



BC Life & Health
Insurance Company

BC Life & Health Insurance Company Individual Monthly Rates Effective March 1, 2007

TONIK PLANS

Calculated Risk-Taker A.K.A. 1500 (DN13)

Age Range	Pricing Area								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
19 - 29	164	132	124	125	146	116	124	106	106
30 - 34	183	147	138	139	163	129	138	117	118
35 - 39	214	171	161	161	189	150	161	136	137
40 - 44	248	198	186	186	219	173	186	157	157
45 - 49	312	249	234	234	276	217	234	197	197
50 - 54	401	319	300	300	353	278	300	251	251
55 - 59	571	454	426	426	502	394	426	356	355
60 - 64	725	576	540	539	637	500	540	450	449
0	246	196	184	185	217	172	184	156	156
1 - 18	149	120	113	114	133	106	113	97	97

Deductible/OOP max: 1,500/1,500

\$40 office visit copay, unlimited, deductible waived

Coinurance: 0%

Rx: \$10 generic copy (no brand coverage)

Maternity not covered

Part-Time Daredevil A.K.A. 3000 (DN14)

Age Range	Pricing Area								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
19 - 29	128	104	98	98	114	94	98	87	87
30 - 34	147	120	112	112	130	107	112	99	99
35 - 39	169	137	129	128	150	123	129	113	113
40 - 44	198	161	150	150	175	143	150	132	131
45 - 49	257	208	194	193	226	185	194	170	168
50 - 54	330	267	249	247	289	236	249	217	215
55 - 59	470	380	354	352	412	335	354	307	304
60 - 64	625	505	470	466	546	445	470	407	402
0	198	161	151	150	175	144	151	132	131
1 - 18	117	96	90	90	104	86	90	80	80

Deductible/OOP max: 3,000/3,000

\$30 office visit copay, limited to 4, deductible waived

Coinurance: 0%

Rx: \$10 generic copy (no brand coverage)

Maternity not covered

Thrill-Seeker A.K.A. 5000 (DN15)

Age Range	Pricing Area								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
19 - 29	115	95	88	89	103	85	88	77	77
30 - 34	123	102	94	95	111	91	94	83	82
35 - 39	141	117	108	108	127	104	108	94	93
40 - 44	163	134	124	125	146	119	124	108	107
45 - 49	216	178	163	164	192	157	164	142	140
50 - 54	276	226	208	208	244	199	209	180	177
55 - 59	392	321	294	295	346	281	296	253	249
60 - 64	519	425	389	390	458	372	391	334	328
0	174	143	132	133	155	127	132	115	113
1 - 18	107	89	82	83	97	80	83	73	72

Deductible/OOP max: 5,000/5,000

\$20 office visit copay, limited to 4, deductible waived

Coinurance: 0%

Rx: \$10 generic copy (no brand coverage)

Maternity not covered

Note: The new contract codes above are effective 3/1/07, and used to be T773, T774, and T775 respectively.