



BlueCross
of California



BC Life & Health
Insurance Company

Small Group Monthly Rates

Effective May 1, 2006

Medical, Dental, Life and Vision Plans

Small Group 1.0 RAF Medical Rates

Medical Rating Area Definitions

The following indicate rating area by county and ZIP code. 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.

Alameda	95304, 95377, 95391 all other Alameda ZIPs	Area 2 Area 3
Alpine		Area 2
Amador		Area 2
Butte		Area 3
Calaveras		Area 2
Colusa		Area 3
Contra Costa		Area 3
Del Norte		Area 1
El Dorado		Area 2
Fresno	93245, 93313, 93618 all other Fresno ZIPs	Area 7 Area 2
Glenn		Area 3
Humboldt		Area 3
Imperial		Area 6
Inyo	93527 all other Inyo ZIPs	Area 7 Area 2
Kern	93536 93558 all other Kern ZIPs	Area 9 Area 6 Area 7
Kings	93242, 93631, 93656 all other Kings ZIPs	Area 2 Area 7
Lake		Area 3
Lassen		Area 1
Los Angeles	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
Madera		Area 2
Marin		Area 2
Mariposa		Area 2
Mendocino		Area 3
Merced		Area 2

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

San Mateo		Area 2
Santa Barbara	93252 all other Santa Barbara ZIPs	Area 7 Area 8
Santa Clara	94303, 95023 all other Santa Clara ZIPs	Area 2 Area 3
Santa Cruz		Area 3
Shasta		Area 1
Sierra	95922 95960 all other Sierra ZIPs	Area 3 Area 2 Area 1
Siskiyou		Area 1
Solano	95690 all other Solano ZIPs	Area 2 Area 3
Sonoma		Area 3
Stanislaus		Area 2
Sutter	95626, 95648, 95837 all other Sutter ZIPs	Area 2 Area 3
Tehama	95963, 95973 all other Tehama ZIPs	Area 3 Area 1
Trinity	95526 all other Trinity ZIPs	Area 3 Area 1
Tulare	93631, 93641, 93646, 93654 all other Tulare ZIPs	Area 2 Area 7
Tuolumne		Area 2
Ventura	90265 and ZIP codes beginning with 913 93252 all other Ventura ZIPs	Area 5 Area 7 Area 8
Yolo		Area 3
Yuba	95960 all other Yuba ZIPs	Area 2 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, and Small Group Basic Term Life and Vision Monthly Rates. The following calculations are provided to assist you in obtaining the monthly Medical 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.

For your convenience, rates for all 21 RAFs are posted online; see below for Web site access instructions.

Medical Rates Online – All RAFs

- 1) Go to <http://www.bluecrossca.com>
- 2) Click on [Agents/Brokers](#)
- 3) Select [Individual, Small Group and Senior Agents](#)
- 4) Log in using your secure User ID and password
- 5) Click on [Small Group Information](#)
- 6) Select [Monthly Rates for Small Group Medical Plans](#)

AREA 1 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 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)

AREA 1		PPO				HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$330	\$238	\$170	\$134	\$315
	30 - 39	405	301	212	180	396
	40 - 49	542	396	285	262	432
	50 - 54	729	531	384	314	546
	55 - 59	893	657	472	400	693
	60 - 64	1,142	843	604	501	921
	65+ PRIMARY	1,335	981	708	651	1,150
	65+ SECONDARY	556	412	297	371	783
EMPLOYEE & SPOUSE	AGE - under 30	\$957	\$704	\$506	\$277	\$835
	30 - 39	1,126	826	590	372	985
	40 - 49	1,092	808	581	535	1,077
	50 - 54	1,516	1,117	799	651	1,109
	55 - 59	1,876	1,381	991	828	1,584
	60 - 64	2,253	1,656	1,188	1,010	1,696
	65+ PRIMARY	3,168	2,331	1,672	1,244	2,387
	65+ SECONDARY	1,495	1,097	784	740	1,907
EMPLOYEE & CHILD(REN)	AGE - under 30	\$716	\$521	\$375	\$244	\$744
	30 - 39	785	577	414	313	822
	40 - 49	798	584	419	409	815
	50 - 54	947	693	498	449	804
	55 - 59	1,126	829	592	513	961
	60 - 64	1,385	1,018	731	596	1,172
	65+ PRIMARY	1,547	1,141	812	750	1,415
	65+ SECONDARY	607	453	323	514	922
FAMILY	AGE - under 30	\$1,072	\$793	\$569	\$380	\$1,055
	30 - 39	1,238	913	654	506	1,229
	40 - 49	1,364	1,006	720	649	1,303
	50 - 54	1,616	1,191	853	679	1,473
	55 - 59	1,963	1,443	1,037	861	1,657
	60 - 64	2,470	1,814	1,304	1,016	1,964
	65+ PRIMARY	3,171	2,334	1,674	1,286	2,704
	65+ SECONDARY	1,498	1,101	789	758	2,087

AREA 2		PPO				HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$266	\$202	\$139	\$112	\$265
	30 - 39	337	251	175	149	340
	40 - 49	447	338	238	217	362
	50 - 54	601	453	318	261	462
	55 - 59	735	558	389	331	587
	60 - 64	953	718	503	415	769
	65+ PRIMARY	1,220	921	643	540	928
	65+ SECONDARY	508	384	268	307	655
EMPLOYEE & SPOUSE	AGE - under 30	\$787	\$596	\$415	\$230	\$665
	30 - 39	924	698	489	309	786
	40 - 49	922	694	487	444	849
	50 - 54	1,259	948	659	540	889
	55 - 59	1,555	1,173	818	686	1,262
	60 - 64	1,899	1,437	1,005	837	1,347
	65+ PRIMARY	2,853	2,159	1,504	1,031	1,878
	65+ SECONDARY	1,337	1,009	707	614	1,555
EMPLOYEE & CHILD(REN)	AGE - under 30	\$587	\$444	\$309	\$202	\$622
	30 - 39	646	487	341	260	687
	40 - 49	662	498	350	338	678
	50 - 54	782	593	410	372	682
	55 - 59	927	700	488	425	800
	60 - 64	1,148	868	603	494	985
	65+ PRIMARY	1,419	1,071	746	621	1,133
	65+ SECONDARY	561	419	297	426	770
FAMILY	AGE - under 30	\$885	\$667	\$468	\$315	\$886
	30 - 39	1,024	772	542	419	1,032
	40 - 49	1,132	855	594	538	1,085
	50 - 54	1,339	1,010	707	563	1,241
	55 - 59	1,622	1,228	857	714	1,374
	60 - 64	2,048	1,549	1,083	842	1,646
	65+ PRIMARY	2,882	2,174	1,521	1,066	2,160
	65+ SECONDARY	1,355	1,021	712	628	1,736

65+ PRIMARY: Blue Cross is primary to Medicare. 65+ SECONDARY: Blue Cross is secondary to Medicare. *Underwritten by BC Life & Health Insurance Company; all other plans underwritten by Blue Cross of California.

AREA 3 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 Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)

AREA 3		PPO				HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$249	\$188	\$132	\$104	\$244
	30 - 39	306	231	161	138	301
	40 - 49	411	310	220	200	331
	50 - 54	552	417	290	241	414
	55 - 59	679	513	359	307	526
	60 - 64	885	669	468	384	706
	65+ PRIMARY	1,099	832	579	500	911
	65+ SECONDARY	498	371	260	284	662
EMPLOYEE & SPOUSE	AGE - under 30	\$725	\$547	\$382	\$213	\$619
	30 - 39	851	646	451	285	738
	40 - 49	850	646	450	411	809
	50 - 54	1,158	874	609	500	836
	55 - 59	1,426	1,079	753	635	1,181
	60 - 64	1,771	1,338	933	776	1,291
	65+ PRIMARY	2,569	1,941	1,355	955	1,861
	65+ SECONDARY	1,301	985	688	569	1,584
EMPLOYEE & CHILD(REN)	AGE - under 30	\$536	\$406	\$282	\$188	\$557
	30 - 39	597	450	314	241	623
	40 - 49	608	462	323	313	622
	50 - 54	721	546	379	344	616
	55 - 59	854	641	451	394	715
	60 - 64	1,069	808	564	458	898
	65+ PRIMARY	1,277	963	671	575	1,120
	65+ SECONDARY	545	411	287	395	779
FAMILY	AGE - under 30	\$814	\$614	\$429	\$291	\$796
	30 - 39	943	711	495	388	927
	40 - 49	1,044	789	551	498	988
	50 - 54	1,235	932	651	521	1,122
	55 - 59	1,489	1,127	785	661	1,239
	60 - 64	1,909	1,440	1,007	779	1,504
	65+ PRIMARY	2,600	1,963	1,373	988	2,137
	65+ SECONDARY	1,316	1,000	692	582	1,773

AREA 4		PPO				HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$281	\$213	\$147	\$119	\$202
	30 - 39	355	265	184	159	252
	40 - 49	475	358	248	230	280
	50 - 54	641	482	336	276	350
	55 - 59	783	593	415	353	445
	60 - 64	1,030	778	542	442	596
	65+ PRIMARY	1,353	1,022	715	574	789
	65+ SECONDARY	602	456	316	327	586
EMPLOYEE & SPOUSE	AGE - under 30	\$840	\$635	\$445	\$245	\$520
	30 - 39	990	746	523	328	619
	40 - 49	989	749	524	472	683
	50 - 54	1,349	1,018	711	574	708
	55 - 59	1,663	1,257	878	730	995
	60 - 64	2,070	1,564	1,092	891	1,091
	65+ PRIMARY	3,183	2,407	1,678	1,097	1,609
	65+ SECONDARY	1,612	1,221	850	654	1,387
EMPLOYEE & CHILD(REN)	AGE - under 30	\$621	\$468	\$328	\$215	\$467
	30 - 39	686	520	362	276	526
	40 - 49	702	532	373	360	525
	50 - 54	834	630	439	396	521
	55 - 59	988	746	521	452	604
	60 - 64	1,246	943	658	526	759
	65+ PRIMARY	1,578	1,190	831	661	972
	65+ SECONDARY	663	501	352	453	684
FAMILY	AGE - under 30	\$941	\$711	\$496	\$335	\$670
	30 - 39	1,095	826	578	445	786
	40 - 49	1,211	916	642	572	839
	50 - 54	1,436	1,087	756	598	942
	55 - 59	1,734	1,309	914	760	1,040
	60 - 64	2,226	1,683	1,175	895	1,269
	65+ PRIMARY	3,214	2,429	1,696	1,135	1,847
	65+ SECONDARY	1,625	1,231	857	669	1,552

65+ PRIMARY: Blue Cross is primary to Medicare. 65+ SECONDARY: Blue Cross is secondary to Medicare. *Underwritten by BC Life & Health Insurance Company; all other plans underwritten by Blue Cross of California.

AREA 5 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 Imperial, Kern (93558 only), Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555), San Diego

AREA 5		PPO				HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$312	\$236	\$165	\$132	\$196
	30 - 39	392	297	208	177	239
	40 - 49	529	399	277	257	265
	50 - 54	716	541	374	308	332
	55 - 59	877	658	460	394	419
	60 - 64	1,151	868	607	493	564
	65+ PRIMARY	1,384	1,048	730	641	711
	65+ SECONDARY	610	459	323	364	535
EMPLOYEE & SPOUSE	AGE - under 30	\$936	\$703	\$493	\$273	\$495
	30 - 39	1,103	833	581	366	586
	40 - 49	1,103	835	581	526	645
	50 - 54	1,504	1,136	793	641	664
	55 - 59	1,850	1,396	979	814	937
	60 - 64	2,308	1,740	1,214	994	1,033
	65+ PRIMARY	3,252	2,456	1,714	1,223	1,444
	65+ SECONDARY	1,642	1,243	867	729	1,258
EMPLOYEE & CHILD(REN)	AGE - under 30	\$694	\$523	\$365	\$241	\$446
	30 - 39	767	581	402	308	492
	40 - 49	787	593	415	402	493
	50 - 54	932	707	495	442	489
	55 - 59	1,106	832	581	504	567
	60 - 64	1,388	1,049	733	586	718
	65+ PRIMARY	1,611	1,214	849	737	876
	65+ SECONDARY	678	512	355	506	623
FAMILY	AGE - under 30	\$1,055	\$793	\$553	\$374	\$636
	30 - 39	1,224	922	644	497	738
	40 - 49	1,359	1,027	715	639	791
	50 - 54	1,610	1,216	847	668	894
	55 - 59	1,936	1,463	1,023	847	985
	60 - 64	2,491	1,880	1,313	999	1,200
	65+ PRIMARY	3,284	2,479	1,732	1,266	1,663
	65+ SECONDARY	1,658	1,252	878	746	1,409

AREA 6		PPO				HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$248	\$188	\$132	\$105	\$216
	30 - 39	312	236	163	142	276
	40 - 49	419	322	221	205	297
	50 - 54	570	433	297	245	382
	55 - 59	697	531	368	313	478
	60 - 64	908	692	480	391	639
	65+ PRIMARY	1,197	914	636	510	794
	65+ SECONDARY	529	406	278	290	591
EMPLOYEE & SPOUSE	AGE - under 30	\$742	\$565	\$390	\$218	\$558
	30 - 39	876	665	459	291	674
	40 - 49	877	665	463	419	728
	50 - 54	1,193	909	630	510	759
	55 - 59	1,472	1,125	781	648	1,066
	60 - 64	1,830	1,394	968	791	1,168
	65+ PRIMARY	2,810	2,142	1,484	974	1,614
	65+ SECONDARY	1,422	1,085	752	580	1,392
EMPLOYEE & CHILD(REN)	AGE - under 30	\$552	\$424	\$296	\$191	\$511
	30 - 39	606	464	322	245	565
	40 - 49	623	475	330	320	563
	50 - 54	739	561	391	351	558
	55 - 59	878	668	463	402	652
	60 - 64	1,100	840	581	467	815
	65+ PRIMARY	1,391	1,064	736	587	976
	65+ SECONDARY	592	450	312	403	684
FAMILY	AGE - under 30	\$834	\$637	\$440	\$297	\$718
	30 - 39	965	739	509	396	842
	40 - 49	1,076	820	570	508	907
	50 - 54	1,269	970	673	532	1,013
	55 - 59	1,533	1,166	810	673	1,125
	60 - 64	1,966	1,500	1,038	795	1,362
	65+ PRIMARY	2,840	2,165	1,502	1,007	1,858
	65+ SECONDARY	1,434	1,090	754	594	1,552

65+ PRIMARY: Blue Cross is primary to Medicare. 65+ SECONDARY: Blue Cross is secondary to Medicare. *Underwritten by BC Life & Health Insurance Company; all other plans underwritten by Blue Cross of California.

AREA 7 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 Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)

AREA 7

		PPO				HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$235	\$178	\$125	\$99	\$234
	30 - 39	301	223	154	132	297
	40 - 49	397	299	211	192	318
	50 - 54	529	401	280	230	406
	55 - 59	652	492	345	293	516
	60 - 64	842	637	445	367	680
	65+ PRIMARY	1,081	815	570	479	814
	65+ SECONDARY	448	341	238	272	580
EMPLOYEE & SPOUSE	AGE - under 30	\$699	\$528	\$368	\$204	\$586
	30 - 39	820	618	432	274	692
	40 - 49	817	617	429	392	748
	50 - 54	1,113	838	585	479	779
	55 - 59	1,375	1,041	725	608	1,106
	60 - 64	1,682	1,270	889	742	1,184
	65+ PRIMARY	2,526	1,913	1,332	914	1,651
	65+ SECONDARY	1,183	898	626	543	1,368
EMPLOYEE & CHILD(REN)	AGE - under 30	\$520	\$393	\$274	\$180	\$549
	30 - 39	573	429	299	230	604
	40 - 49	588	441	308	299	596
	50 - 54	694	525	365	329	600
	55 - 59	822	620	432	376	707
	60 - 64	1,017	771	534	437	868
	65+ PRIMARY	1,255	950	659	550	1,001
	65+ SECONDARY	497	370	263	378	679
FAMILY	AGE - under 30	\$786	\$591	\$415	\$279	\$781
	30 - 39	905	685	478	371	910
	40 - 49	1,001	757	525	476	957
	50 - 54	1,184	898	626	498	1,091
	55 - 59	1,436	1,087	756	632	1,210
	60 - 64	1,812	1,371	958	746	1,449
	65+ PRIMARY	2,551	1,925	1,346	945	1,902
	65+ SECONDARY	1,203	904	632	557	1,527

AREA 8

		PPO				HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$241	\$185	\$128	\$101	\$224
	30 - 39	309	229	160	137	286
	40 - 49	409	308	216	198	309
	50 - 54	544	411	289	237	396
	55 - 59	668	506	354	303	494
	60 - 64	865	654	457	379	661
	65+ PRIMARY	1,110	837	585	493	822
	65+ SECONDARY	459	350	244	280	611
EMPLOYEE & SPOUSE	AGE - under 30	\$717	\$542	\$379	\$209	\$579
	30 - 39	843	635	446	282	695
	40 - 49	839	634	441	405	756
	50 - 54	1,142	862	601	493	787
	55 - 59	1,411	1,069	745	625	1,104
	60 - 64	1,727	1,304	914	764	1,212
	65+ PRIMARY	2,595	1,966	1,369	940	1,672
	65+ SECONDARY	1,216	921	645	559	1,443
EMPLOYEE & CHILD(REN)	AGE - under 30	\$535	\$404	\$282	\$184	\$530
	30 - 39	590	442	309	237	584
	40 - 49	602	451	316	308	580
	50 - 54	711	540	373	340	579
	55 - 59	843	639	445	388	675
	60 - 64	1,044	791	550	451	844
	65+ PRIMARY	1,292	977	678	566	1,010
	65+ SECONDARY	509	381	270	389	708
FAMILY	AGE - under 30	\$807	\$608	\$425	\$288	\$743
	30 - 39	931	704	493	382	873
	40 - 49	1,027	778	541	490	937
	50 - 54	1,216	920	644	513	1,046
	55 - 59	1,473	1,115	775	650	1,165
	60 - 64	1,861	1,409	984	768	1,409
	65+ PRIMARY	2,619	1,979	1,383	973	1,922
	65+ SECONDARY	1,235	930	648	573	1,606

65+ PRIMARY: Blue Cross is primary to Medicare. 65+ SECONDARY: Blue Cross is secondary to Medicare. *Underwritten by BC Life & Health Insurance Company; all other plans underwritten by Blue Cross of California.

AREA 9 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)

AREA 9		PPO				HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx ^c	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$241	\$182	\$130	\$103	\$188
	30 - 39	305	230	162	138	231
	40 - 49	413	311	216	200	257
	50 - 54	553	419	291	240	321
	55 - 59	682	513	359	307	403
	60 - 64	896	675	472	383	544
	65+ PRIMARY	1,075	815	567	499	687
	65+ SECONDARY	478	364	253	284	516
EMPLOYEE & SPOUSE	AGE - under 30	\$723	\$545	\$382	\$213	\$479
	30 - 39	858	648	450	285	566
	40 - 49	858	648	451	410	622
	50 - 54	1,170	883	617	499	644
	55 - 59	1,438	1,085	760	633	906
	60 - 64	1,795	1,352	944	774	997
	65+ PRIMARY	2,526	1,908	1,330	952	1,396
	65+ SECONDARY	1,293	978	681	567	1,215
EMPLOYEE & CHILD(REN)	AGE - under 30	\$540	\$410	\$288	\$187	\$431
	30 - 39	597	451	312	239	475
	40 - 49	612	459	321	312	476
	50 - 54	726	549	383	343	471
	55 - 59	859	647	451	393	553
	60 - 64	1,079	815	569	457	694
	65+ PRIMARY	1,251	943	659	573	846
	65+ SECONDARY	533	397	281	394	604
FAMILY	AGE - under 30	\$818	\$616	\$429	\$291	\$613
	30 - 39	949	714	499	387	711
	40 - 49	1,057	798	554	497	763
	50 - 54	1,249	944	658	520	862
	55 - 59	1,504	1,137	794	659	951
	60 - 64	1,936	1,459	1,020	777	1,160
	65+ PRIMARY	2,551	1,925	1,343	985	1,603
	65+ SECONDARY	1,304	987	689	580	1,361

65+ PRIMARY: Blue Cross is primary to Medicare. 65+ SECONDARY: Blue Cross is secondary to Medicare. *Underwritten by BC Life & Health Insurance Company; all other plans underwritten by Blue Cross of California.

AREAS:		Silver 1000*			Gold 1500*			Gold Preferred 1500*			Platinum 2000*			Platinum Preferred 2000*		
		1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	Group Size 2-9	\$39	\$43	\$46	\$40	\$45	\$49	\$45	\$52	\$56	\$54	\$57	\$61	\$62	\$66	\$71
	10-24	\$35	\$39	\$42	\$36	\$41	\$45	\$41	\$47	\$50	\$48	\$51	\$55	\$55	\$59	\$63
	25-50	\$32	\$35	\$38	\$33	\$37	\$41	\$37	\$42	\$46	\$46	\$48	\$51	\$52	\$56	\$60
Employee & Spouse	Group Size 2-9	\$76	\$84	\$90	\$79	\$89	\$98	\$89	\$101	\$111	\$107	\$112	\$122	\$123	\$132	\$141
	10-24	\$69	\$76	\$81	\$72	\$81	\$89	\$80	\$91	\$100	\$96	\$100	\$109	\$110	\$118	\$126
	25-50	\$62	\$68	\$73	\$65	\$74	\$81	\$73	\$83	\$91	\$90	\$94	\$103	\$104	\$111	\$119
Employee & Child	Group Size 2-9	\$72	\$79	\$85	\$73	\$84	\$91	\$83	\$95	\$103	\$100	\$107	\$114	\$114	\$123	\$131
	10-24	\$65	\$71	\$77	\$67	\$77	\$83	\$75	\$86	\$93	\$89	\$96	\$102	\$102	\$110	\$117
	25-50	\$59	\$64	\$69	\$60	\$69	\$75	\$68	\$78	\$84	\$84	\$90	\$96	\$96	\$104	\$110
Employee & Children	Group Size 2-9	\$108	\$117	\$127	\$110	\$125	\$137	\$124	\$141	\$154	\$148	\$159	\$170	\$172	\$184	\$196
	10-24	\$97	\$106	\$115	\$100	\$114	\$125	\$112	\$127	\$139	\$132	\$142	\$152	\$153	\$164	\$175
	25-50	\$88	\$95	\$104	\$91	\$103	\$113	\$101	\$115	\$126	\$125	\$134	\$143	\$145	\$155	\$165
Family	Group Size 2-9	\$130	\$142	\$155	\$133	\$153	\$167	\$151	\$172	\$187	\$181	\$194	\$207	\$208	\$222	\$238
	10-24	\$117	\$128	\$139	\$121	\$138	\$151	\$136	\$155	\$168	\$162	\$173	\$185	\$185	\$198	\$212
	25-50	\$106	\$116	\$126	\$110	\$126	\$137	\$123	\$141	\$153	\$153	\$164	\$174	\$175	\$187	\$201

AREAS:		Basic Option PPO/FFS*			Standard Option PPO/FFS*			High Option PPO/FFS*			Dental Net			Dental SelectHMO		
		1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 3, 7	4, 5, 6, 9	8	All Areas Same Rate - Limited Service Areas		
Employee Only		\$26	\$28	\$30	\$34	\$41	\$44	\$51	\$55	\$58	\$20	\$15	\$18	\$13	\$13	\$13
Employee & Spouse		\$49	\$55	\$59	\$72	\$77	\$86	\$101	\$108	\$117	\$31	\$24	\$28	\$27	\$27	\$27
Employee & Child		\$40	\$43	\$46	\$58	\$66	\$72	\$95	\$102	\$108	\$31	\$24	\$28	\$27	\$27	\$27
Employee & Children		\$57	\$63	\$68	\$90	\$98	\$108	\$141	\$152	\$162	\$47	\$36	\$42	\$40	\$40	\$40
Family		\$79	\$88	\$95	\$113	\$126	\$138	\$171	\$184	\$197	\$47	\$36	\$42	\$40	\$40	\$40

	Voluntary PPO Dental Plan*		
Employee Only	\$28	\$28	\$28
Employee & Spouse	\$57	\$57	\$57
Employee & Child	\$42	\$42	\$42
Employee & Children	\$60	\$60	\$60
Family	\$84	\$84	\$84

	Voluntary Dental Saver SelectHMO Plan		
Single	\$9	\$9	\$9
Two-party	\$19	\$19	\$19
Three-party - employee, spouse and child(ren), or employee and child(ren)	\$28	\$28	\$28

*Underwritten by BC Life & Health Insurance Company; all other plans underwritten by Blue Cross of California.

Basic Term Life

Rates for less than \$25,000

Age	Rate per \$1,000 of coverage
Under 30	\$.20
30 - 39	.25
40 - 44	.41
45 - 49	.58
50 - 54	.86
55 - 59	1.53
60 - 64	2.27
65 - 69	3.77
70 - 74	5.36
75 - 79	8.44
80 - 84	12.12
85 - 89	18.14

Rates for \$25,000 or more

For groups offering at least \$25,000 of Basic Life coverage to all enrolled employees

Age	Rate per \$1,000 of coverage
Under 30	\$.16
30 - 39	.20
40 - 44	.33
45 - 49	.46
50 - 54	.69
55 - 59	1.22
60 - 64	1.82
65 - 69	3.02
70 - 74	4.29
75 - 79	6.75
80 - 84	9.70
85 - 89	14.51

Rates for Optional Dependent Life Coverage

\$5,000 spouse, \$5,000 children 6 months to 19 years (age 24 if full-time student); \$500 children under 6 months	\$3.00 per family
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This option only available if employee Life benefit is \$20,000 or more:

\$10,000 spouse, \$1,000 children 6 months to 19 years (age 24 if full-time student); \$1,000 children under 6 months	\$4.00 per family
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Please Note:

Life and AD&D benefits reduce by 25% at age 65 and further reduced to 50% at age 70. Benefits terminate upon retirement. Availability of Group Life Insurance is subject to underwriting.

Basic Term Life Coverage offered by BC Life & Health Insurance Company.

Blue View VisionSM

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**

Blue Cross of California (BCC) is a health care service plan regulated by the Department of Managed Health Care (DMHC). BC Life & Health Insurance Company (BCL&H) is an insurance company regulated by the California Department of Insurance (CDI). BCC and BCL&H are Independent Licensees of the Blue Cross Association (BCA).

BCC offers the Saver HMO Plan, the Premier \$20 Copay Plan, and the PPO \$30 Copay Plan. BCL&H offers the PPO \$35 Copay GenRx Plan and the PPO 2400 (HSA-Compatible) Plan. Dental plans offered by BCC and BCL&H. Life coverage and vision coverage offered by BCL&H.

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