0.94	8
2.03	2.03	1.70	1.70	9
2.32	2.29	1.96	1.92	10
2.54	2.47	2.14	2.10	11
2.69	2.58	2.29	2.18	12
2.79	2.61	2.39	2.21	13
2.83	2.65	2.43	2.25	14
2.90	2.65	2.47	2.25	15
2.90	2.65	2.50	2.25	16
2.90	2.65	2.50	2.25	17
2.90	2.65	2.50	2.25	18
2.90	2.69	2.50	2.25	19
2.90	2.69	2.50	2.29	20
2.90	2.76	2.50	2.32	21
2.90	2.79	2.50	2.39	22
2.90	2.87	2.50	2.43	23
2.90	2.90	2.50	2.47	24
2.90	2.98	2.50	2.50	25
2.90	3.01	2.50	2.54	26
2.94	3.05	2.54	2.58	27
3.09	3.12	2.61	2.61	28
3.16	3.19	2.69	2.69	29
3.19	3.27	2.72	2.76	30
3.23	3.38	2.76	2.87	31
3.30	3.49	2.79	2.94	32
3.38	3.63	2.87	3.05	33
3.49	3.74	2.94	3.16	34
3.56	3.85	3.05	3.27	35
3.70	3.99	3.16	3.38	36
3.81	4.10	3.23	3.49	37
3.89	4.25	3.30	3.59	38
3.99	4.36	3.41	3.70	39
4.07	4.50	3.49	3.81	40
4.18	4.65	3.56	3.96	41
4.32	4.79	3.67	4.10	42
4.47	4.94	3.81	4.21	43
4.61	5.09	3.96	4.36	44
4.79	5.27	4.10	4.50	45
5.01	5.45	4.32	4.65	46
5.27	5.63	4.50	4.79	47
5.56	5.81	4.76	4.94	48
5.85	6.03	5.01	5.12	49
6.18	6.25	5.30	5.30	50
6.50	6.47	5.59	5.49	51
6.83	6.72	5.89	5.70	52
7.19	7.01	6.18	5.96	53
7.56	7.34	6.50	6.21	54
7.92	7.67	6.83	6.54	55
8.32	8.03	7.16	6.83	56
8.72	8.43	7.49	7.19	57
9.16	8.87	7.85	7.56	58
9.59	9.30	8.21	7.92	59
9.99	9.74	8.58	8.29	60
10.39	10.14	8.90	8.61	61
10.76	10.50	9.23	8.94	62
11.09	10.83	9.49	9.23	63
11.38	11.09	9.70	9.45	64

Short-Term PPO Plan Per-Day Rates
Area 3

Age	$250 Deductible		$500 Deductible	
	Male	Female	Male	Female
Under 1	10.61	10.61	6.94	6.94
1	8.60	8.60	5.58	5.58
2	6.70	6.70	4.28	4.28
3	4.96	4.96	3.13	3.13
4	3.60	3.60	2.21	2.21
5	2.75	2.75	1.63	1.63
6	2.51	2.55	1.49	1.49
7	2.51	2.55	1.49	1.49
8	2.51	2.55	1.49	1.49
9	3.84	3.84	2.44	2.44
10	4.28	4.25	2.75	2.72
11	4.62	4.52	2.99	2.92
12	4.83	4.69	3.16	3.02
13	4.96	4.79	3.26	3.09
14	5.06	4.79	3.33	3.13
15	5.13	4.83	3.36	3.13
16	5.13	4.83	3.40	3.13
17	5.13	4.83	3.40	3.13
18	5.13	4.83	3.40	3.13
19	5.13	4.86	3.40	3.16
20	5.13	4.89	3.40	3.19
21	5.13	4.96	3.40	3.23
22	5.13	5.03	3.40	3.30
23	5.13	5.13	3.40	3.36
24	5.13	5.20	3.40	3.40
25	5.13	5.30	3.40	3.47
26	5.13	5.37	3.40	3.53
27	5.24	5.47	3.43	3.57
28	5.41	5.61	3.57	3.64
29	5.54	5.75	3.64	3.74
30	5.64	5.92	3.70	3.84
31	5.75	6.09	3.77	3.94
32	5.85	6.26	3.84	4.08
33	5.98	6.46	3.91	4.21
34	6.15	6.66	4.04	4.35
35	6.36	6.90	4.15	4.49
36	6.56	7.11	4.28	4.66
37	6.77	7.34	4.42	4.79
38	6.97	7.58	4.55	4.96
39	7.14	7.79	4.66	5.10
40	7.34	8.03	4.79	5.27
41	7.51	8.30	4.93	5.44
42	7.75	8.54	5.06	5.61
43	7.99	8.81	5.20	5.78
44	8.30	9.11	5.41	5.95
45	8.60	9.42	5.61	6.15
46	8.98	9.73	5.88	6.36
47	9.42	10.07	6.15	6.60
48	9.90	10.41	6.46	6.80
49	10.41	10.82	6.80	7.04
50	10.95	11.22	7.17	7.31
51	11.56	11.67	7.58	7.62
52	12.18	12.14	7.96	7.92
53	12.79	12.69	8.40	8.26
54	13.44	13.23	8.81	8.64
55	14.12	13.88	9.25	9.05
56	14.80	14.52	9.69	9.49
57	15.55	15.24	10.20	9.96
58	16.29	15.99	10.68	10.44
59	17.08	16.77	11.19	10.95
60	17.86	17.52	11.70	11.46
61	18.57	18.27	12.18	11.90
62	19.25	18.91	12.58	12.35
63	19.80	19.49	12.96	12.72
64	20.31	19.97	13.30	13.03

$1,000 Deductible		$2,000 Deductible		
Male	Female	Male	Female	Age
5.54	5.54	4.72	4.72	Under 1
4.42	4.42	3.77	3.77	1
3.36	3.36	2.85	2.85	2
2.41	2.41	2.04	2.04	3
1.66	1.66	1.39	1.39	4
1.22	1.22	0.98	0.98	5
1.08	1.08	0.88	0.88	6
1.08	1.08	0.88	0.88	7
1.08	1.08	0.88	0.88	8
1.90	1.90	1.59	1.59	9
2.17	2.14	1.83	1.80	10
2.38	2.31	2.00	1.97	11
2.51	2.41	2.14	2.04	12
2.62	2.44	2.24	2.07	13
2.65	2.48	2.27	2.10	14
2.72	2.48	2.31	2.10	15
2.72	2.48	2.34	2.10	16
2.72	2.48	2.34	2.10	17
2.72	2.48	2.34	2.10	18
2.72	2.51	2.34	2.10	19
2.72	2.51	2.34	2.14	20
2.72	2.58	2.34	2.17	21
2.72	2.62	2.34	2.24	22
2.72	2.68	2.34	2.27	23
2.72	2.72	2.34	2.31	24
2.72	2.79	2.34	2.34	25
2.72	2.82	2.34	2.38	26
2.75	2.85	2.38	2.41	27
2.89	2.92	2.44	2.44	28
2.96	2.99	2.51	2.51	29
2.99	3.06	2.55	2.58	30
3.02	3.16	2.58	2.68	31
3.09	3.26	2.62	2.75	32
3.16	3.40	2.68	2.85	33
3.26	3.50	2.75	2.96	34
3.33	3.60	2.85	3.06	35
3.47	3.74	2.96	3.16	36
3.57	3.84	3.02	3.26	37
3.64	3.98	3.09	3.36	38
3.74	4.08	3.19	3.47	39
3.81	4.21	3.26	3.57	40
3.91	4.35	3.33	3.70	41
4.04	4.49	3.43	3.84	42
4.18	4.62	3.57	3.94	43
4.32	4.76	3.70	4.08	44
4.49	4.93	3.84	4.21	45
4.69	5.10	4.04	4.35	46
4.93	5.27	4.21	4.49	47
5.20	5.44	4.45	4.62	48
5.47	5.64	4.69	4.79	49
5.78	5.85	4.96	4.96	50
6.09	6.05	5.24	5.13	51
6.39	6.29	5.51	5.34	52
6.73	6.56	5.78	5.58	53
7.07	6.87	6.09	5.81	54
7.41	7.17	6.39	6.12	55
7.79	7.51	6.70	6.39	56
8.16	7.89	7.00	6.73	57
8.57	8.30	7.34	7.07	58
8.98	8.71	7.69	7.41	59
9.35	9.11	8.03	7.75	60
9.73	9.49	8.33	8.06	61
10.07	9.83	8.64	8.37	62
10.37	10.13	8.88	8.64	63
10.65	10.37	9.08	8.84	64

Short-Term PPO Plan Per-Day Rates
Area 4, Area 6, Area 11

Age	$250 Deductible		$500 Deductible	
	Male	Female	Male	Female
Under 1	10.20	10.20	6.66	6.66
1	8.27	8.27	5.36	5.36
2	6.44	6.44	4.11	4.11
3	4.77	4.77	3.00	3.00
4	3.46	3.46	2.12	2.12
5	2.64	2.64	1.56	1.56
6	2.41	2.45	1.43	1.43
7	2.41	2.45	1.43	1.43
8	2.41	2.45	1.43	1.43
9	3.69	3.69	2.35	2.35
10	4.11	4.08	2.64	2.61
11	4.44	4.34	2.87	2.81
12	4.64	4.51	3.04	2.90
13	4.77	4.60	3.13	2.97
14	4.87	4.60	3.20	3.00
15	4.93	4.64	3.23	3.00
16	4.93	4.64	3.26	3.00
17	4.93	4.64	3.26	3.00
18	4.93	4.64	3.26	3.00
19	4.93	4.67	3.26	3.04
20	4.93	4.70	3.26	3.07
21	4.93	4.77	3.26	3.10
22	4.93	4.83	3.26	3.17
23	4.93	4.93	3.26	3.23
24	4.93	5.00	3.26	3.26
25	4.93	5.10	3.26	3.33
26	4.93	5.16	3.26	3.40
27	5.03	5.26	3.30	3.43
28	5.19	5.39	3.43	3.49
29	5.32	5.52	3.49	3.59
30	5.42	5.68	3.56	3.69
31	5.52	5.85	3.62	3.79
32	5.62	6.01	3.69	3.92
33	5.75	6.21	3.75	4.05
34	5.91	6.40	3.89	4.18
35	6.11	6.63	3.98	4.31
36	6.30	6.83	4.11	4.47
37	6.50	7.06	4.25	4.60
38	6.70	7.29	4.38	4.77
39	6.86	7.48	4.47	4.90
40	7.06	7.71	4.60	5.06
41	7.22	7.97	4.74	5.23
42	7.45	8.20	4.87	5.39
43	7.68	8.46	5.00	5.55
44	7.97	8.76	5.19	5.72
45	8.27	9.05	5.39	5.91
46	8.63	9.35	5.65	6.11
47	9.05	9.67	5.91	6.34
48	9.51	10.00	6.21	6.53
49	10.00	10.39	6.53	6.76
50	10.52	10.78	6.89	7.02
51	11.11	11.21	7.29	7.32
52	11.70	11.67	7.65	7.61
53	12.29	12.19	8.07	7.94
54	12.91	12.71	8.46	8.30
55	13.56	13.33	8.89	8.69
56	14.22	13.96	9.31	9.12
57	14.94	14.64	9.80	9.57
58	15.66	15.36	10.26	10.03
59	16.41	16.11	10.75	10.52
60	17.16	16.83	11.24	11.01
61	17.85	17.55	11.70	11.44
62	18.50	18.17	12.09	11.86
63	19.02	18.73	12.45	12.22
64	19.51	19.19	12.78	12.52

$1,000 Deductible		$2,000 Deductible		
Male	Female	Male	Female	Age
5.32	5.32	4.54	4.54	Under 1
4.25	4.25	3.62	3.62	1
3.23	3.23	2.74	2.74	2
2.32	2.32	1.96	1.96	3
1.60	1.60	1.34	1.34	4
1.17	1.17	0.94	0.94	5
1.04	1.04	0.85	0.85	6
1.04	1.04	0.85	0.85	7
1.04	1.04	0.85	0.85	8
1.83	1.83	1.53	1.53	9
2.09	2.05	1.76	1.73	10
2.28	2.22	1.92	1.89	11
2.41	2.32	2.05	1.96	12
2.51	2.35	2.15	1.99	13
2.55	2.38	2.19	2.02	14
2.61	2.38	2.22	2.02	15
2.61	2.38	2.25	2.02	16
2.61	2.38	2.25	2.02	17
2.61	2.38	2.25	2.02	18
2.61	2.41	2.25	2.02	19
2.61	2.41	2.25	2.05	20
2.61	2.48	2.25	2.09	21
2.61	2.51	2.25	2.15	22
2.61	2.58	2.25	2.19	23
2.61	2.61	2.25	2.22	24
2.61	2.68	2.25	2.25	25
2.61	2.71	2.25	2.28	26
2.64	2.74	2.28	2.32	27
2.77	2.81	2.35	2.35	28
2.84	2.87	2.41	2.41	29
2.87	2.94	2.45	2.48	30
2.90	3.04	2.48	2.58	31
2.97	3.13	2.51	2.64	32
3.04	3.26	2.58	2.74	33
3.13	3.36	2.64	2.84	34
3.20	3.46	2.74	2.94	35
3.33	3.59	2.84	3.04	36
3.43	3.69	2.90	3.13	37
3.49	3.82	2.97	3.23	38
3.59	3.92	3.07	3.33	39
3.66	4.05	3.13	3.43	40
3.75	4.18	3.20	3.56	41
3.89	4.31	3.30	3.69	42
4.02	4.44	3.43	3.79	43
4.15	4.57	3.56	3.92	44
4.31	4.74	3.69	4.05	45
4.51	4.90	3.89	4.18	46
4.74	5.06	4.05	4.31	47
5.00	5.23	4.28	4.44	48
5.26	5.42	4.51	4.60	49
5.55	5.62	4.77	4.77	50
5.85	5.81	5.03	4.93	51
6.14	6.04	5.29	5.13	52
6.47	6.30	5.55	5.36	53
6.80	6.60	5.85	5.59	54
7.12	6.89	6.14	5.88	55
7.48	7.22	6.44	6.14	56
7.84	7.58	6.73	6.47	57
8.23	7.97	7.06	6.80	58
8.63	8.36	7.38	7.12	59
8.99	8.76	7.71	7.45	60
9.35	9.12	8.00	7.74	61
9.67	9.44	8.30	8.04	62
9.97	9.74	8.53	8.30	63
10.23	9.97	8.72	8.50	64

Short-Term PPO Plan Per-Day Rates
Area 5

Age	$250 Deductible		$500 Deductible	
	Male	Female	Male	Female
Under 1	12.07	12.07	7.89	7.89
1	9.79	9.79	6.34	6.34
2	7.62	7.62	4.87	4.87
3	5.64	5.64	3.56	3.56
4	4.10	4.10	2.51	2.51
5	3.13	3.13	1.85	1.85
6	2.86	2.90	1.70	1.70
7	2.86	2.90	1.70	1.70
8	2.86	2.90	1.70	1.70
9	4.37	4.37	2.78	2.78
10	4.87	4.83	3.13	3.09
11	5.26	5.14	3.40	3.32
12	5.49	5.34	3.59	3.44
13	5.64	5.45	3.71	3.52
14	5.76	5.45	3.79	3.56
15	5.84	5.49	3.83	3.56
16	5.84	5.49	3.86	3.56
17	5.84	5.49	3.86	3.56
18	5.84	5.49	3.86	3.56
19	5.84	5.53	3.86	3.59
20	5.84	5.57	3.86	3.63
21	5.84	5.64	3.86	3.67
22	5.84	5.72	3.86	3.75
23	5.84	5.84	3.86	3.83
24	5.84	5.92	3.86	3.86
25	5.84	6.03	3.86	3.94
26	5.84	6.11	3.86	4.02
27	5.95	6.23	3.90	4.06
28	6.15	6.38	4.06	4.14
29	6.30	6.53	4.14	4.25
30	6.42	6.73	4.21	4.37
31	6.53	6.92	4.29	4.48
32	6.65	7.12	4.37	4.64
33	6.81	7.35	4.45	4.79
34	7.00	7.58	4.60	4.95
35	7.23	7.85	4.72	5.10
36	7.46	8.08	4.87	5.30
37	7.70	8.35	5.03	5.45
38	7.93	8.62	5.18	5.64
39	8.12	8.86	5.30	5.80
40	8.35	9.13	5.45	5.99
41	8.55	9.44	5.61	6.19
42	8.82	9.71	5.76	6.38
43	9.09	10.02	5.92	6.57
44	9.44	10.37	6.15	6.77
45	9.79	10.71	6.38	7.00
46	10.21	11.06	6.69	7.23
47	10.71	11.45	7.00	7.50
48	11.26	11.84	7.35	7.73
49	11.84	12.30	7.73	8.01
50	12.46	12.76	8.16	8.31
51	13.15	13.27	8.62	8.66
52	13.85	13.81	9.05	9.01
53	14.54	14.43	9.55	9.40
54	15.28	15.05	10.02	9.82
55	16.05	15.78	10.52	10.29
56	16.83	16.52	11.02	10.79
57	17.68	17.33	11.60	11.33
58	18.53	18.18	12.15	11.87
59	19.42	19.07	12.73	12.46
60	20.31	19.92	13.31	13.04
61	21.12	20.78	13.85	13.54
62	21.90	21.51	14.31	14.04
63	22.52	22.17	14.74	14.47
64	23.10	22.71	15.13	14.82

$1,000 Deductible		$2,000 Deductible		
Male	Female	Male	Female	Age
6.30	6.30	5.37	5.37	Under 1
5.03	5.03	4.29	4.29	1
3.83	3.83	3.25	3.25	2
2.74	2.74	2.32	2.32	3
1.89	1.89	1.58	1.58	4
1.39	1.39	1.12	1.12	5
1.23	1.23	1.00	1.00	6
1.23	1.23	1.00	1.00	7
1.23	1.23	1.00	1.00	8
2.16	2.16	1.81	1.81	9
2.47	2.43	2.08	2.05	10
2.70	2.63	2.28	2.24	11
2.86	2.74	2.43	2.32	12
2.97	2.78	2.55	2.36	13
3.01	2.82	2.59	2.39	14
3.09	2.82	2.63	2.39	15
3.09	2.82	2.67	2.39	16
3.09	2.82	2.67	2.39	17
3.09	2.82	2.67	2.39	18
3.09	2.86	2.67	2.39	19
3.09	2.86	2.67	2.43	20
3.09	2.94	2.67	2.47	21
3.09	2.97	2.67	2.55	22
3.09	3.05	2.67	2.59	23
3.09	3.09	2.67	2.63	24
3.09	3.17	2.67	2.67	25
3.09	3.21	2.67	2.70	26
3.13	3.25	2.70	2.74	27
3.28	3.32	2.78	2.78	28
3.36	3.40	2.86	2.86	29
3.40	3.48	2.90	2.94	30
3.44	3.59	2.94	3.05	31
3.52	3.71	2.97	3.13	32
3.59	3.86	3.05	3.25	33
3.71	3.98	3.13	3.36	34
3.79	4.10	3.25	3.48	35
3.94	4.25	3.36	3.59	36
4.06	4.37	3.44	3.71	37
4.14	4.52	3.52	3.83	38
4.25	4.64	3.63	3.94	39
4.33	4.79	3.71	4.06	40
4.45	4.95	3.79	4.21	41
4.60	5.10	3.90	4.37	42
4.75	5.26	4.06	4.48	43
4.91	5.41	4.21	4.64	44
5.10	5.61	4.37	4.79	45
5.34	5.80	4.60	4.95	46
5.61	5.99	4.79	5.10	47
5.92	6.19	5.06	5.26	48
6.23	6.42	5.34	5.45	49
6.57	6.65	5.64	5.64	50
6.92	6.88	5.95	5.84	51
7.27	7.15	6.26	6.07	52
7.66	7.46	6.57	6.34	53
8.04	7.81	6.92	6.61	54
8.43	8.16	7.27	6.96	55
8.86	8.55	7.62	7.27	56
9.28	8.97	7.97	7.66	57
9.75	9.44	8.35	8.04	58
10.21	9.90	8.74	8.43	59
10.64	10.37	9.13	8.82	60
11.06	10.79	9.48	9.17	61
11.45	11.18	9.82	9.51	62
11.80	11.53	10.09	9.82	63
12.11	11.80	10.33	10.06	64

Short-Term PPO Plan Per-Day Rates
Area 7, Area 8, Area 12

Age	$250 Deductible		$500 Deductible	
	Male	Female	Male	Female
Under 1	9.47	9.47	6.19	6.19
1	7.68	7.68	4.97	4.97
2	5.98	5.98	3.82	3.82
3	4.43	4.43	2.79	2.79
4	3.21	3.21	1.97	1.97
5	2.45	2.45	1.45	1.45
6	2.24	2.27	1.33	1.33
7	2.24	2.27	1.33	1.33
8	2.24	2.27	1.33	1.33
9	3.43	3.43	2.18	2.18
10	3.82	3.79	2.45	2.42
11	4.12	4.03	2.67	2.61
12	4.31	4.18	2.82	2.70
13	4.43	4.28	2.91	2.76
14	4.52	4.28	2.97	2.79
15	4.58	4.31	3.00	2.79
16	4.58	4.31	3.03	2.79
17	4.58	4.31	3.03	2.79
18	4.58	4.31	3.03	2.79
19	4.58	4.34	3.03	2.82
20	4.58	4.37	3.03	2.85
21	4.58	4.43	3.03	2.88
22	4.58	4.49	3.03	2.94
23	4.58	4.58	3.03	3.00
24	4.58	4.64	3.03	3.03
25	4.58	4.73	3.03	3.09
26	4.58	4.79	3.03	3.15
27	4.67	4.88	3.06	3.18
28	4.82	5.00	3.18	3.24
29	4.94	5.13	3.24	3.33
30	5.03	5.28	3.30	3.43
31	5.13	5.43	3.36	3.52
32	5.22	5.58	3.43	3.64
33	5.34	5.76	3.49	3.76
34	5.49	5.94	3.61	3.88
35	5.67	6.16	3.70	4.00
36	5.85	6.34	3.82	4.15
37	6.04	6.55	3.94	4.28
38	6.22	6.76	4.06	4.43
39	6.37	6.95	4.15	4.55
40	6.55	7.16	4.28	4.70
41	6.70	7.40	4.40	4.85
42	6.92	7.61	4.52	5.00
43	7.13	7.86	4.64	5.16
44	7.40	8.13	4.82	5.31
45	7.68	8.40	5.00	5.49
46	8.01	8.68	5.25	5.67
47	8.40	8.98	5.49	5.88
48	8.83	9.28	5.76	6.07
49	9.28	9.65	6.07	6.28
50	9.77	10.01	6.40	6.52
51	10.32	10.41	6.76	6.79
52	10.86	10.83	7.10	7.07
53	11.41	11.32	7.49	7.37
54	11.99	11.80	7.86	7.71
55	12.59	12.38	8.25	8.07
56	13.20	12.96	8.65	8.46
57	13.87	13.59	9.10	8.89
58	14.54	14.26	9.53	9.31
59	15.23	14.96	9.98	9.77
60	15.93	15.63	10.44	10.23
61	16.57	16.30	10.86	10.62
62	17.18	16.87	11.23	11.01
63	17.66	17.39	11.56	11.35
64	18.12	17.81	11.86	11.62

$1,000 Deductible		$2,000 Deductible		
Male	Female	Male	Female	Age
4.94	4.94	4.21	4.21	Under 1
3.94	3.94	3.36	3.36	1
3.00	3.00	2.54	2.54	2
2.15	2.15	1.82	1.82	3
1.48	1.48	1.24	1.24	4
1.09	1.09	0.88	0.88	5
0.97	0.97	0.78	0.78	6
0.97	0.97	0.78	0.78	7
0.97	0.97	0.78	0.78	8
1.69	1.69	1.42	1.42	9
1.94	1.91	1.63	1.60	10
2.12	2.06	1.79	1.76	11
2.24	2.15	1.91	1.82	12
2.33	2.18	2.00	1.85	13
2.36	2.21	2.03	1.88	14
2.42	2.21	2.06	1.88	15
2.42	2.21	2.09	1.88	16
2.42	2.21	2.09	1.88	17
2.42	2.21	2.09	1.88	18
2.42	2.24	2.09	1.88	19
2.42	2.24	2.09	1.91	20
2.42	2.30	2.09	1.94	21
2.42	2.33	2.09	2.00	22
2.42	2.39	2.09	2.03	23
2.42	2.42	2.09	2.06	24
2.42	2.48	2.09	2.09	25
2.42	2.51	2.09	2.12	26
2.45	2.54	2.12	2.15	27
2.58	2.61	2.18	2.18	28
2.64	2.67	2.24	2.24	29
2.67	2.73	2.27	2.30	30
2.70	2.82	2.30	2.39	31
2.76	2.91	2.33	2.45	32
2.82	3.03	2.39	2.54	33
2.91	3.12	2.45	2.64	34
2.97	3.21	2.54	2.73	35
3.09	3.33	2.64	2.82	36
3.18	3.43	2.70	2.91	37
3.24	3.55	2.76	3.00	38
3.33	3.64	2.85	3.09	39
3.39	3.76	2.91	3.18	40
3.49	3.88	2.97	3.30	41
3.61	4.00	3.06	3.43	42
3.73	4.12	3.18	3.52	43
3.85	4.24	3.30	3.64	44
4.00	4.40	3.43	3.76	45
4.18	4.55	3.61	3.88	46
4.40	4.70	3.76	4.00	47
4.64	4.85	3.97	4.12	48
4.88	5.03	4.18	4.28	49
5.16	5.22	4.43	4.43	50
5.43	5.40	4.67	4.58	51
5.70	5.61	4.91	4.76	52
6.01	5.85	5.16	4.97	53
6.31	6.13	5.43	5.19	54
6.61	6.40	5.70	5.46	55
6.95	6.70	5.98	5.70	56
7.28	7.04	6.25	6.01	57
7.64	7.40	6.55	6.31	58
8.01	7.77	6.86	6.61	59
8.34	8.13	7.16	6.92	60
8.68	8.46	7.43	7.19	61
8.98	8.77	7.71	7.46	62
9.25	9.04	7.92	7.71	63
9.50	9.25	8.10	7.89	64

Short-Term PPO Plan Per-Day Rates
Area 9, Area 13, Area 14

Age	$250 Deductible Male	$250 Deductible Female	$500 Deductible Male	$500 Deductible Female
Under 1	9.15	9.15	5.98	5.98
1	7.42	7.42	4.81	4.81
2	5.78	5.78	3.69	3.69
3	4.28	4.28	2.70	2.70
4	3.11	3.11	1.90	1.90
5	2.37	2.37	1.40	1.40
6	2.17	2.20	1.29	1.29
7	2.17	2.20	1.29	1.29
8	2.17	2.20	1.29	1.29
9	3.31	3.31	2.11	2.11
10	3.69	3.66	2.37	2.34
11	3.99	3.90	2.58	2.52
12	4.16	4.05	2.73	2.61
13	4.28	4.13	2.81	2.67
14	4.37	4.13	2.87	2.70
15	4.43	4.16	2.90	2.70
16	4.43	4.16	2.93	2.70
17	4.43	4.16	2.93	2.70
18	4.43	4.16	2.93	2.70
19	4.43	4.19	2.93	2.73
20	4.43	4.22	2.93	2.75
21	4.43	4.28	2.93	2.78
22	4.43	4.34	2.93	2.84
23	4.43	4.43	2.93	2.90
24	4.43	4.49	2.93	2.93
25	4.43	4.57	2.93	2.99
26	4.43	4.63	2.93	3.05
27	4.52	4.72	2.96	3.08
28	4.66	4.84	3.08	3.14
29	4.78	4.96	3.14	3.22
30	4.87	5.10	3.19	3.31
31	4.96	5.25	3.25	3.40
32	5.04	5.40	3.31	3.52
33	5.16	5.57	3.37	3.64
34	5.31	5.75	3.49	3.75
35	5.48	5.95	3.58	3.87
36	5.66	6.13	3.69	4.02
37	5.84	6.34	3.81	4.13
38	6.01	6.54	3.93	4.28
39	6.16	6.72	4.02	4.40
40	6.34	6.92	4.13	4.55
41	6.48	7.16	4.25	4.69
42	6.69	7.36	4.37	4.84
43	6.89	7.60	4.49	4.99
44	7.16	7.86	4.66	5.13
45	7.42	8.13	4.84	5.31
46	7.75	8.39	5.07	5.48
47	8.13	8.68	5.31	5.69
48	8.54	8.98	5.57	5.87
49	8.98	9.33	5.87	6.07
50	9.45	9.68	6.19	6.31
51	9.98	10.06	6.54	6.57
52	10.50	10.48	6.86	6.84
53	11.03	10.95	7.25	7.13
54	11.59	11.41	7.60	7.45
55	12.18	11.97	7.98	7.80
56	12.77	12.53	8.36	8.19
57	13.41	13.15	8.80	8.60
58	14.06	13.79	9.21	9.01
59	14.73	14.47	9.65	9.45
60	15.41	15.11	10.09	9.89
61	16.02	15.76	10.50	10.27
62	16.61	16.32	10.86	10.65
63	17.08	16.82	11.18	10.97
64	17.52	17.23	11.47	11.24

$1,000 Deductible		$2,000 Deductible		
Male	Female	Male	Female	Age
4.78	4.78	4.08	4.08	Under 1
3.81	3.81	3.25	3.25	1
2.90	2.90	2.46	2.46	2
2.08	2.08	1.76	1.76	3
1.43	1.43	1.20	1.20	4
1.05	1.05	0.85	0.85	5
0.93	0.93	0.76	0.76	6
0.93	0.93	0.76	0.76	7
0.93	0.93	0.76	0.76	8
1.64	1.64	1.37	1.37	9
1.87	1.84	1.58	1.55	10
2.05	1.99	1.73	1.70	11
2.17	2.08	1.84	1.76	12
2.26	2.11	1.93	1.79	13
2.28	2.14	1.96	1.82	14
2.34	2.14	1.99	1.82	15
2.34	2.14	2.02	1.82	16
2.34	2.14	2.02	1.82	17
2.34	2.14	2.02	1.82	18
2.34	2.17	2.02	1.82	19
2.34	2.17	2.02	1.84	20
2.34	2.23	2.02	1.87	21
2.34	2.26	2.02	1.93	22
2.34	2.31	2.02	1.96	23
2.34	2.34	2.02	1.99	24
2.34	2.40	2.02	2.02	25
2.34	2.43	2.02	2.05	26
2.37	2.46	2.05	2.08	27
2.49	2.52	2.11	2.11	28
2.55	2.58	2.17	2.17	29
2.58	2.64	2.20	2.23	30
2.61	2.73	2.23	2.31	31
2.67	2.81	2.26	2.37	32
2.73	2.93	2.31	2.46	33
2.81	3.02	2.37	2.55	34
2.87	3.11	2.46	2.64	35
2.99	3.22	2.55	2.73	36
3.08	3.31	2.61	2.81	37
3.14	3.43	2.67	2.90	38
3.22	3.52	2.75	2.99	39
3.28	3.64	2.81	3.08	40
3.37	3.75	2.87	3.19	41
3.49	3.87	2.96	3.31	42
3.61	3.99	3.08	3.40	43
3.72	4.10	3.19	3.52	44
3.87	4.25	3.31	3.64	45
4.05	4.40	3.49	3.75	46
4.25	4.55	3.64	3.87	47
4.49	4.69	3.84	3.99	48
4.72	4.87	4.05	4.13	49
4.99	5.04	4.28	4.28	50
5.25	5.22	4.52	4.43	51
5.51	5.43	4.75	4.60	52
5.81	5.66	4.99	4.81	53
6.10	5.93	5.25	5.01	54
6.39	6.19	5.51	5.28	55
6.72	6.48	5.78	5.51	56
7.04	6.81	6.04	5.81	57
7.39	7.16	6.34	6.10	58
7.75	7.51	6.63	6.39	59
8.07	7.86	6.92	6.69	60
8.39	8.19	7.19	6.95	61
8.68	8.48	7.45	7.22	62
8.95	8.74	7.66	7.45	63
9.18	8.95	7.83	7.63	64

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Anthem Blue Cross

Short-Term PPO Enrollment Application

1. **Please print in blue or black ink or type.**
2. **Complete both sides of this application.**
3. **Send completed application and payment in full to Anthem Blue Cross Life and Health Insurance Company. See Section 8.**

1. Applicant Information

Primary Applicant's Last Name	First Name	M.I.	Social Security or ID No.
Home Street Address *(Must be completed: P.O. Box not acceptable)*			Home Phone No. ( )
City	State	ZIP Code	Daytime Phone No. ( )
Billing Address *(If different than above)* or P.O. Box			FAX No. ( )
City		State	ZIP Code
E-mail Address		If possible, do you want e-mail notification? ☐ Yes ☐ No	

2. Plan Selections

A. Deductible: ☐ **$250**   ☐ **$500**   ☐ **$1,000**   ☐ **$2,000**
B. Policy Term: No. of Days _____ **(minimum of 30 up to a maximum of 180 days)**

3. Effective Date

► If you are approved, coverage automatically begins at 12:01 a.m. on the date following the postmark date stamped on the envelope.
 If application is faxed or submitted online, coverage begins the day after application is received.

► Or coverage (upon approval) may begin on a specific future date within 30 days of signature.
 (Please specify) _____ *(Mo/Day/Yr)*. Postmark date must precede requested effective date. **Exceptions are not permitted.**

4. Applicants for Coverage

Please list ALL applicants applying for coverage (including applicant listed in Section 1).

If a family member's last name is different than yours, please explain on a separate page.

Newborn children under 15 days of age are not eligible for coverage. Services for Well Baby and Well Child Care for insureds up to and including 6 years of age are not covered under this policy.

Dependents between the ages of 19 through 22 are eligible as dependents only if they are claimed on your Federal Income Tax.

Anthem Blue Cross Life and Health will enroll all eligible family members unless otherwise instructed.

☐ I, the Appicant, request that Blue Cross not enroll any eligible applicants unless ALL family members qualify.

Sex	Last Name	First Name	M.I.	Social Security or ID No.	Birthdate (Mo/Day/Yr)	Height	Weight
10 ☐ M 20 ☐ F	Applicant						
30 ☐ M 40 ☐ F	Spouse						
☐ M ☐ F	Dependent						
☐ M ☐ F	Dependent						
☐ M ☐ F	Dependent						

CAISTAPP[1/08]-APP

5. Application Questions Answer the following questions completely and accurately.

Note: If the answer to any question from 1-4 is YES, the policy cannot be issued for that applicant. Answering NO to questions 1-6 does not guarantee coverage. All answers will be validated and a brief review of claims history will be completed.

1. a) Is any female applicant pregnant, or in the process of adoption or surrogate pregnancy? .... ☐ Yes ☐ No

   b) Is any male listed on this application expecting a child or in the process of adoption or surrogate pregnancy with anyone, whether or not the mother is listed on this application?... ☐ Yes ☐ No

2. Have you or any person listed on this application received any medical or surgical consultation, advice or treatment, including medication, within the past 5 years for: heart or circulatory system disorder including heart attack or chest pain; stroke; disorders of the blood (except HIV infection), including hemophilia and leukemia; diabetes; cancer or tumor; alcoholism or alcohol abuse; drug abuse or chemical dependency; immune disorders; organ transplant; kidney or liver disorders? .... ☐ Yes ☐ No

3. Has any person listed on this application been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) or ARC (AIDS Related Complex)? .... ☐ Yes ☐ No

4. In the past 30 days, have you or any person listed on this application been hospital confined?........................ ☐ Yes ☐ No

If you answered YES to any questions from 1-4, please complete this section:

Question No.	Person(s) to whom it applies

5. In the past 30 days, have you or any person listed on this application taken prescription medication, (excluding birth control pills; hormone replacement therapy; Synthroid; or antibiotic therapy for 10 days)? .... ☐ Yes ☐ No

If you answered YES to question 5, please list medications:

Name of Applicant	Medication & Condition	Name of Applicant	Medication & Condition

6. In the past 12 months, have you or any person listed on this application been recommended by a health care professional to have or been scheduled for diagnostic testing, treatment or surgery that has not been completed?.. ☐ Yes ☐ No

If you answered YES to question 6, please complete this section.

Name of Applicant	Treatment & Condition	Name of Applicant	Treatment & Condition

If you answered YES to question 5 or 6, your application will be submitted for further review.

6. Prior Insurance History Please answer **all** of the following questions.

Anthem Blue Cross Life and Health credits prior coverage toward the pre-existing period for those applicants who apply and are accepted for coverage and request an effective date within 63 days after termination of qualifying prior coverage, (including previous Anthem Blue Cross Life and Health Short-Term policies) as required by law. To obtain credit toward the pre-existing period, please complete the following:

Do you currently have, or has anyone to be insured had coverage in the last 18 months? .... ☐ Yes ☐ No
If yes, please provide the following information.

Name of Insured	Insurance Carrier(s)	Effective Date	End Date

To provide further information, please use additional sheets if necessary. List the section name and question number you are explaining. Also, please identify the applicable family member. All additional sheets must be signed by the applicant. | **No. of sheets attached**

3968 1/08 02

7. Accidental Death and Dismemberment Insurance Beneficiary Information

If beneficiary is not listed and Policy is issued, death benefits will be paid in accordance with the Beneficiary Provision on page 32 of the Policy.

Beneficiary	Relationship to Applicant		Birthdate
Street Address	City	State	ZIP Code

As the Short-Term PPO Plans include Accidental Death and Dismemberment (AD&D) coverage, you are submitting this application and providing the information on this application to the Life Insurance department of Anthem Blue Cross Life and Health.

[____] Initials

8. Payment Method

Premium must be paid in full and submitted with application and will be held in trust while this application is evaluated. If this application is approved and the policy is issued, no refund is permitted.

_____ **x** _____ **=** _____
Amount of premium (per day rate)   **no. of days**   **Total premium**

☐ **Payment by Electronic Check.** By providing your check information below, you authorize us to electronically debit your bank account. If you are approved for coverage, your bank account will be debited for the total premium amount above.

J. L. Webb
123 Main Street
Anytown, USA 12345

1175

DATE _____

PAY TO THE ORDER OF _____ $ _____

SAMPLE

_____ DOLLARS

MEMO _____

|:123456789|: 1234567890123 ||1175

With this payment option, there is no need to send a paper check with your application.

If paying by electronic check, please complete the boxes to the right ▶

Bank Routing No.	Bank Account No.	Check No.

☐ **Payment by Paper Check.** By sending your paper check, you authorize us to convert your check into an electronic fund transfer. If you are approved for coverage, your bank account will be debited for the amount indicated on the check. If you do not qualify for coverage, your check will not be submitted for a funds transfer. Please be aware that your check will not be returned to you.

☐ **Payment by Credit Card**

Credit Card ☐ VISA ☐ MasterCard ☐ Discover		Card No.	Exp. Date
Cardholder's Name	Relationship to Applicant	Signature of Authorized Cardholder X	Date

To be completed by your Anthem Blue Cross-Appointed Agent

1. Are you aware of any information not disclosed on this application relating to the health of any person listed on this application which might have a bearing on the risk? .... ☐ Yes   ☐ No

2. Did you see the proposed subscriber (and spouse, if applying) at the time this application was executed? .... ☐ Yes   ☐ No

3. Total funds collected: .... $_____
(Premium must be paid in full and submitted with application.)

Name of Agent (Print name)		Agent's Street Address Suite No./Personal Mail Box(PMB) No.			
Agent I.D. No.	Sub-Agent I.D. No.	City	State	ZIP Code	Location No.
Phone No.	Fax No.	E-mail Address			
Signature of Agent (Required)		Date (Required)			

Mail Service Agreement to: ☐ Agent   ☐ Primary Applicant

PLEASE NOTE: If neither box is checked, the Service Agreement will be mailed directly to the primary applicant's mailing address:

3968 1/08 03

Sending the Application

Save time by faxing this application (if paying by electronic check or credit card) to Anthem Blue Cross Life and Health at (800) 327-9255.

Please mail this application to:

Anthem Blue Cross Life and Health Insurance Company • P.O. Box 9051 • Oxnard, CA 93031-9051

For information on eligibility, please call (800) 333-0912

9. Application Conditions and Agreement   IMPORTANT: It is important that you carefully read and fully understand the following.

Agreements and Understandings (all applicants)

By applying for coverage, I, the undersigned, agree to the following:

1. Anthem Blue Cross Life and Health Insurance Company ("Anthem") may decline my application. No coverage comes into effect until Anthem approves this application and informs me in writing. The effective date of my coverage, if this application is accepted, will be indicated on the identification card and/or assigned by Anthem at its discretion.

2. Cashing my check does not mean my application is approved. If this application is declined, neither Anthem nor any affiliated company shall have any liability to me or any one else listed on it, except for the obligation to return the money submitted with this application.

3. The selling agent has no authority to promise me coverage or to modify Anthem underwriting policy or the terms of any Anthem coverage.

4. Any of my dependents listed on this application who are over the age of 18 years have read this application and have provided complete and accurate information for this application. Also, I have done everything necessary to be able to assure you that all information about any children under the age of 18 listed on this application is true and complete to the best of my knowledge and belief. I understand and agree that I alone am responsible for the accuracy and completeness of this application. I understand and agree that no one listed on this application will be eligible for coverage if any information is false or incomplete and that Anthem Blue Cross Life and Health may revoke coverage if it discovers that any information on this application is incomplete or false.

5. If the applicant is a minor, I accept full legal and financial responsibility for the coverage and information provided on this application. (Court documents establishing guardianship must be submitted if the responsible adult is not the parent.)

6. I understand Anthem may use any information prior to the effective date of coverage in considering my application, including medical conditions which occur after the signature and before the original effective date.

HIV TESTING PROHIBITED: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.

Anthem Blue Cross Life and Health Insurance Company is an independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark. ® The Blue Cross name and symbol are registered marks of the Blue Cross Association.

I have personally read and completed this application.
If I am accepted, this application will become part of the contract between Anthem and me. Any enrolled family members and I agree to abide by the terms of that contract. I understand that no benefits will be provided for any preexisting condition as defined in the policy. Preexisting condition means an illness, injury, disease, or physical condition for which medical advice, diagnosis, care or treatment, including the use of prescription drugs, was recommended or received from a licensed health practitioner during the six (6) months immediately preceding the member's effective date of coverage. This is not a continuation of any previous Anthem policy. This policy is not renewable.

Requirement for Binding Arbitration: If you are applying for coverage, please note that Anthem Blue Cross Life and Health Insurance Company 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.

Signatures *(Required)*
IMPORTANT: All applicants over age 18 must sign and date.

Applicant/Parent or Legal Guardian	Today's Date
X	
Applicant's Spouse	Today's Date
X	
Applicant's Dependent age 18 or over	Today's Date
X	
Applicant's Dependent age 18 or over	Today's Date
X	
Applicant's Dependent age 18 or over	Today's Date
X	
For Anthem Blue Cross Life and Health use only - Do not write	
Effective Date	End Date

3968 1/08 04

Anthem ✚
Blue Cross

Language Assistance Services

English

Can you read the attached document? If not, we can have somebody help you read it. You may also be able to get this written in your language. For free help, please contact your agent.

Spanish

Puede usted leer este documento anexo? Si no, podemos asignarle alguien que le ayude. También puede recibir esto escrito en su idioma. Para asistencia gratuita, por favor contacte a su agente.

Chinese (Traditional)

您能讀懂所附文件嗎？如果不懂，我們可以請人幫您。也許您還可以收到中文版本。請聯絡您的代理人要求免費的協助。

Korean

첨부 서류를 읽으실 수 있습니까? 읽지 못하신다면 읽어드릴 사람을 구해드릴 수 있습니다. 한국어 번역본도 받으실 수 있습니다. 도움은 무료이며 담당 에이전트에게 연락하십시오.

Vietnamese

Quý vị đọc được tài liệu đính kèm không? Nếu không, chúng tôi sẽ cho người đọc giúp quý vị. Ngoài ra, quý vị cũng có thể được cấp tài liệu này bằng ngôn ngữ của quý vị. Vui lòng liên lạc với nhân viên đại diện của quý vị để được giúp đỡ miễn phí.

Tagalog

Kaya mo bang basahin ang nakakabit na dokumento? Kung hindi naman, maaaring patulungan ka namin sa ibang tao sa pagbasa nito. Maaari mo ring makuha ito na nasusulat sa iyong lengguwahe. Para sa libreng pagtulong, paki-kontakin ang iyong ahente.

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-249-4844. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-249-4844. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打1-866-249-4844 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-249-4844 .Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin. Maaari mong ipabasa sa iyo ang mga dokumento at maaari mong hingin na ipadala ang ilang mga dokumento sa iyo sa Tagalog. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-249-4844. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

무료 통역 서비스. 귀하는 통역 서비스를 받으실 수 있습니다. 한국어로 서류를 낭독해주는 서비스 받으실 수 있으며 한국어로 번역된 서류를 받아보실 수도 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-249-4844번으로 문의해 주십시오. 보다 자세한 문의 사항은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-249-4844 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-249-4844. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-249-4844までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357 までご連絡ください。Japanese

خدمات مجانی مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 4844-249-866-1 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 4357-927-800-1تلفن کنید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-249-4844 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸ਼ੋਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នក ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទ មកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-249-4844 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រ សួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 4844-249-866-1. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 4357-927-800-1.Arabic

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-249-4844. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357. Hmong

Addendum to Individual Applications

A new law became effective January 1, 2009 (AB 2569) which requires all agents/brokers to include an attestation with each application submitted if that agent/broker assisted that applicant in completing the application.

___ ___ ___ ___ ___ ___ ___ ___ ___   _____
Applicant's Social Security or ID No.   Type or Print Name

Fax: (805) 713-8829

Mail: Individual Services
         P.O. Box 9041
         Oxnard, CA 93031-9041

As the agent/broker, please check one of the following:

☐ I have not had any interactions whatsoever with this applicant either by phone, email or in person and did not provide any information, advice or assist the applicant in any manner in providing answers or responses to any questions in the application.

☐ I assisted the applicant in submitting this application. To the best of my knowledge, the information on this application is complete and accurate. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information and the applicant understood the explanation.

NOTICE: If you state any material fact that you know to be false, you are subject to a civil penalty of up to ten thousand dollars ($10,000), as authorized under California Health and Safety Code Section 1389.8(c)/ Insurance Code Section 10119.3.

_____   _____
Signature of Agent (*required)*   Date

_____   _____
Type or Print Name   Agent Number

CAINDATT 3/09 MCAFR6059C 3/09