

# YOU COULDN'T WAIT SIX MONTHS TO OPEN THIS.

Waiting six months for your health care coverage to include a pre-existing condition can seem like years.

But at Blue Shield, once we've reviewed and approved your application, you'll be covered from day one. That's because we're the first major California health plan to eliminate the waiting period for any pre-existing condition - for both our HMO and Preferred Provider plans. It's a difference that could save you thousands of dollars in uncovered medical expenses.

## A broad range of preventive benefits.

We cover you *before* you get sick, with preventive benefits like:

- Periodic Physicals
- Immunizations
- Health Education
- Prenatal and Well Baby Care
- Mammography and Pap Tests

## A plan to fit your needs.

Choose from a wide selection of plans and coverage options, including:

**The Blue Shield Personal HMO** providing Blue Shield quality with the superior cost control of an HMO. Benefits include:

- California's Fastest-Growing HMO
- Special Rates for Children through YouthCare<sup>SM</sup>
- No Deductibles
- Maternity Coverage\*
- Virtually No Claim Forms
- \$10 to \$15 Prescription Copayments

**Our Preferred Plus<sup>SM</sup> Plan** offering broad benefit coverage with a wide range of deductibles, and:

- One of California's Largest Physician Networks
- Special Rates for Children through YouthCare
- \$6 Million Maximum Lifetime Benefit
- Prescription Drug Benefit
- Maternity Coverage\*
- \$200 Supplemental Accident Benefit
- Family Maximum Deductible Amount is 2x the Individual Amount

\* Maternity benefits for all plans have a one-year waiting period, and an additional \$1,000 copayment.

## Our Competitive Blue Shield Personal HMO Rates

	Age	Subscriber		
		Only	Two Party	Family
<b>YouthCare</b>	0-1	\$ 95	N/A	N/A
	1-4	58	N/A	N/A
	5-18	47	N/A	N/A
<b>Adults</b>	19-29	95	\$191	\$260
	30-39	116	228	321
	40-49	150	288	409
	50-59	219	410	548
	60-64	285	545	694

## Our Competitive Blue Shield Preferred Plus Rates

	Age	Deductible				
		\$2000	\$1000	\$500	\$200	\$0
<b>YouthCare (each child)</b>	0-1	\$ 41	\$ 57	\$ 75	\$ 107	\$ 107
	1-4	21	34	47	58	58
	5-18	17	28	37	46	46
<b>Single</b>	19-29	41	57	75	107	107
	30-39	57	76	119	150	150
	40-49	69	101	131	161	161
	50-59	114	149	186	224	224
	60-64	145	187	215	275	275
<b>Party of Two</b>	19-29	85	106	146	209	209
	30-39	114	149	226	244	244
	40-49	128	187	248	307	307
	50-59	198	285	360	450	450
	60-64	260	362	414	524	524
<b>Family</b>	19-29	124	165	251	351	351
	30-39	167	218	305	372	372
	40-49	176	252	327	459	459
	50-59	246	334	438	550	550
	60-64	312	370	461	629	629

In Riverside, San Bernardino, San Diego, Santa Barbara and Ventura counties. Monthly dues - billed and payable every three months.

# WHY WAIT ANY LONGER?

Ask for more information about  
your health coverage today!

*I can't wait any longer!*

Show me how I can be covered from day one. Please send me information on the plan(s) I've checked below:

- The Blue Shield Personal HMO - no deductibles and nominal copayments
- Preferred Plus<sup>SM</sup> - competitive rates, with coverage for periodic physicals
- YouthCare<sup>SM</sup> - special rates for children ages 1-18
- Seniors Plans
- Temporary Coverage
- Group Plans

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Age \_\_\_\_\_ Spouse's Age \_\_\_\_\_ No. Children Included with Coverage \_\_\_\_\_

Your Home Phone (\_\_\_\_\_) \_\_\_\_\_

Your Work Phone (\_\_\_\_\_) \_\_\_\_\_

For Blue Shield use only. All phone numbers are kept strictly confidential.

Please tear card along perforation and mail today.

THE SHIELD HEALTH PLANS  
Blue Shield  
of California  
An Independent Member  
of the Blue Shield Association

*We make a difference.*