



An Independent Licensee of the Blue Shield Association



Option One Single Payment Plan

Short-Term Health Insurance
California



Making the Transition

Short-term health insurance from CPIC *Life* gives you temporary coverage to protect you from the expense of accidents or illness when you're in between permanent plans. It's the perfect solution if you're a student who has just graduated from college or on break, a person with a new job waiting for group health insurance to kick in, or a traveler who wants health coverage security abroad.

When you choose CPIC *Life* Option One for 30 to 185 days, you can take advantage of affordable rates, an easy application process and immediate coverage once you're approved. Trust us to get you through life's transitions with confidence and security.

Option One – Single Payment Plan

When you know how long you'll need temporary health coverage.

Plan Overview:

- Choose any coverage period, from 30 to 185 days, with a single payment.
- Coverage may begin the day after your application is submitted (when approved), or a future effective date you specify.
- Your choice of deductibles (waived for accidents): \$250, \$500, \$1,000, \$1,500 or \$2,000.
- Prescription drug coverage and choice of physicians.
- Worldwide protection.
- Benefit Levels: After you meet your deductible, CPIC *Life* pays 80 percent of the allowable amount of the first \$5,000 of covered services, and 100 percent of the allowable amount for covered services in excess of \$5,000.
- Maximum benefit of \$2 million per policy term.
- \$50,000 Accidental Death and Dismemberment Insurance (only for primary applicants age 18 and older).

CPIC *Life* also offers Option Twelve, monthly payment plan

If you're uncertain how long you'll need temporary health coverage and need more flexibility, inquire about our Option Twelve monthly payment plan.

With Option Twelve, you can continue your coverage month-to-month, for up to 12 months, with monthly billing.

Eligibility

- You and your dependents are eligible for coverage if you are under age 65.

- Your dependent children must be at least 15 days old, but under age 25 (unless disabled), unmarried, and rely on you for support and maintenance.
- You and your family members must have resided in the U.S. for the past six consecutive months, be U.S. citizens or permanent residents (“Green Card” holders).
- You and your applying dependents must meet all the eligibility requirements stated in the application.

Maximum Coverage Period

The Option One short-term health Insurance policy is non-renewable and is designed to meet your temporary health insurance needs. If your need for temporary health coverage continues after your termination date, you may re-apply for an additional **Option One Plan only**. However, if the total days of coverage for all plans combined (Option One and/or Option Twelve), has reached 365 days, there is a mandatory six-month waiting period before you may re-apply for any short-term health Insurance plan offered by CPIC *Life*.

Please Note: You must meet all eligibility guidelines in order to purchase an additional policy. Purchasing an additional policy does not constitute a continuation of your previous policy.

Maximum Benefit

You and each of your enrolled family members are covered for a maximum benefit of \$2 million of allowable amounts during the policy term.

How the Plan Works

Shield Select Providers from Blue Shield

We contract with physicians and hospitals across California in the Shield Select Provider Network who have agreed to accept allowable amounts¹, as payment in full, for their services.

- When you use Shield Select Providers, your out-of-pocket expenses will usually be lower.
- Shield Select Providers file claims directly, saving you time and paperwork.

Out-of-Network Providers

Using out-of-network providers may result in higher out-of-pocket expenses. Your portion will be 20 percent of the allowable amount, plus any charges over and above the allowable amount covered by CPIC *Life*.

1 The allowable amount is the amount that the Shield Select Providers have agreed to accept as payment pursuant to the the contract with Blue Shield of California, CPIC *Life*'s parent company. This amount is determined as (a) the amount Blue Shield has determined is an appropriate payment for the service(s) rendered in the provider's geographic area, based on such factors as Blue Shield's evaluation of the value of the service(s) relative to the value of other services, market consideration and provider charge patterns; (b) Such other amount as the Shield Select Provider and Blue Shield have agreed will be accepted as payment for the services(s) rendered; or (c) The amount Blue Shield determines is appropriate considering the particular circumstances and the services rendered – if an amount is not described in either a or b above.

Copayments and Deductibles

AFTER EACH COVERED PERSON MEETS THE PLAN DEDUCTIBLE...		
Allowable amount for covered services	What each covered person pays	
	In Network	Out of Network
First \$5,000	20%	20% (+charges over allowable amount)
\$5,000+*	0%	Any charges over allowable amount

* CPIC *Life* pays 100% of the allowable amount for covered services in excess of \$5,000 (unless otherwise noted in the policy).

CPIC LIFE HAS FIVE DEDUCTIBLES FOR YOU TO CHOOSE FROM:

Deductible (toward the allowable amount)	Maximum out-of-pocket expenses* of allowable amount
\$250	\$1,250
\$500	\$1,500
\$1,000	\$2,000
\$1,500	\$2,500
\$2,000	\$3,000

* Plus any charges over and above the allowable amount.

Deductibles Waived for Accidents

If you have an accident while your policy is in force, we will waive your plan deductible and emergency room deductible for covered services.

What's Covered

Charges or expenses for covered services when medically necessary due to accident, injury or illness.

- Inpatient and outpatient services provided by a licensed physician.
- Semi-private hospital room, intensive care unit, and most hospital charges.
- Prescription drugs.
- X-rays and laboratory exams for diagnostic purposes.
- Durable medical equipment.
- The following are subject to a benefit maximum as defined in the policy:
 - Ambulance charges
 - Outpatient physical medicine
 - Mental illness, other than severe mental illness and serious emotional disturbances of a child.

What's Not Covered

- Pre-existing conditions².
- Routine physical exams and check ups.
- Pregnancy and childbirth.
- Nursing homes, convalescent homes or extended care facilities.
- Routine dental and vision care.
- Injury or sickness covered by workers' compensation.

This is only a summary of covered and non-covered services, it is not a policy. The actual complete Terms and Conditions are set forth in the policy.

Accidental Death and Dismemberment

Your plan also includes CPIC *Life's* \$50,000 Accidental Death and Dismemberment Insurance Benefit. This benefit is only available to the primary insured applicant age 18 and older.

² Pre-existing Condition – A medical condition that within a six month period immediately preceding the effective date of coverage by this policy, medical advice, diagnosis, care or treatment, including the use of prescription drugs, was recommended to or received by a covered person from a licensed health practitioner.

If an insured was covered by a creditable coverage, credit will be given toward the pre-existing condition exclusion period for the time during which the insured was covered, as long as the creditable coverage did not terminate more than 63 days prior to the effective date of the policy. See policy for "Creditable Coverage" definition.

Option One Rates

Coverage may begin the day after your application is submitted (upon approval), or on a future effective date you specify.

- If we approve your application, coverage begins at 12:01 a.m. on the date following the U.S. postmark stamped on the envelope containing your application; if faxed, the day following the date the faxed application is submitted either to CPIC *Life* or to your agent; or if specified, a future effective date.
- Once we approve your application and issue a policy, your premium will not be refunded. In addition, this policy is non-renewable, although you may be eligible to apply for a new policy. Coverage is not continuous from one policy to another.

To apply for Option One coverage

1. Choose your deductible and the number of days you want to be covered.
2. Find your rate based on:
 - Your region
 - The deductible selected
 - The coverage period you need, including any additional days (30 days minimum, 185 days maximum)
 - The age of each applicant on the policy effective date
3. Calculate your total premium rate due.
4. Complete the attached application.
5. Mail (or fax if paying with a credit card) the application along with a check or American Express/Visa/Mastercard authorization for the entire premium amount.

Important: Total payment by check or credit card authorization must accompany application and will be held in trust while this application is evaluated. If the application is approved and the policy is issued, no refund is permitted.

CALCULATING YOUR PREMIUM RATE

Refer to the closest 30, 60, or 90-day column, then add the number of additional days. If 185 days are requested, use the rate for 180 days plus 5 days calculated at the daily rate.

EXAMPLE: Los Angeles County

Deductible: \$250 **Coverage Period:** 65 days

Ages: Applicant – 39, Spouse – 40, 3 Children

	First 60 days	Additional Daily Rate (Over 60 days)	Total Rate
Applicant Rate	\$252 +	\$4.95 x 5 = \$24.75	= \$276.75
Spouse Rate	\$348 +	\$6.85 x 5 = \$34.25	= \$382.25
Children Rate	\$193 +	\$3.80 x 5 = \$19.00	= \$212.00
Total Premium Due =			\$871.00

Region 1

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Plumas, San Benito, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba

\$250 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$62	\$131	\$207	\$438	\$2.55
30-39	81	170	270	570	3.35
40-49	112	236	373	789	4.60
50-59	174	367	581	1,226	7.15
60-64	243	513	809	1,708	9.95
Children***	62	131	207	438	2.55

\$500 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$47	\$98	\$156	\$329	\$1.90
30-39	61	127	202	428	2.50
40-49	85	177	280	592	3.45
50-59	132	275	436	920	5.35
0-64	183	383	609	1,282	7.40
Children***	47	98	156	329	1.90

\$1,000 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$37	\$78	\$124	\$263	\$1.50
30-39	48	102	162	341	2.00
40-49	67	141	224	473	2.75
50-59	104	219	349	735	4.25
60-64	145	304	483	1,029	5.90
Children***	37	78	124	263	1.50

\$1,500 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$34	\$72	\$114	\$241	\$1.40
30-39	44	94	149	314	1.85
40-49	61	130	205	443	2.55
50-59	95	201	319	675	3.90
60-64	133	282	445	940	5.45
Children***	34	72	114	241	1.40

\$2,000 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$31	\$67	\$105	\$223	\$1.30
30-39	40	87	137	291	1.70
40-49	56	121	189	402	2.35
50-59	87	188	295	625	3.65
60-64	121	262	410	871	5.10
Children***	31	67	105	223	1.30

Region 2

Imperial, Kern, Monterey, Napa, Nevada, Placer, Sacramento,
San Luis Obispo, Santa Cruz, Solano, Sonoma

\$250 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$64	\$135	\$213	\$450	\$2.60
30-39	83	175	277	585	3.40
40-49	115	244	384	810	4.70
50-59	179	378	598	1,262	7.30
60-64	250	525	832	1,757	10.15
Children***	64	135	213	450	2.60

\$500 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$48	\$101	\$161	\$338	\$1.95
30-39	63	131	209	439	2.55
40-49	87	182	289	608	3.55
50-59	135	283	451	945	5.50
60-64	187	395	628	1,318	7.65
Children***	48	101	161	338	1.95

\$1,000 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$38	\$81	\$127	\$268	\$1.55
30-39	50	105	166	349	2.05
40-49	69	146	230	483	2.85
50-59	107	227	356	751	4.40
60-64	149	317	497	1,047	6.05
Children***	38	81	127	268	1.55

\$1,500 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$35	\$74	\$117	\$248	\$1.45
30-39	46	96	153	322	1.90
40-49	63	133	211	446	2.60
50-59	98	207	327	694	4.00
60-64	137	289	456	966	5.60
Children***	35	74	117	248	1.45

\$2,000 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$32	\$68	\$108	\$230	\$1.35
30-39	42	89	141	298	1.75
40-49	58	123	195	413	2.40
50-59	90	191	303	643	3.75
60-64	125	265	422	896	5.20
Children***	32	68	108	230	1.35

Region 3

Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara

\$250 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$65	\$137	\$217	\$455	\$2.65
30-39	85	178	281	592	3.45
40-49	117	246	390	820	4.80
50-59	182	384	609	1,276	7.45
60-64	254	535	849	1,777	10.35
Children***	65	137	217	455	2.65

\$500 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$49	\$103	\$162	\$341	\$2.00
30-39	64	134	211	444	2.60
40-49	88	185	292	615	3.60
50-59	137	288	454	957	5.60
60-64	191	403	633	1,332	7.80
Children***	49	103	162	341	2.00

\$1,000 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$39	\$82	\$130	\$273	\$1.60
30-39	51	107	169	355	2.10
40-49	70	148	234	492	2.90
50-59	109	230	365	766	4.50
60-64	152	321	509	1,066	6.25
Children***	39	82	130	273	1.60

\$1,500 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$36	\$75	\$119	\$251	\$1.45
30-39	47	98	155	326	1.90
40-49	65	135	215	453	2.65
50-59	101	210	333	705	4.10
60-64	140	293	465	981	5.70
Children***	36	75	119	251	1.45

\$2,000 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$33	\$69	\$110	\$232	\$1.35
30-39	43	90	143	302	1.75
40-49	60	124	199	418	2.45
50-59	93	193	309	651	3.80
60-64	129	269	430	906	5.25
Children***	33	69	110	232	1.35

Region 4

Riverside, San Bernardino, San Diego, Santa Barbara, Ventura

\$250 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$67	\$143	\$225	\$476	\$2.80
30-39	87	186	293	618	3.65
40-49	121	258	406	856	5.05
50-59	188	401	631	1,331	7.85
60-64	261	557	879	1,854	10.90
Children***	67	143	225	476	2.80

\$500 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$51	\$107	\$169	\$356	\$2.10
30-39	66	139	219	464	2.75
40-49	92	193	304	641	3.80
50-59	142	300	473	998	5.90
60-64	198	418	659	1,391	8.20
Children***	51	107	169	356	2.10

\$1,000 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$41	\$86	\$135	\$285	\$1.70
30-39	53	112	176	371	2.20
40-49	74	155	243	513	3.00
50-59	115	241	378	799	4.70
60-64	160	336	527	1,113	6.55
Children***	41	86	135	285	1.70

\$1,500 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$37	\$78	\$124	\$261	\$1.55
30-39	48	102	162	340	2.00
40-49	67	141	223	470	2.80
50-59	104	219	347	732	4.35
60-64	144	305	484	1,020	6.05
Children***	37	78	124	261	1.55

\$2,000 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$34	\$72	\$115	\$242	\$1.40
30-39	45	94	149	315	1.85
40-49	62	130	207	436	2.55
50-59	96	202	323	679	3.95
60-64	133	281	446	946	5.45
Children***	34	72	115	242	1.40

Region 5

Orange

\$250 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$79	\$166	\$264	\$556	\$3.30
30-39	103	217	344	723	4.30
40-49	142	299	475	1,000	5.95
50-59	221	466	739	1,555	9.25
60-64	308	646	1,030	2,167	12.90
Children***	79	166	264	556	3.30

\$500 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$59	\$124	\$199	\$417	\$2.50
30-39	77	162	259	542	3.25
40-49	106	224	358	751	4.50
50-59	165	348	558	1,167	7.00
60-64	230	485	776	1,625	9.70
Children***	59	124	199	417	2.50

\$1,000 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$48	\$100	\$158	\$333	\$2.00
30-39	63	130	206	433	2.60
40-49	86	180	285	600	3.60
50-59	135	280	442	934	5.60
60-64	187	390	615	1,301	7.80
Children***	48	100	158	333	2.00

\$1,500 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$44	\$91	\$145	\$306	\$1.80
30-39	57	119	189	397	2.35
40-49	79	164	261	550	3.25
50-59	123	255	407	859	5.05
60-64	172	355	566	1,196	7.05
Children***	44	91	145	306	1.80

\$2,000 DEDUCTIBLE					
Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$40	\$85	\$135	\$283	\$1.65
30-39	52	111	175	369	2.15
40-49	72	153	244	510	3.00
50-59	112	238	379	793	4.65
60-64	156	332	527	1,105	6.45
Children***	40	85	135	283	1.65

Region 6

Los Angeles

\$250 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$91	\$193	\$307	\$648	\$3.80
30-39	119	252	399	842	4.95
40-49	164	348	552	1,166	6.85
50-59	255	542	859	1,814	10.65
60-64	355	754	1,196	2,525	14.80
Children***	91	193	307	648	3.80

\$500 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$68	\$145	\$230	\$485	\$2.85
30-39	89	188	299	631	3.70
40-49	123	261	414	874	5.15
50-59	191	407	644	1,359	8.00
60-64	265	566	897	1,894	11.10
Children***	68	145	230	485	2.85

\$1,000 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$55	\$116	\$184	\$389	\$2.30
30-39	72	151	239	505	3.00
40-49	99	209	332	699	4.15
50-59	154	325	516	1,089	6.45
60-64	215	452	718	1,515	8.95
Children***	55	116	184	389	2.30

\$1,500 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$50	\$106	\$168	\$356	\$2.10
30-39	65	138	219	464	2.70
40-49	90	191	302	641	3.75
50-59	140	297	470	998	5.85
60-64	195	413	655	1,389	8.20
Children***	50	106	168	356	2.10

\$2,000 DEDUCTIBLE

Age*	30 Days	60 Days	90 Days	180 Days	Additional Daily Rate**
29 & Under	\$47	\$99	\$157	\$331	\$1.95
30-39	61	129	204	429	2.50
40-49	85	178	283	595	3.50
50-59	132	278	440	929	5.45
60-64	184	387	613	1,294	7.60
Children***	47	99	157	331	1.95

- * Age: Rates are per adult insured based on the age on the policy effective date.
- ** Rate does not apply beyond the 185th day
- *** Children:
 - A single rate is charged for all children insured under your policy.
 - Application for child alone is rated on age 29 and under and a separate application for each child is required.
 - Newborn children under 15 days of age are not eligible for coverage.





For More Information

For more information about CPIC *Life's* short-term health insurance, please contact us at:

CPIC *Life* Administration

P.O. Box 750309

Petaluma, CA 94975

(800) 443-8284

Fax: (707) 778-0425

E-mail: shorttermhealth@cpiclifec.com

www.cpiclifec.com

For information about claims or Shield Select Provider access, please contact us at:

CPIC Life Claims

P.O. Box 3007

Lodi, CA 95241

(800) 537-0666

This is an overview of the benefits offered through the Option One short-term health insurance policy CP 5283-CA underwritten by CPIC *Life*.

Detailed information is available upon request.