

## Summary of BeneFits Medical Plan Changes Effective 5/1/06

Plan Change	Before:	<p style="text-align: center;">Checkmark below (✓) indicates that change applies to this plan:</p> <p><b>Effective 5/1/06:</b> *New limitation or condition of coverage</p>	Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	PPO \$35 Copay GenRx	Power Select HMO
			(X350)	(X351)	(X352)	(T159, X355, Y369, BA65)	(PD56, Y364, Y370)
<b>Bariatric Centers of Expertise (COE)</b> <sup>(1)</sup>	Bariatric surgery covered if medically necessary only at Centers of Expertise (COE)	<i>Added travel expense benefit for out-of-CA insureds if they live 50 miles or more from a COE.*</i>	✓	✓	✓	✓	
		<i>Under "Authorized Referrals" definition, removed statement that authorized referrals are not available for bariatric COE services.</i>	✓	✓	✓	✓	
<b>Dental Injury</b> <sup>(1)</sup>	Treatment must be received within one year following the injury	<i>Treatment must be received within one year following accidental injury or within one year following your original effective date, whichever date is later. Treatment excludes orthodontia.</i>	✓	✓	✓	✓	
<b>Healthy Families Late Enrollees</b> <sup>(1)</sup>	Not applicable	<i>Individuals who lose Healthy Families coverage in the middle of a benefit year because they have exceeded age or income limits, can qualify as late enrollees by requesting enrollment within 30 days of losing coverage.</i>	✓	✓	✓	✓	
<b>Medical Necessity</b> <sup>(1)</sup>	Defined	<i>Existing definition expanded.</i>	✓	✓	✓	✓	
<b>Medicare Part D</b> <sup>(1)</sup>	Not applicable	<i>Medicare Part D reference added to "What is Not Covered", Non-Duplication of Medicare and Pharmacy sections.</i>	✓	✓	✓	✓	
<b>Optometrist</b> <sup>(1)</sup>	Considered "other eligible providers"	<b><i>Optometrist network has been created so member can choose a Participating Provider.</i></b>	✓	✓	✓	✓	
<b>Preservice Review</b> <sup>(1)</sup>	Required for certain procedures including MRI, CAT and PET scans	<i>Required for certain procedures including CT, MRI, MRS, PET and NC scans.*</i>	✓	✓	✓	✓	
<b>Pay Non-Participating Providers and Non-Contracting Hospitals</b> <sup>(1)</sup>	Plan usually pays claim directly to Non-Participating Provider and Non-Contracting Hospital	<i>In some cases, payment may be made directly to the subscriber/certificate-holder and the subscriber/certificate-holder is responsible for paying the provider. Applies to some Non-Participating Providers and Non-Contracting Hospitals.*</i>	✓	✓	✓	✓	
<b>Administrative MedCall Change</b> <sup>(2)</sup>	Program offered	<b><i>Program no longer offered.*</i></b>					✓

(1) Plan changes filed by BC Life & Health Insurance Company (BCL&H) and Blue Cross of California with the California Department of Insurance and Department of Managed Health Care; BCL&H plan changes pending approval.

(2) Important: new ID cards reflecting this change are not being provided at this time; re-issued ID cards from 5/1/06 forward will not display MedCall information for this plan.