



# Small Group Monthly Rates

Effective May 1, 2006

Medical, Dental, Life and Vision Plans

Offered by Blue Cross of California (BCC) or BC Life & Health Insurance Company (BCL&H):

**Medical Plans**

Hospital BeneFits.....	BCL&H
Hospital BeneFits Plus .....	BCL&H
Hospital BeneFits Preferred .....	BCL&H
Comprehensive PPO BeneFits: \$35 Copay GenRx Plan.....	BCL&H
Comprehensive HMO BeneFits: Power Select HMO Plan.....	BCC

**Dental Options**

Dental BeneFits PPO Plan.....	BCL&H
Dental Net HMO Plan .....	BCC

**Life Options**

Basic Term Life and AD&D coverage .....	BCL&H
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**Vision Options**

Blue View .....	BCL&H
Blue View Plus .....	BCL&H

# Medical Rating Area Definitions

The following indicate rating area by county and ZIP code except for the Power Select HMO Plan. The employee's home address determines the rating area. If there is a question regarding area availability, please call your local agent or Blue Cross at (800) 627-8797.

<b>Alameda</b>	95304, 95377, 95391 all other Alameda ZIPs	Area 2 Area 3
<b>Alpine</b>		Area 2
<b>Amador</b>		Area 2
<b>Butte</b>		Area 3
<b>Calaveras</b>		Area 2
<b>Colusa</b>		Area 3
<b>Contra Costa</b>		Area 3
<b>Del Norte</b>		Area 1
<b>El Dorado</b>		Area 2
<b>Fresno</b>	93245, 93313, 93618 all other Fresno ZIPs	Area 7 Area 2
<b>Glenn</b>		Area 3
<b>Humboldt</b>		Area 3
<b>Imperial</b>		Area 6
<b>Inyo</b>	93527 all other Inyo ZIPs	Area 7 Area 2
<b>Kern</b>	93536 93558 all other Kern ZIPs	Area 9 Area 6 Area 7
<b>Kings</b>	93242, 93631, 93656 all other Kings ZIPs	Area 2 Area 7
<b>Lake</b>		Area 3
<b>Lassen</b>		Area 1
<b>Los Angeles</b>	ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560  90623, 90630, 90631 91709 93243, 93560 all other Los Angeles ZIP codes	Area 9  Area 4 Area 6 Area 7 Area 5
<b>Madera</b>		Area 2
<b>Marin</b>		Area 2
<b>Mariposa</b>		Area 2
<b>Mendocino</b>		Area 3
<b>Merced</b>		Area 2

<b>Modoc</b>		Area 1
<b>Mono</b>		Area 2
<b>Monterey</b>	93451 95076 all other Monterey ZIPs	Area 8 Area 3 Area 1
<b>Napa</b>		Area 3
<b>Nevada</b>	95977 all other Nevada ZIPs	Area 3 Area 2
<b>Orange</b>	90638 all other Orange ZIPs	Area 9 Area 4
<b>Placer</b>	95668, 95692 all other Placer ZIPs	Area 3 Area 2
<b>Plumas</b>	95981 all other Plumas ZIPs	Area 3 Area 1
<b>Riverside</b>	92883 all other Riverside ZIPs	Area 4 Area 6
<b>Sacramento</b>	94571 all other Sacramento ZIPs	Area 3 Area 2
<b>San Benito</b>	93930, 95004 all other San Benito ZIPs	Area 1 Area 2
<b>San Bernardino</b>	91766, 91792 93516, 93555 all other San Bernardino ZIPs	Area 9 Area 7 Area 6
<b>San Diego</b>		Area 6
<b>San Francisco</b>		Area 3
<b>San Joaquin</b>	94514 all other San Joaquin ZIPs	Area 3 Area 2
<b>San Luis Obispo</b>	93252 93426 all other San Luis Obispo ZIPs	Area 7 Area 1 Area 8

<b>San Mateo</b>		Area 2
<b>Santa Barbara</b>	93252 all other Santa Barbara ZIPs	Area 7 Area 8
<b>Santa Clara</b>	94303, 95023 all other Santa Clara ZIPs	Area 2 Area 3
<b>Santa Cruz</b>		Area 3
<b>Shasta</b>		Area 1
<b>Sierra</b>	95922 95960 all other Sierra ZIPs	Area 3 Area 2 Area 1
<b>Siskiyou</b>		Area 1
<b>Solano</b>	95690 all other Solano ZIPs	Area 2 Area 3
<b>Sonoma</b>		Area 3
<b>Stanislaus</b>		Area 2
<b>Sutter</b>	95626, 95648, 95837 all other Sutter ZIPs	Area 2 Area 3
<b>Tehama</b>	95963, 95973 all other Tehama ZIPs	Area 3 Area 1
<b>Trinity</b>	95526 all other Trinity ZIPs	Area 3 Area 1
<b>Tulare</b>	93631, 93641, 93646, 93654 all other Tulare ZIPs	Area 2 Area 7
<b>Tuolumne</b>		Area 2
<b>Ventura</b>	90265 and ZIP codes beginning with 913 93252 all other Ventura ZIPs	Area 5 Area 7 Area 8
<b>Yolo</b>		Area 3
<b>Yuba</b>	95960 all other Yuba ZIPs	Area 2 Area 3

## Power Select HMO Medical Rating Area Definition

The following indicate rating area by county and ZIP code for the Power Select HMO Plan only. The employees home address determines the rating area. If there is a question regarding area availability, please call your local agent or Blue Cross at (800) 627-8797.

<b>Alameda</b>	95304, 95377, 95391 all other Alameda ZIPs	Area 2 Area 3
<b>Contra Costa</b>		Area 3
<b>Fresno</b>	93245, 93313, 93618 all other Fresno ZIPs	Area 7 Area 2
<b>Imperial</b>		Area 6
<b>Kern</b>	93536 93558 all other Kern ZIPs	Area 9 Area 6 Area 7
<b>Los Angeles</b>	ZIP codes beginning with 906-912, 915, 917, 918 & 935 (except 90623, 90630, 90631, 91709, 93560) 90623, 90630, 90631 91709 93243, 93560 all other Los Angeles ZIP codes	Area 9 Area 4 Area 6 Area 7 Area 5
<b>Merced</b>		Area 2
<b>Nevada</b>	95977 all other Nevada ZIPs (except 95728, 96111, 96160, 96161 & 96162)	Area 3 Area 2
<b>Orange</b>	90638 all other Orange ZIPs	Area 9 Area 4
<b>Placer</b>	95668, 95692 all other Placer ZIPs (except 95715, 95724, 96140, 96141, 96142, 96143, 96145, 96146, 96148 & 96161)	Area 3 Area 2
<b>Riverside</b>	92883 all other Riverside ZIPs (except 92225, 92226, 92239)	Area 4 Area 6
<b>Sacramento</b>	94571 all other Sacramento ZIPs	Area 3 Area 2
<b>San Bernardino</b>	91766, 91792 93516, 93555 all other San Bernardino ZIPs (except 92363, 92364, 92365)	Area 9 Area 7 Area 6
<b>San Diego</b>	San Diego (except 91901, 91905, 91906, 91916, 91917, 91934, 91935, 91948, 91962, 91963, 91980, 92004, 92036, 92059, 92061, 92066 & 92086)	Area 6
<b>San Francisco</b>		Area 3
<b>San Joaquin</b>	94514 all other San Joaquin ZIPs	Area 3 Area 2
<b>San Mateo</b>		Area 2
<b>Santa Clara</b>	94303, 95023 all other Santa Clara ZIPs	Area 2 Area 3
<b>Santa Cruz</b>		Area 3
<b>Stanislaus</b>		Area 2
<b>Tulare</b>	93631, 93641, 93646, 93654 all other Tulare ZIPs	Area 2 Area 7
<b>Yolo</b>		Area 3

## Calculating Your Group's Rates

This rate guide includes the Standard Employee Risk Rates (SERR) or 1.00 Risk Adjustment Factor (RAF) Rates for all rating areas, as well as Small Group Dental Monthly Rates, Small Group Basic Term Life and AD&D and Vision Monthly Rates. The following calculations are provided to assist you in obtaining the monthly rates for RAFs other than 1.00.

**To obtain 0.90 RAF rates**, multiply the 1.00 Standard Rates by 0.90. If the result is not a whole dollar amount, round up to the next higher whole dollar amount.  
Example: 1.00 Standard Rate is \$206.00  
 $\$206.00 \times 0.90 = \$185.40$ . The .90 RAF rate would be \$186.00.

**To obtain 1.10 RAF rates**, multiply the 1.00 Standard Rates by 1.10. If the result is not a whole dollar amount, round down to the next lower whole dollar amount.  
Example: 1.00 Standard Rate is \$206.00  
 $\$206.00 \times 1.10 = \$226.60$ . The 1.10 RAF rate would be \$226.00.

**To obtain all other RAF rates**, multiply the 1.00 Standard Rates by the particular RAF. If the result is not a whole dollar amount, round to the nearest whole dollar amount (amounts with 50 cents or more, round up; amounts with 49 cents or less, round down).

.93 RAF Example: 1.00 Standard Rate is \$206.00  
 $\$206.00 \times 0.93 = \$191.58$ . The 0.93 RAF rate would be \$192.00.

1.05 RAF Example: 1.00 Standard Rate is \$206.00  
 $\$206.00 \times 1.05 = \$216.30$ . The 1.05 RAF rate would be \$216.00.

# BeneFits from Blue Cross

Small Business Solutions. A Package that Fits.

AREA 1		Hospital PPO Coverage			Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$76	\$91	\$109	\$170	n/a
	30 - 39	94	112	133	212	n/a
	40 - 49	129	153	176	285	n/a
	50 - 54	171	202	229	384	n/a
	55 - 59	209	248	280	472	n/a
	60 - 64	273	324	361	604	n/a
	65+ PRIMARY	315	375	418	708	n/a
	65+ SECONDARY	129	153	176	297	n/a
EMPLOYEE & SPOUSE	AGE - under 30	225	267	309	506	n/a
	30 - 39	260	310	355	590	n/a
	40 - 49	253	301	347	581	n/a
	50 - 54	352	418	473	799	n/a
	55 - 59	433	514	578	991	n/a
	60 - 64	520	618	691	1,188	n/a
	65+ PRIMARY	733	871	964	1,672	n/a
	65+ SECONDARY	340	404	459	784	n/a
EMPLOYEE & CHILD(REN)	AGE - under 30	171	202	246	375	n/a
	30 - 39	186	220	266	414	n/a
	40 - 49	188	224	269	419	n/a
	50 - 54	224	266	315	498	n/a
	55 - 59	265	314	368	592	n/a
	60 - 64	325	386	446	731	n/a
	65+ PRIMARY	364	432	495	812	n/a
	65+ SECONDARY	144	171	212	323	n/a
FAMILY	AGE - under 30	253	300	366	569	n/a
	30 - 39	294	350	422	654	n/a
	40 - 49	317	377	450	720	n/a
	50 - 54	381	453	533	853	n/a
	55 - 59	466	553	642	1,037	n/a
	60 - 64	581	691	791	1,304	n/a
	65+ PRIMARY	741	881	997	1,674	n/a
	65+ SECONDARY	344	408	484	789	n/a

**Area 1 (except for Power Select HMO Plan):** Del Norte, Lassen, Modoc, Monterey (except 93451, 95076), Plumas (except ZIP code 95981), San Benito (93930, 95004 only), San Luis Obispo (93426 only), Shasta, Sierra (except 95922, 95960) Siskiyou, Tehama (except 95963, 95973), Trinity (except ZIP code 95526)

AREA 2		Hospital PPO Coverage			Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$72	\$86	\$104	\$139	\$222
	30 - 39	91	109	128	175	284
	40 - 49	124	147	169	238	303
	50 - 54	165	195	222	318	388
	55 - 59	201	238	270	389	491
	60 - 64	260	309	345	503	642
	65+ PRIMARY	331	393	436	643	775
	65+ SECONDARY	134	160	184	268	547
EMPLOYEE & SPOUSE	AGE - under 30	212	253	294	415	557
	30 - 39	247	293	339	489	656
	40 - 49	250	296	341	487	709
	50 - 54	338	403	456	659	743
	55 - 59	415	494	556	818	1,054
	60 - 64	510	606	677	1,005	1,125
	65+ PRIMARY	765	909	1,006	1,504	1,569
	65+ SECONDARY	356	424	479	707	1,300
EMPLOYEE & CHILD(REN)	AGE - under 30	155	184	228	309	520
	30 - 39	176	210	255	341	575
	40 - 49	176	210	255	350	566
	50 - 54	208	246	294	410	569
	55 - 59	247	293	346	488	669
	60 - 64	308	365	424	603	824
	65+ PRIMARY	379	450	516	746	948
	65+ SECONDARY	148	175	217	297	643
FAMILY	AGE - under 30	237	281	347	468	741
	30 - 39	277	329	399	542	861
	40 - 49	305	362	434	594	907
	50 - 54	356	424	500	707	1,037
	55 - 59	433	515	600	857	1,148
	60 - 64	547	650	746	1,083	1,375
	65+ PRIMARY	772	917	1,036	1,521	1,805
	65+ SECONDARY	359	427	505	712	1,451

**Area 2 (except for Power Select HMO Plan):** Alameda (95304, 95377, 95391 only), Alpine, Amador, Calaveras, El Dorado, Fresno (except 93245, 93313, 93618), Inyo (except 93527), Kings (93242, 93631, 93656 only), Madera, Marin, Mariposa, Merced, Mono, Nevada (except 95977), Placer (except 95668, 95692), Sacramento (except 94571), San Benito (except 93930, 95004), San Joaquin (except 94514), San Mateo, Santa Clara (94303, 95023 only), Sierra (95960 only), Solano (95690 only), Stanislaus, Sutter (95626, 95648, 95837 only), Tulare (93631, 93641, 93646, 93654 only), Tuolumne, Yuba (95960 only)

Small Business Solutions. A Package that Fits.

AREA 3		Hospital PPO Coverage			Comprehensive Coverage	
		Hospital Benefits	Hospital Benefits Plus	Hospital Benefits Preferred	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$69	\$82	\$101	\$132	\$198
	30 - 39	83	98	119	161	246
	40 - 49	114	136	159	220	270
	50 - 54	152	181	208	290	338
	55 - 59	186	221	251	359	430
	60 - 64	245	290	326	468	576
	65+ PRIMARY	301	357	399	579	744
	65+ SECONDARY	133	158	183	260	540
EMPLOYEE & SPOUSE	AGE - under 30	200	238	279	382	506
	30 - 39	230	273	318	451	602
	40 - 49	232	276	322	450	660
	50 - 54	313	373	426	609	682
	55 - 59	384	457	518	753	964
	60 - 64	482	573	643	933	1,054
	65+ PRIMARY	699	830	923	1,355	1,519
	65+ SECONDARY	348	413	470	688	1,293
EMPLOYEE & CHILD(REN)	AGE - under 30	149	177	221	282	455
	30 - 39	161	191	236	314	509
	40 - 49	166	197	242	323	508
	50 - 54	194	231	280	379	503
	55 - 59	232	276	329	451	583
	60 - 64	290	345	404	564	732
	65+ PRIMARY	349	415	478	671	914
	65+ SECONDARY	149	177	221	287	635
FAMILY	AGE - under 30	222	263	333	429	648
	30 - 39	258	306	379	495	757
	40 - 49	285	337	413	551	806
	50 - 54	333	396	475	651	916
	55 - 59	406	482	570	785	1,011
	60 - 64	518	615	713	1,007	1,227
	65+ PRIMARY	707	839	957	1,373	1,745
	65+ SECONDARY	349	415	496	692	1,447

**Area 3 (except for Power Select HMO Plan):** Alameda (except 95304, 95377, 95391), Butte, Colusa, Contra Costa, Glenn, Humboldt, Lake, Mendocino, Monterey (95076 only), Napa, Nevada (95977 only), Placer (95668, 95692 only), Plumas (95981 only), Sacramento (94571 only), San Francisco, San Joaquin (94514 only), Santa Clara (except 94303, 95023), Santa Cruz, Sierra (95922 only), Solano (except 95690), Sonoma, Sutter (except 95626, 95648, 95837), Tehama (95963, 95973 only), Trinity (95526 only), Yolo, Yuba (except 95960)

AREA 4		Hospital PPO Coverage			Comprehensive Coverage	
		Hospital Benefits	Hospital Benefits Plus	Hospital Benefits Preferred	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$73	\$87	\$107	\$147	\$147
	30 - 39	93	111	133	184	181
	40 - 49	127	150	175	248	203
	50 - 54	173	206	236	336	253
	55 - 59	207	247	280	415	322
	60 - 64	272	324	364	542	431
	65+ PRIMARY	361	429	478	715	572
	65+ SECONDARY	161	191	220	316	424
EMPLOYEE & SPOUSE	AGE - under 30	222	263	310	445	376
	30 - 39	260	308	358	523	449
	40 - 49	262	311	361	524	494
	50 - 54	354	421	480	711	512
	55 - 59	436	517	586	878	722
	60 - 64	545	648	727	1,092	791
	65+ PRIMARY	839	997	1,106	1,678	1,165
	65+ SECONDARY	423	502	568	850	1,004
EMPLOYEE & CHILD(REN)	AGE - under 30	166	197	245	328	338
	30 - 39	182	216	267	362	382
	40 - 49	183	217	268	373	381
	50 - 54	220	261	315	439	379
	55 - 59	258	306	365	521	438
	60 - 64	326	388	453	658	550
	65+ PRIMARY	416	494	568	831	704
	65+ SECONDARY	176	209	259	352	495
FAMILY	AGE - under 30	248	295	370	496	485
	30 - 39	286	340	419	578	568
	40 - 49	318	377	459	642	608
	50 - 54	377	448	536	756	684
	55 - 59	456	542	637	914	754
	60 - 64	584	694	803	1,175	919
	65+ PRIMARY	847	1,006	1,142	1,696	1,338
	65+ SECONDARY	431	512	605	857	1,125

**Area 4 (except for PowerSelect HMO Plan):** Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)

# BeneFits from Blue Cross

Small Business Solutions. A Package that Fits.

AREA 5		Hospital PPO Coverage			Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$85	\$101	\$121	\$165	\$156
	30 - 39	106	126	149	208	192
	40 - 49	142	168	196	277	211
	50 - 54	189	224	256	374	264
	55 - 59	236	280	316	460	334
	60 - 64	310	368	412	607	450
	65+ PRIMARY	376	447	497	730	568
	65+ SECONDARY	168	200	230	323	427
EMPLOYEE & SPOUSE	AGE - under 30	249	296	345	493	396
	30 - 39	297	353	407	581	467
	40 - 49	297	353	407	581	516
	50 - 54	405	481	547	793	532
	55 - 59	493	585	659	979	747
	60 - 64	617	733	819	1,214	824
	65+ PRIMARY	870	1,034	1,145	1,714	1,154
	65+ SECONDARY	441	524	592	867	1,004
EMPLOYEE & CHILD(REN)	AGE - under 30	186	221	271	365	356
	30 - 39	207	245	299	402	393
	40 - 49	210	250	303	415	395
	50 - 54	252	300	357	495	390
	55 - 59	294	349	411	581	453
	60 - 64	373	442	512	733	575
	65+ PRIMARY	432	513	589	849	699
	65+ SECONDARY	180	213	263	355	498
FAMILY	AGE - under 30	282	335	413	553	508
	30 - 39	329	391	474	644	589
	40 - 49	365	432	518	715	633
	50 - 54	426	507	600	847	714
	55 - 59	519	616	719	1,023	787
	60 - 64	668	793	911	1,313	959
	65+ PRIMARY	880	1,046	1,184	1,732	1,329
	65+ SECONDARY	444	527	621	878	1,126

**Area 5 (except for Power Select HMO Plan):** Los Angeles (except 93243 and except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (90265 and ZIP codes beginning with 913 only)

AREA 6		Hospital PPO Coverage			Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$73	\$87	\$106	\$132	\$179
	30 - 39	90	107	128	163	229
	40 - 49	127	150	174	221	246
	50 - 54	168	200	229	297	316
	55 - 59	207	247	279	368	396
	60 - 64	274	326	365	480	531
	65+ PRIMARY	364	431	479	636	659
	65+ SECONDARY	157	186	214	278	491
EMPLOYEE & SPOUSE	AGE - under 30	224	265	310	390	464
	30 - 39	262	311	359	459	559
	40 - 49	258	306	355	463	604
	50 - 54	357	423	482	630	629
	55 - 59	440	523	589	781	883
	60 - 64	545	648	725	968	967
	65+ PRIMARY	837	995	1,101	1,484	1,337
	65+ SECONDARY	406	482	546	752	1,154
EMPLOYEE & CHILD(REN)	AGE - under 30	166	197	242	296	424
	30 - 39	185	220	267	322	468
	40 - 49	183	217	265	330	466
	50 - 54	220	261	312	391	464
	55 - 59	260	308	363	463	540
	60 - 64	326	388	450	581	676
	65+ PRIMARY	415	493	564	736	809
	65+ SECONDARY	170	202	249	312	567
FAMILY	AGE - under 30	249	296	368	440	595
	30 - 39	289	344	419	509	697
	40 - 49	324	384	463	570	752
	50 - 54	382	453	538	673	839
	55 - 59	460	545	639	810	933
	60 - 64	584	694	800	1,038	1,128
	65+ PRIMARY	850	1,008	1,141	1,502	1,539
	65+ SECONDARY	412	489	577	754	1,287

**Area 5 (except for Power Select HMO Plan):** Imperial, Kern (93558 only), Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555), San Diego

# BenefIts from Blue Cross

Small Business Solutions. A Package that Fits.

AREA 7		Hospital PPO Coverage			Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$65	\$77	\$94	\$125	\$202
	30 - 39	82	97	117	154	256
	40 - 49	110	130	152	211	273
	50 - 54	146	174	198	280	349
	55 - 59	178	212	240	345	443
	60 - 64	226	270	303	445	586
	65+ PRIMARY	294	349	389	570	701
	65+ SECONDARY	119	141	164	238	499
EMPLOYEE & SPOUSE	AGE - under 30	189	224	264	368	504
	30 - 39	218	260	301	432	595
	40 - 49	220	261	303	429	644
	50 - 54	297	353	403	585	670
	55 - 59	368	438	495	725	951
	60 - 64	452	536	602	889	1,018
	65+ PRIMARY	679	806	895	1,332	1,422
	65+ SECONDARY	314	374	425	626	1,178
EMPLOYEE & CHILD(REN)	AGE - under 30	139	166	207	274	473
	30 - 39	155	185	227	299	519
	40 - 49	157	186	230	308	512
	50 - 54	183	217	263	365	517
	55 - 59	218	260	308	432	608
	60 - 64	273	325	379	534	747
	65+ PRIMARY	335	398	458	659	862
	65+ SECONDARY	128	153	193	263	585
FAMILY	AGE - under 30	209	249	312	415	672
	30 - 39	245	290	356	478	783
	40 - 49	269	319	388	525	823
	50 - 54	317	376	450	626	939
	55 - 59	384	455	536	756	1,042
	60 - 64	482	574	664	958	1,247
	65+ PRIMARY	683	811	922	1,346	1,637
	65+ SECONDARY	320	380	453	632	1,314

**Area 7 (except for Power Select HMO Plan):** Fresno (93245, 93313, 93618 only), Inyo (93527 only), Kern (except 93536, 93558), Kings (except ZIP codes 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		Hospital PPO Coverage			Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$65	\$77	\$95	\$128	n/a
	30 - 39	82	97	118	160	n/a
	40 - 49	110	130	153	216	n/a
	50 - 54	146	174	199	289	n/a
	55 - 59	178	212	241	354	n/a
	60 - 64	226	270	304	457	n/a
	65+ PRIMARY	294	349	390	585	n/a
	65+ SECONDARY	119	141	165	244	n/a
EMPLOYEE & SPOUSE	AGE - under 30	189	224	266	379	n/a
	30 - 39	218	260	303	446	n/a
	40 - 49	220	261	305	441	n/a
	50 - 54	297	353	405	601	n/a
	55 - 59	368	438	497	745	n/a
	60 - 64	452	536	604	914	n/a
	65+ PRIMARY	679	806	897	1,369	n/a
	65+ SECONDARY	314	374	427	645	n/a
EMPLOYEE & CHILD(REN)	AGE - under 30	139	166	209	282	n/a
	30 - 39	155	185	229	309	n/a
	40 - 49	157	186	232	316	n/a
	50 - 54	183	217	265	373	n/a
	55 - 59	218	260	310	445	n/a
	60 - 64	273	325	381	550	n/a
	65+ PRIMARY	335	398	460	678	n/a
	65+ SECONDARY	128	153	195	270	n/a
FAMILY	AGE - under 30	209	249	317	425	n/a
	30 - 39	245	290	361	493	n/a
	40 - 49	269	319	393	541	n/a
	50 - 54	317	376	455	644	n/a
	55 - 59	384	455	541	775	n/a
	60 - 64	482	574	669	984	n/a
	65+ PRIMARY	683	811	927	1,383	n/a
	65+ SECONDARY	320	380	458	648	n/a

**Area 8 (except for Power Select HMO Plan):** Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)

# BenefIts from Blue Cross

Small Business Solutions. A Package that Fits.

AREA 9		Hospital PPO Coverage			Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$66	\$77	\$97	\$130	\$150
	30 - 39	84	100	121	162	185
	40 - 49	113	134	158	216	205
	50 - 54	149	177	205	291	257
	55 - 59	186	221	252	359	322
	60 - 64	242	288	324	472	435
	65+ PRIMARY	293	348	390	567	548
	65+ SECONDARY	134	159	185	253	411
EMPLOYEE & SPOUSE	AGE - under 30	196	232	277	382	382
	30 - 39	233	277	324	450	452
	40 - 49	233	277	324	451	496
	50 - 54	317	376	432	617	514
	55 - 59	387	459	522	760	725
	60 - 64	483	574	647	944	796
	65+ PRIMARY	680	808	901	1,330	1,115
	65+ SECONDARY	351	417	477	681	970
EMPLOYEE & CHILD(REN)	AGE - under 30	146	173	219	288	344
	30 - 39	161	191	240	312	380
	40 - 49	166	197	246	321	381
	50 - 54	198	235	287	383	376
	55 - 59	231	274	330	451	441
	60 - 64	292	347	408	569	555
	65+ PRIMARY	339	402	469	659	676
	65+ SECONDARY	141	167	214	281	481
FAMILY	AGE - under 30	223	264	336	429	489
	30 - 39	258	306	382	499	568
	40 - 49	284	338	417	554	610
	50 - 54	337	399	483	658	689
	55 - 59	406	482	573	794	760
	60 - 64	524	623	725	1,020	927
	65+ PRIMARY	690	820	939	1,343	1,280
	65+ SECONDARY	354	420	506	689	1,088

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

Dental BeneFits (included in Hospital BeneFits Preferred Plan)	PPO coverage from BC Life & Health		
	Areas 1, 2 & 7	Areas 3, 6 & 8	Areas 4, 5 & 9
Subscriber	\$11	\$12	\$13
Subscriber & Spouse	21	23	25
Subscriber & Child	28	30	33
Subscriber & Children	28	30	33
Family	43	48	51

Dental Net	HMO coverage from Blue Cross of CA		
	Areas 1, 2, 3 & 7	Areas 4, 5, 6, & 9	Area 8
Subscriber	\$20	\$15	\$18
Subscriber & Spouse	31	24	28
Subscriber & Child	31	24	28
Subscriber & Children	47	36	42
Family	47	36	42

BC Life & Health Term Life and AD&D Rate per \$1,000 of Coverage		
Age	Less than \$25,000	\$25,000 or More*
Under 30	\$0.20	\$0.16
30-39	0.25	0.20
40-44	0.41	0.33
45-49	0.58	0.46
50-54	0.86	0.69
55-59	1.53	1.22
60-64	2.27	1.82
65-69	3.77	3.02
70-74	5.36	4.29
75-79	8.44	6.75
80-84	12.12	9.70
85-89	18.14	14.51

\* Rates apply to groups offering at least \$25,000 of Basic Life coverage to all enrolled employees. Monthly rates for optional dependent life insurance coverage \$2 or \$4 per family. Life and AD&D benefits reduce by 35% at age 65 and further reduce to 50% at age 70. Benefits terminate upon retirement. Availability of Group Life Insurance is subject to underwriting.

Effective May 1, 2006

# BeneFits from Blue Cross

Small Business Solutions. A Package that Fits.

## Blue View Vision<sup>SM</sup>

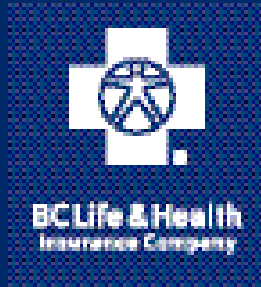
### Blue View

	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	FAMILY
RATE	\$7.00	\$11.00	\$12.00	\$18.00

### Blue View Plus

	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	FAMILY
RATE	\$13.00	\$23.00	\$24.00	\$36.00

Rates listed above are based on current enrollment information. Any enrollment activity, including but not limited to additions, cancellations or benefit plan changes, may result in a change to these rates.



# Solutions Small Business Health Care Plans **at Work**

Insurance coverage underwritten by Blue Cross of California (BCC) or BC Life & Health Insurance Company (BCL&H)

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