



**BlueCross
of California**



**BC Life & Health
Insurance Company**

Small Group Monthly Rates

Effective May 1, 2006

Medical, Dental, and Life and Vision Plans

MEDICAL PLANS & CONTRACT CODES

Basic PPO	5033	Power HealthFund 500	P943
Saver PPO	NM01	PPO 2400 (HSA-Compatible)	V469
PPO \$35 Copay GenRx	T159	PPO 3500 (HSA-Compatible)	V471
PPO \$40 Copay	5032	High Deductible EPO	8978/8979
PPO \$30 Copay	5031	Power Select HMO	PD56
Advantage PPO \$25 Copay	PE24	Saver HMO	8980/8977
Premier PPO \$20 Copay	5030	Classic HMO	PD40/PD41
Premier PPO \$10 Copay	8982	HMO 100%	5036/5038/5034/5202
Power HealthFund 750	P942		

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](#)

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.

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

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 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
Contra Costa		Area 3
Fresno	93245, 93313, 93618 all other Fresno ZIPs	Area 7 Area 2
Imperial		Area 6
Kern	93536 93558 all other Kern ZIPs	Area 9 Area 6 Area 7
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
Merced		Area 2
Nevada	95977 all other Nevada ZIPs (except 95728, 96111, 96160, 96161 & 96162)	Area 3 Area 2
Orange	90638 all other Orange ZIPs	Area 9 Area 4
Placer	95668, 95692 all other Placer ZIPs (except 95715, 95724, 96140, 96141, 96142, 96143, 96145, 96146, 96148 & 96161)	Area 3 Area 2
Riverside	92883 all other Riverside ZIPs (except 92225, 92226, 92239)	Area 4 Area 6
Sacramento	94571 all other Sacramento ZIPs	Area 3 Area 2
San Bernardino	91766, 91792 93516, 93555 all other San Bernardino ZIPs (except 92363, 92364, 92365)	Area 9 Area 7 Area 6
San Diego	San Diego (except 91901, 91905, 91906, 91916, 91917, 91934, 91935, 91948, 91962, 91963, 91980, 92004, 92036, 92059, 92061, 92066 & 92086)	Area 6
San Francisco		Area 3
San Joaquin	94514 all other San Joaquin ZIPs	Area 3 Area 2
San Mateo		Area 2
Santa Clara	94303, 95023 all other Santa Clara ZIPs	Area 2 Area 3
Santa Cruz		Area 3
Stanislaus		Area 2
Tulare	93631, 93641, 93646, 93654 all other Tulare ZIPs	Area 2 Area 7
Yolo		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.

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)

Medical rates effective May 1, 2006

AREA 1		PPO											EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	\$2,400 High Deductible (HSA-Compatible)*	\$3,500 High Deductible (HSA-Compatible)*	High Deductible EPO	Power Select HMO#	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$89	\$137	\$213	\$238	\$170	\$281	\$330	\$363	\$222	\$189	\$134	\$118	\$187	n/a	\$315	\$331	\$373
	30 - 39	109	170	267	301	212	354	405	449	280	237	180	159	248	n/a	396	413	466
	40 - 49	149	231	358	396	285	467	542	592	368	318	262	230	364	n/a	432	450	506
	50 - 54	196	305	482	531	384	629	729	800	494	429	314	276	426	n/a	546	570	640
	55 - 59	242	377	592	657	472	777	893	984	612	528	400	352	552	n/a	693	722	811
	60 - 64	315	491	757	843	604	997	1,142	1,253	785	674	501	441	691	n/a	921	960	1,080
	65+ PRIMARY	365	569	886	981	708	1,161	1,335	1,436	914	790	651	573	866	n/a	1,150	1,232	1,384
	65+ SECONDARY	149	228	372	412	297	488	556	608	384	331	371	326	485	n/a	783	845	951
EMPLOYEE & SPOUSE	AGE - under 30	\$259	\$406	\$635	\$704	\$506	\$831	\$957	\$1,043	\$624	\$542	\$277	\$244	\$333	n/a	\$835	\$869	\$978
	30 - 39	301	471	740	826	590	975	1,126	1,225	733	631	372	328	450	n/a	985	1,029	1,157
	40 - 49	293	458	727	808	581	955	1,092	1,187	717	621	535	471	641	n/a	1,077	1,131	1,269
	50 - 54	406	631	1,001	1,117	799	1,321	1,516	1,646	993	854	651	573	777	n/a	1,109	1,161	1,305
	55 - 59	500	781	1,242	1,381	991	1,633	1,876	2,038	1,227	1,059	828	728	994	n/a	1,584	1,651	1,856
	60 - 64	601	937	1,489	1,656	1,188	1,960	2,253	2,456	1,472	1,271	1,010	890	1,224	n/a	1,696	1,779	2,000
	65+ PRIMARY	847	1,321	2,096	2,331	1,672	2,759	3,168	3,420	2,071	1,788	1,244	1,094	1,456	n/a	2,387	2,548	2,866
	65+ SECONDARY	393	601	982	1,097	784	1,297	1,495	1,622	973	839	740	651	856	n/a	1,907	2,041	2,293
EMPLOYEE & CHILD(REN)	AGE - under 30	\$196	\$306	\$470	\$521	\$375	\$617	\$716	\$785	\$485	\$406	\$244	\$214	\$302	n/a	\$744	\$776	\$873
	30 - 39	214	335	520	577	414	681	785	868	537	449	313	276	382	n/a	822	850	956
	40 - 49	218	337	526	584	419	691	798	871	545	455	409	359	497	n/a	815	849	954
	50 - 54	258	403	625	693	498	820	947	1,039	646	541	449	396	542	n/a	804	845	950
	55 - 59	306	473	743	829	592	980	1,126	1,239	772	642	513	451	621	n/a	961	1,001	1,124
	60 - 64	375	583	916	1,018	731	1,204	1,385	1,517	948	791	596	525	718	n/a	1,172	1,226	1,378
	65+ PRIMARY	420	656	1,019	1,141	812	1,350	1,547	1,672	1,063	882	750	660	878	n/a	1,415	1,515	1,703
	65+ SECONDARY	165	254	405	453	323	534	607	666	422	350	514	452	570	n/a	922	990	1,112
FAMILY	AGE - under 30	\$292	\$453	\$712	\$793	\$569	\$936	\$1,072	\$1,187	\$720	\$573	\$380	\$334	\$457	n/a	\$1,055	\$1,100	\$1,235
	30 - 39	340	527	819	913	654	1,082	1,238	1,365	830	658	506	445	608	n/a	1,229	1,281	1,441
	40 - 49	367	570	904	1,006	720	1,189	1,364	1,494	914	727	649	571	777	n/a	1,303	1,362	1,530
	50 - 54	440	686	1,070	1,191	853	1,407	1,616	1,783	1,082	860	679	597	822	n/a	1,473	1,539	1,729
	55 - 59	539	833	1,301	1,443	1,037	1,706	1,963	2,158	1,311	1,045	861	757	1,043	n/a	1,657	1,729	1,944
	60 - 64	672	1,045	1,635	1,814	1,304	2,146	2,470	2,702	1,649	1,314	1,016	894	1,226	n/a	1,964	2,045	2,300
	65+ PRIMARY	857	1,336	2,099	2,334	1,674	2,762	3,171	3,422	2,121	1,687	1,286	1,132	1,458	n/a	2,704	2,887	3,247
	65+ SECONDARY	398	611	990	1,101	789	1,302	1,498	1,625	1,000	796	758	667	892	n/a	2,087	2,239	2,517

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.
 #Power Select HMO cannot be offered in combination with any other HMO Plan.

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)

Medical rates effective May 1, 2006

AREA 2

		PPO											EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	\$2400 High Deductible (HSA-Compatible)*	\$3500 High Deductible (HSA-Compatible)*	High Deductible EPO	Power Select HMO#	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$84	\$129	\$175	\$202	\$139	\$238	\$266	\$308	\$189	\$156	\$112	\$97	\$167	\$222	\$265	\$288	\$324
	30 - 39	106	163	220	251	175	296	337	388	234	196	149	132	225	284	340	367	412
	40 - 49	143	224	300	338	238	399	447	513	315	267	217	190	327	303	362	397	446
	50 - 54	190	298	399	453	318	537	601	693	423	356	261	229	396	388	462	501	563
	55 - 59	232	359	487	558	389	661	735	849	520	435	331	291	502	491	587	635	712
	60 - 64	301	467	631	718	503	849	953	1,090	669	562	415	365	628	642	769	835	939
	65+ PRIMARY	382	599	807	921	643	1,089	1,220	1,319	858	720	540	476	834	775	928	1,029	1,155
	65+ SECONDARY	156	234	337	384	268	455	508	550	358	300	307	270	470	547	655	703	792
EMPLOYEE & SPOUSE	AGE - under 30	\$245	\$383	\$520	\$596	\$415	\$704	\$787	\$891	\$529	\$444	\$230	\$202	\$307	\$557	\$665	\$735	\$826
	30 - 39	286	447	614	698	489	824	924	1,048	619	525	309	271	411	656	786	871	979
	40 - 49	288	449	611	694	487	821	922	1,034	617	521	444	391	593	709	849	939	1,054
	50 - 54	392	607	827	948	659	1,121	1,259	1,423	842	705	540	476	722	743	889	985	1,109
	55 - 59	480	752	1,025	1,173	818	1,389	1,555	1,761	1,043	875	686	604	909	1,054	1,262	1,394	1,566
	60 - 64	589	920	1,260	1,437	1,005	1,700	1,899	2,134	1,276	1,076	837	738	1,111	1,125	1,347	1,480	1,664
	65+ PRIMARY	885	1,380	1,886	2,159	1,504	2,556	2,853	3,082	1,919	1,610	1,031	908	1,390	1,569	1,878	2,087	2,347
	65+ SECONDARY	412	632	887	1,009	707	1,194	1,337	1,456	897	757	614	540	828	1,300	1,555	1,665	1,870
EMPLOYEE & CHILD(REN)	AGE - under 30	\$179	\$284	\$388	\$444	\$309	\$525	\$587	\$681	\$414	\$334	\$202	\$179	\$269	\$520	\$622	\$673	\$756
	30 - 39	204	315	428	487	341	577	646	750	455	370	260	228	345	575	687	751	844
	40 - 49	204	317	438	498	350	588	662	757	463	379	338	298	445	566	678	742	834
	50 - 54	240	373	514	593	410	701	782	907	553	444	372	328	493	569	682	736	829
	55 - 59	286	444	612	700	488	829	927	1,078	652	529	425	375	566	669	800	871	979
	60 - 64	355	558	758	868	603	1,028	1,148	1,318	809	656	494	435	656	824	985	1,074	1,207
	65+ PRIMARY	439	684	935	1,071	746	1,266	1,419	1,536	997	808	621	547	850	948	1,133	1,260	1,417
	65+ SECONDARY	171	260	372	419	297	497	561	611	391	321	426	376	553	643	770	824	926
FAMILY	AGE - under 30	\$274	\$430	\$587	\$667	\$468	\$788	\$885	\$1,022	\$606	\$471	\$315	\$277	\$422	\$741	\$886	\$955	\$1,075
	30 - 39	320	496	679	772	542	913	1,024	1,186	702	546	419	369	560	861	1,032	1,122	1,262
	40 - 49	352	548	746	855	594	1,011	1,132	1,300	777	599	538	473	716	907	1,085	1,191	1,340
	50 - 54	412	646	887	1,010	707	1,195	1,339	1,549	918	714	563	496	745	1,037	1,241	1,337	1,502
	55 - 59	500	778	1,074	1,228	857	1,452	1,622	1,872	1,117	862	714	628	945	1,148	1,374	1,491	1,675
	60 - 64	633	985	1,358	1,549	1,083	1,834	2,048	2,351	1,408	1,091	842	741	1,117	1,375	1,646	1,789	2,010
	65+ PRIMARY	892	1,392	1,906	2,174	1,521	2,573	2,882	3,111	1,977	1,532	1,066	938	1,400	1,805	2,160	2,400	2,698
	65+ SECONDARY	415	639	893	1,021	712	1,208	1,355	1,473	927	717	628	553	855	1,451	1,736	1,864	2,097

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.

#Power Select HMO cannot be offered in combination with any other HMO Plan.

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)

Medical rates effective May 1, 2006

AREA 3		PPO											EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	\$2400 High Deductible (HSA-Compatible)*	\$3500 High Deductible (HSA-Compatible)*	High Deductible EPO	Power Select HMO#	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE -under 30	\$80	\$126	\$165	\$188	\$132	\$222	\$249	\$271	\$175	\$147	\$104	\$91	\$159	\$198	\$244	\$267	\$301
	30 - 39	96	151	201	231	161	273	306	337	215	179	138	122	215	246	301	335	376
	40 - 49	132	208	276	310	220	366	411	448	288	245	200	176	302	270	331	364	410
	50 - 54	176	274	365	417	290	493	552	611	388	325	241	212	367	338	414	456	513
	55 - 59	215	335	450	513	359	608	679	750	478	401	307	270	463	430	526	579	653
	60 - 64	282	440	586	669	468	791	885	969	623	522	384	338	577	576	706	767	864
	65+ PRIMARY	347	545	725	832	579	985	1,099	1,146	776	646	500	440	758	744	911	1,039	1,168
65+ SECONDARY	154	239	327	371	260	437	498	520	345	291	284	250	434	540	662	708	796	
EMPLOYEE & SPOUSE	AGE - under 30	\$231	\$361	\$479	\$547	\$382	\$647	\$725	\$781	\$486	\$409	\$213	\$188	\$283	\$506	\$619	\$689	\$776
	30 - 39	266	416	565	646	451	763	851	921	573	483	285	251	381	602	738	823	924
	40 - 49	268	421	564	646	450	763	850	910	573	482	411	361	542	660	809	896	1,006
	50 - 54	362	565	764	874	609	1,033	1,158	1,251	776	653	500	440	659	682	836	920	1,034
	55 - 59	444	697	945	1,079	753	1,277	1,426	1,540	959	806	635	558	844	964	1,181	1,312	1,474
	60 - 64	558	870	1,171	1,338	933	1,583	1,771	1,899	1,188	999	776	683	1,023	1,054	1,291	1,418	1,593
	65+ PRIMARY	809	1,260	1,700	1,941	1,355	2,298	2,569	2,672	1,724	1,451	955	840	1,269	1,519	1,861	2,124	2,388
65+ SECONDARY	403	616	863	985	688	1,166	1,301	1,373	875	738	569	501	747	1,293	1,584	1,695	1,905	
EMPLOYEE & CHILD(REN)	AGE - under 30	\$172	\$266	\$353	\$406	\$282	\$480	\$536	\$596	\$379	\$306	\$188	\$165	\$248	\$455	\$557	\$617	\$695
	30 - 39	186	292	394	450	314	532	597	659	419	340	241	212	322	509	623	694	780
	40 - 49	191	297	404	462	323	547	608	667	431	350	313	275	416	508	622	687	773
	50 - 54	224	347	474	546	379	645	721	793	508	410	344	303	457	503	616	682	766
	55 - 59	268	419	565	641	451	759	854	939	598	489	394	346	521	583	715	797	896
	60 - 64	337	522	708	808	564	957	1,069	1,170	753	613	458	403	611	732	898	990	1,111
	65+ PRIMARY	404	631	843	963	671	1,141	1,277	1,329	897	728	575	506	772	914	1,120	1,280	1,438
65+ SECONDARY	172	268	359	411	287	487	545	571	383	311	395	348	500	635	779	834	937	
FAMILY	AGE - under 30	\$256	\$399	\$539	\$614	\$429	\$725	\$814	\$898	\$558	\$433	\$291	\$257	\$385	\$648	\$796	\$877	\$987
	30 - 39	298	465	620	711	495	841	943	1,041	647	499	388	342	510	757	927	1,035	1,163
	40 - 49	328	513	691	789	551	932	1,044	1,144	717	556	498	439	656	806	988	1,098	1,232
	50 - 54	385	598	816	932	651	1,104	1,235	1,364	848	657	521	458	688	916	1,122	1,239	1,394
	55 - 59	470	731	985	1,127	785	1,333	1,489	1,644	1,025	792	661	581	875	1,011	1,239	1,379	1,550
	60 - 64	598	934	1,263	1,440	1,007	1,704	1,909	2,088	1,308	1,014	779	686	1,026	1,227	1,504	1,650	1,855
	65+ PRIMARY	817	1,275	1,723	1,963	1,373	2,321	2,600	2,701	1,783	1,385	988	869	1,271	1,745	2,137	2,443	2,745
65+ SECONDARY	404	619	867	1,000	692	1,184	1,316	1,383	909	697	582	512	778	1,447	1,773	1,896	2,132	

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.
 #Power Select HMO cannot be offered in combination with any other HMO Plan.

AREA 4 (except for Power Select HMO Plan): Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)

Medical rates effective May 1, 2006

AREA 4

		PPO											EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	\$2400 High Deductible (HSA-Compatible)*	\$3500 High Deductible (HSA-Compatible)*	High Deductible EPO	Power Select HMO#	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$84	\$132	\$185	\$213	\$147	\$252	\$281	\$335	\$198	\$164	\$119	\$105	\$125	\$147	\$202	\$209	\$240
	30 - 39	108	169	231	265	184	313	355	421	247	206	159	140	171	181	252	267	307
	40 - 49	146	226	311	358	248	423	475	558	333	277	230	203	247	203	280	294	338
	50 - 54	200	308	422	482	336	572	641	763	449	376	276	244	298	253	350	369	426
	55 - 59	239	375	520	593	415	701	783	933	552	463	353	311	377	322	445	463	533
	60 - 64	315	493	680	778	542	921	1,030	1,214	725	606	442	389	476	431	596	627	722
	65+ PRIMARY	418	650	898	1,022	715	1,209	1,353	1,477	953	800	574	505	642	572	789	852	981
	65+ SECONDARY	186	287	398	456	316	539	602	662	425	354	327	288	361	424	586	629	725
EMPLOYEE & SPOUSE	AGE - under 30	\$256	\$399	\$558	\$635	\$445	\$753	\$840	\$980	\$565	\$476	\$245	\$215	\$226	\$376	\$520	\$548	\$632
	30 - 39	300	468	655	746	523	883	990	1,156	664	559	328	289	311	449	619	654	755
	40 - 49	302	473	656	749	524	886	989	1,139	666	560	472	415	447	494	683	717	827
	50 - 54	409	635	892	1,018	711	1,205	1,349	1,565	904	761	574	505	537	512	708	740	854
	55 - 59	503	787	1,103	1,257	878	1,487	1,663	1,935	1,117	941	730	642	687	722	995	1,043	1,202
	60 - 64	630	981	1,370	1,564	1,092	1,851	2,070	2,388	1,390	1,170	891	784	838	791	1,091	1,149	1,324
	65+ PRIMARY	970	1,513	2,105	2,407	1,678	2,847	3,183	3,465	2,139	1,797	1,097	966	1,069	1,165	1,609	1,735	2,000
	65+ SECONDARY	488	749	1,068	1,221	850	1,445	1,612	1,770	1,085	911	654	574	635	1,004	1,387	1,494	1,723
EMPLOYEE & CHILD (REN)	AGE - under 30	\$191	\$299	\$411	\$468	\$328	\$552	\$621	\$739	\$437	\$355	\$215	\$190	\$200	\$338	\$467	\$490	\$564
	30 - 39	209	327	455	520	362	615	686	821	484	393	276	243	260	382	526	554	638
	40 - 49	212	332	470	532	373	630	702	831	496	406	360	317	338	381	525	550	635
	50 - 54	253	396	550	630	439	744	834	997	586	476	396	349	371	379	521	545	627
	55 - 59	298	467	654	746	521	883	988	1,176	696	566	452	398	424	438	604	634	730
	60 - 64	377	593	825	943	658	1,114	1,246	1,470	878	713	526	463	497	550	759	801	923
	65+ PRIMARY	481	752	1,043	1,190	831	1,408	1,578	1,719	1,108	902	661	581	652	704	972	1,046	1,207
	65+ SECONDARY	204	315	442	501	352	592	663	729	467	382	453	399	425	495	684	738	852
FAMILY	AGE - under 30	\$287	\$447	\$623	\$711	\$496	\$841	\$941	\$1,124	\$647	\$501	\$335	\$295	\$311	\$485	\$670	\$704	\$812
	30 - 39	331	518	724	826	578	977	1,095	1,304	752	582	445	392	414	568	786	823	948
	40 - 49	368	575	806	916	642	1,084	1,211	1,428	833	647	572	504	537	608	839	881	1,015
	50 - 54	436	679	950	1,087	756	1,285	1,436	1,709	988	763	598	527	557	684	942	993	1,147
	55 - 59	527	820	1,146	1,309	914	1,551	1,734	2,065	1,190	922	760	668	711	754	1,040	1,099	1,266
	60 - 64	675	1,055	1,475	1,683	1,175	1,992	2,226	2,629	1,530	1,185	895	788	839	919	1,269	1,333	1,538
	65+ PRIMARY	980	1,526	2,127	2,429	1,696	2,875	3,214	3,502	2,208	1,710	1,135	999	1,070	1,338	1,847	1,994	2,299
	65+ SECONDARY	499	761	1,075	1,231	857	1,456	1,625	1,784	1,119	864	669	588	657	1,125	1,552	1,676	1,929

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.
 #Power Select HMO cannot be offered in combination with any other HMO Plan.

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)

Medical rates effective May 1, 2006

AREA 5		PPO											EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	\$2400 High Deductible (HSA-Compatible)*	\$3500 High Deductible (HSA-Compatible)*	High Deductible EPO	Power Select HMO#	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$97	\$153	\$207	\$236	\$165	\$280	\$312	\$373	\$220	\$184	\$132	\$116	\$143	\$156	\$196	\$193	\$221
	30 - 39	123	191	261	297	208	351	392	470	277	233	177	157	194	192	239	240	279
	40 - 49	163	257	348	399	277	472	529	622	372	309	257	227	281	211	265	266	306
	50 - 54	219	344	471	541	374	639	716	846	504	419	308	272	341	264	332	330	379
	55 - 59	272	426	578	658	460	780	877	1,040	614	515	394	346	433	334	419	417	480
	60 - 64	359	559	761	868	607	1,027	1,151	1,353	809	679	493	433	541	450	564	561	646
	65+ PRIMARY	435	674	915	1,048	730	1,237	1,384	1,575	975	815	641	564	692	568	711	726	838
65+ SECONDARY	194	299	404	459	323	543	610	697	428	360	364	320	391	427	535	543	626	
EMPLOYEE & SPOUSE	AGE - under 30	\$288	\$448	\$618	\$703	\$493	\$833	\$936	\$1,090	\$625	\$528	\$273	\$241	\$257	\$396	\$495	\$489	\$563
	30 - 39	344	536	727	833	581	986	1,103	1,289	741	622	366	322	353	467	586	584	673
	40 - 49	344	534	729	835	581	989	1,103	1,272	742	623	526	463	510	516	645	643	741
	50 - 54	468	727	997	1,136	793	1,345	1,504	1,749	1,009	851	641	564	614	532	664	664	764
	55 - 59	569	887	1,228	1,396	979	1,654	1,850	2,158	1,241	1,048	814	716	780	747	937	933	1,076
	60 - 64	714	1,111	1,525	1,740	1,214	2,060	2,308	2,663	1,546	1,302	994	875	951	824	1,033	1,027	1,182
	65+ PRIMARY	1,005	1,566	2,150	2,456	1,714	2,908	3,252	3,700	2,182	1,835	1,223	1,076	1,161	1,154	1,444	1,473	1,697
65+ SECONDARY	510	780	1,089	1,243	867	1,471	1,642	1,881	1,105	930	729	641	682	1,004	1,258	1,280	1,477	
EMPLOYEE & CHILD(REN)	AGE - under 30	\$215	\$337	\$458	\$523	\$365	\$618	\$694	\$831	\$486	\$396	\$241	\$212	\$224	\$356	\$446	\$444	\$511
	30 - 39	238	372	505	581	402	687	767	917	542	437	308	270	292	393	492	493	567
	40 - 49	244	380	520	593	415	701	787	929	552	449	402	353	383	395	493	493	567
	50 - 54	291	451	620	707	495	838	932	1,111	659	537	442	389	422	390	489	485	561
	55 - 59	340	531	729	832	581	985	1,106	1,313	776	631	504	444	482	453	567	570	658
	60 - 64	431	671	920	1,049	733	1,240	1,388	1,647	976	796	586	516	559	575	718	719	829
	65+ PRIMARY	500	781	1,067	1,214	849	1,436	1,611	1,835	1,131	923	737	648	702	699	876	892	1,028
65+ SECONDARY	207	320	447	512	355	604	678	778	477	387	506	445	458	498	623	636	732	
FAMILY	AGE - under 30	\$326	\$511	\$694	\$793	\$553	\$939	\$1,055	\$1,257	\$721	\$558	\$374	\$329	\$348	\$508	\$636	\$634	\$730
	30 - 39	381	588	808	922	644	1,091	1,224	1,458	838	650	497	437	470	589	738	736	849
	40 - 49	421	654	897	1,027	715	1,214	1,359	1,602	933	720	639	562	614	633	791	786	906
	50 - 54	494	772	1,062	1,216	847	1,437	1,610	1,912	1,105	855	668	588	641	714	894	887	1,023
	55 - 59	599	937	1,283	1,463	1,023	1,731	1,936	2,300	1,330	1,032	847	745	810	787	985	984	1,134
	60 - 64	771	1,206	1,647	1,880	1,313	2,224	2,491	2,939	1,709	1,324	999	879	953	959	1,200	1,196	1,380
	65+ PRIMARY	1,018	1,584	2,172	2,479	1,732	2,935	3,284	3,731	2,255	1,746	1,266	1,113	1,162	1,329	1,663	1,700	1,960
65+ SECONDARY	514	787	1,102	1,252	878	1,482	1,658	1,901	1,138	885	746	656	714	1,126	1,409	1,438	1,658	

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.
 #Power Select HMO cannot be offered in combination with any other HMO Plan.

AREA 6 (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

Medical rates effective May 1, 2006

AREA 6		PPO											EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	\$2400 High Deductible (HSA-Compatible)*	\$3500 High Deductible (HSA-Compatible)*	High Deductible EPO	Power Select HMO#	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$84	\$132	\$165	\$188	\$132	\$222	\$248	\$311	\$175	\$147	\$105	\$92	\$125	\$179	\$216	\$227	\$256
	30 - 39	105	161	205	236	163	280	312	389	220	182	142	124	172	229	276	290	326
	40 - 49	146	226	277	322	221	382	419	515	301	247	205	180	247	246	297	319	360
	50 - 54	194	305	373	433	297	512	570	706	403	332	245	216	302	316	382	402	453
	55 - 59	239	375	462	531	368	629	697	862	494	412	313	275	383	396	478	507	569
	60 - 64	317	495	603	692	480	820	908	1,122	645	538	391	345	478	531	639	674	757
	65+ PRIMARY	420	654	797	914	636	1,080	1,197	1,366	851	710	510	449	643	659	794	862	970
65+ SECONDARY	182	274	350	406	278	480	529	607	379	311	290	256	364	491	591	642	719	
EMPLOYEE & SPOUSE	AGE - under 30	\$259	\$402	\$489	\$565	\$390	\$670	\$742	\$906	\$503	\$417	\$218	\$191	\$232	\$464	\$558	\$593	\$667
	30 - 39	302	473	577	665	459	787	876	1,067	591	492	291	257	311	559	674	707	794
	40 - 49	298	467	580	665	463	787	877	1,057	591	496	419	368	449	604	728	775	872
	50 - 54	412	646	791	909	630	1,076	1,193	1,451	807	675	510	449	547	629	759	802	902
	55 - 59	509	791	980	1,125	781	1,331	1,472	1,787	999	836	648	570	692	883	1,066	1,129	1,269
	60 - 64	630	981	1,214	1,394	968	1,650	1,830	2,206	1,239	1,036	791	696	843	967	1,168	1,239	1,393
	65+ PRIMARY	968	1,507	1,862	2,142	1,484	2,536	2,810	3,201	1,903	1,590	974	856	1,078	1,337	1,614	1,749	1,966
65+ SECONDARY	470	720	944	1,085	752	1,284	1,422	1,630	965	806	580	510	635	1,154	1,392	1,510	1,697	
EMPLOYEE & CHILD(REN)	AGE - under 30	\$191	\$299	\$372	\$424	\$296	\$501	\$552	\$689	\$395	\$322	\$191	\$168	\$196	\$424	\$511	\$537	\$606
	30 - 39	214	332	403	464	322	550	606	761	433	349	245	215	262	468	565	598	671
	40 - 49	212	332	414	475	330	562	623	769	443	358	320	281	339	466	563	594	668
	50 - 54	253	396	492	561	391	662	739	919	522	425	351	310	376	464	558	593	667
	55 - 59	300	473	580	668	463	789	878	1,092	622	501	402	353	424	540	652	692	777
	60 - 64	377	593	729	840	581	992	1,100	1,360	783	631	467	411	497	676	815	867	973
	65+ PRIMARY	480	749	924	1,064	736	1,259	1,391	1,588	991	799	587	516	650	809	976	1,061	1,193
65+ SECONDARY	198	301	390	450	312	532	592	675	419	338	403	354	427	567	684	751	845	
FAMILY	AGE - under 30	\$288	\$451	\$553	\$637	\$440	\$754	\$834	\$1,042	\$579	\$445	\$297	\$261	\$311	\$595	\$718	\$761	\$854
	30 - 39	334	522	639	739	509	875	965	1,205	672	514	396	349	416	697	842	890	1,001
	40 - 49	374	580	716	820	570	969	1,076	1,325	745	576	508	447	537	752	907	960	1,078
	50 - 54	441	682	844	970	673	1,149	1,269	1,582	882	679	532	467	568	839	1,013	1,073	1,208
	55 - 59	531	826	1,018	1,166	810	1,380	1,533	1,909	1,061	818	673	593	716	933	1,125	1,191	1,338
	60 - 64	675	1,055	1,302	1,500	1,038	1,774	1,966	2,424	1,364	1,047	795	700	846	1,128	1,362	1,441	1,621
	65+ PRIMARY	982	1,531	1,884	2,165	1,502	2,563	2,840	3,237	1,969	1,515	1,007	886	1,079	1,539	1,858	2,018	2,270
65+ SECONDARY	475	728	947	1,090	754	1,291	1,434	1,644	991	761	594	523	662	1,287	1,552	1,686	1,896	

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.

#Power Select HMO cannot be offered in combination with any other HMO Plan.

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)

Medical rates effective May 1, 2006

AREA 7

		PPO											EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	\$2400 High Deductible (HSA-Compatible)*	\$3500 High Deductible (HSA-Compatible)*	High Deductible EPO	Power Select HMO#	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$75	\$114	\$157	\$178	\$125	\$210	\$235	\$273	\$167	\$139	\$99	\$86	\$149	\$202	\$234	\$252	\$284
	30 - 39	95	146	195	223	154	263	301	344	207	174	132	116	201	256	297	321	362
	40 - 49	127	200	264	299	211	354	397	454	279	235	192	169	292	273	318	349	393
	50 - 54	169	261	352	401	280	474	529	614	373	314	230	203	348	349	406	440	494
	55 - 59	206	320	433	492	345	580	652	752	457	386	293	259	442	443	516	557	626
	60 - 64	263	410	558	637	445	753	842	962	593	497	367	323	555	586	680	732	824
	65+ PRIMARY	340	531	716	815	570	964	1,081	1,167	760	638	479	421	736	701	814	903	1,015
65+ SECONDARY	138	209	299	341	238	403	448	488	318	266	272	239	416	499	580	619	696	
EMPLOYEE & SPOUSE	AGE - under 30	\$219	\$341	\$460	\$528	\$368	\$625	\$699	\$792	\$469	\$394	\$204	\$180	\$272	\$504	\$586	\$644	\$725
	30 - 39	252	394	542	618	432	732	820	929	549	463	274	241	361	595	692	765	860
	40 - 49	253	396	540	617	429	730	817	915	548	461	392	345	525	644	748	825	926
	50 - 54	344	536	734	838	585	991	1,113	1,258	745	626	479	421	641	670	779	863	971
	55 - 59	426	667	909	1,041	725	1,231	1,375	1,558	925	776	608	534	809	951	1,106	1,221	1,373
	60 - 64	522	814	1,114	1,270	889	1,502	1,682	1,887	1,128	952	742	653	984	1,018	1,184	1,295	1,456
	65+ PRIMARY	784	1,222	1,670	1,913	1,332	2,264	2,526	2,727	1,700	1,425	914	803	1,236	1,422	1,651	1,830	2,057
65+ SECONDARY	363	560	786	898	626	1,062	1,183	1,288	798	670	543	479	730	1,178	1,368	1,458	1,639	
EMPLOYEE & CHILD(REN)	AGE - under 30	\$161	\$251	\$344	\$393	\$274	\$466	\$520	\$603	\$366	\$298	\$180	\$158	\$237	\$473	\$549	\$593	\$667
	30 - 39	180	278	376	429	299	508	573	663	401	327	230	203	302	519	604	663	745
	40 - 49	182	280	387	441	308	520	588	671	411	335	299	264	398	512	596	652	731
	50 - 54	212	332	458	525	365	619	694	801	489	396	329	290	435	517	600	648	729
	55 - 59	252	394	542	620	432	735	822	954	578	469	376	331	498	608	707	765	860
	60 - 64	316	495	670	771	534	911	1,017	1,168	718	579	437	386	581	747	868	945	1,062
	65+ PRIMARY	387	606	828	950	659	1,125	1,255	1,360	885	716	550	485	754	862	1,001	1,106	1,245
65+ SECONDARY	149	232	330	370	263	436	497	540	344	286	378	333	489	585	679	725	816	
FAMILY	AGE - under 30	\$243	\$380	\$520	\$591	\$415	\$698	\$786	\$905	\$536	\$418	\$279	\$245	\$370	\$672	\$781	\$842	\$947
	30 - 39	282	440	600	685	478	809	905	1,050	623	482	371	327	499	783	910	984	1,108
	40 - 49	311	486	657	757	525	896	1,001	1,151	689	529	476	419	634	823	957	1,044	1,176
	50 - 54	366	569	785	898	626	1,062	1,184	1,368	816	631	498	439	660	939	1,091	1,176	1,320
	55 - 59	443	690	950	1,087	756	1,285	1,436	1,657	988	763	632	556	836	1,042	1,210	1,310	1,472
	60 - 64	559	871	1,202	1,371	958	1,622	1,812	2,078	1,246	966	746	656	991	1,247	1,449	1,569	1,762
	65+ PRIMARY	790	1,230	1,689	1,925	1,346	2,278	2,551	2,753	1,750	1,357	945	831	1,238	1,637	1,902	2,111	2,372
65+ SECONDARY	370	566	793	904	632	1,070	1,203	1,303	822	638	557	490	765	1,314	1,527	1,636	1,839	

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.

#Power Select HMO cannot be offered in combination with any other HMO Plan.

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)

Medical rates effective May 1, 2006

AREA 8		PPO											EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	\$2400 High Deductible (HSA-Compatible)*	\$3500 High Deductible (HSA-Compatible)*	High Deductible EPO	Power Select HMO#	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$75	\$114	\$161	\$185	\$128	\$218	\$241	\$277	\$173	\$144	\$101	\$90	\$111	n/a	\$224	\$236	\$264
	30 - 39	95	146	200	229	160	271	309	348	213	179	137	120	149	n/a	286	302	340
	40 - 49	127	200	269	308	216	365	409	462	287	241	198	174	219	n/a	309	328	371
	50 - 54	169	261	364	411	289	487	544	626	383	324	237	208	263	n/a	396	417	469
	55 - 59	206	320	444	506	354	597	668	766	471	396	303	266	331	n/a	494	523	588
	60 - 64	263	410	573	654	457	774	865	979	609	511	379	333	416	n/a	661	697	785
	65+ PRIMARY	340	531	734	837	585	989	1,110	1,188	779	654	493	433	550	n/a	822	894	1,004
	65+ SECONDARY	138	209	306	350	244	414	459	496	325	273	280	246	311	n/a	611	664	745
EMPLOYEE & SPOUSE	AGE - under 30	\$219	\$341	\$475	\$542	\$379	\$640	\$717	\$805	\$482	\$405	\$209	\$184	\$203	n/a	\$579	\$614	\$691
	30 - 39	252	394	559	635	446	753	843	945	565	477	282	247	270	n/a	695	735	826
	40 - 49	253	396	555	634	441	752	839	932	564	474	405	356	393	n/a	756	804	904
	50 - 54	344	536	754	862	601	1,020	1,142	1,281	767	644	493	433	481	n/a	787	831	934
	55 - 59	426	667	935	1,069	745	1,265	1,411	1,586	950	798	625	550	606	n/a	1,104	1,171	1,316
	60 - 64	522	814	1,146	1,304	914	1,543	1,727	1,922	1,159	978	764	672	738	n/a	1,212	1,285	1,444
	65+ PRIMARY	784	1,222	1,717	1,966	1,369	2,327	2,595	2,777	1,746	1,466	940	828	926	n/a	1,672	1,815	2,041
	65+ SECONDARY	363	560	809	921	645	1,090	1,216	1,311	819	691	559	493	549	n/a	1,443	1,567	1,761
EMPLOYEE & CHILD (REN)	AGE - under 30	\$161	\$251	\$353	\$404	\$282	\$477	\$535	\$614	\$376	\$306	\$184	\$162	\$176	n/a	\$530	\$557	\$626
	30 - 39	180	278	388	442	309	522	590	675	412	336	237	208	225	n/a	584	620	696
	40 - 49	182	280	397	451	316	533	602	684	420	343	308	272	299	n/a	580	614	691
	50 - 54	212	332	470	540	373	638	711	813	503	406	340	298	327	n/a	579	612	686
	55 - 59	252	394	558	639	445	755	843	971	595	483	388	341	375	n/a	675	717	806
	60 - 64	316	495	690	791	550	936	1,044	1,190	736	596	451	397	435	n/a	844	899	1,010
	65+ PRIMARY	387	606	851	977	678	1,156	1,292	1,386	910	736	566	498	566	n/a	1,010	1,099	1,233
	65+ SECONDARY	149	232	338	381	270	450	509	551	354	293	389	342	364	n/a	708	778	875
FAMILY	AGE - under 30	\$243	\$380	\$533	\$608	\$425	\$718	\$807	\$923	\$552	\$428	\$288	\$253	\$276	n/a	\$743	\$788	\$885
	30 - 39	282	440	618	704	493	834	931	1,067	640	497	382	336	370	n/a	873	923	1,039
	40 - 49	311	486	678	778	541	921	1,027	1,169	708	544	490	432	478	n/a	937	993	1,117
	50 - 54	366	569	808	920	644	1,089	1,216	1,392	836	650	513	451	498	n/a	1,046	1,113	1,251
	55 - 59	443	690	973	1,115	775	1,320	1,473	1,686	1,014	782	650	572	630	n/a	1,165	1,234	1,387
	60 - 64	559	871	1,235	1,409	984	1,667	1,861	2,118	1,281	994	768	676	743	n/a	1,409	1,496	1,680
	65+ PRIMARY	790	1,230	1,736	1,979	1,383	2,342	2,619	2,803	1,799	1,395	973	856	929	n/a	1,922	2,093	2,352
	65+ SECONDARY	370	566	813	930	648	1,100	1,235	1,328	845	653	573	504	572	n/a	1,606	1,749	1,966

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.

#Power Select HMO cannot be offered in combination with any other HMO Plan.

AREA 9 (except for Power Select 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)

Medical rates effective May 1, 2006

		PPO											EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	\$2400 High Deductible (HSA-Compatible)*	\$3500 High Deductible (HSA-Compatible)*	High Deductible EPO	Power Select HMO#	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE -under 30	\$76	\$120	\$163	\$182	\$130	\$216	\$241	\$288	\$170	\$145	\$103	\$90	\$112	\$150	\$188	\$196	\$226
	30 - 39	97	149	204	230	162	271	305	361	214	181	138	121	155	185	231	246	283
	40 - 49	130	202	269	311	216	367	413	482	290	241	200	176	223	205	257	269	311
	50 - 54	173	272	365	419	291	494	553	655	390	326	240	212	274	257	321	335	384
	55 - 59	215	333	450	513	359	608	682	805	478	401	307	269	345	322	403	424	489
	60 - 64	279	440	593	675	472	798	896	1,046	629	529	383	338	433	435	544	570	657
	65+ PRIMARY	339	530	712	815	567	964	1,075	1,215	759	634	499	438	555	548	687	740	851
	65+ SECONDARY	155	235	317	364	253	431	478	544	339	283	284	250	319	411	516	552	636
EMPLOYEE & SPOUSE	AGE - under 30	\$227	\$355	\$478	\$545	\$382	\$645	\$723	\$840	\$485	\$409	\$213	\$187	\$207	\$382	\$479	\$497	\$574
	30 - 39	269	423	564	648	450	767	858	992	576	482	285	251	280	452	566	594	684
	40 - 49	269	421	565	648	451	767	858	981	576	482	410	361	407	496	622	655	755
	50 - 54	367	574	773	883	617	1,046	1,170	1,352	784	660	499	438	489	514	644	674	778
	55 - 59	447	698	952	1,085	760	1,285	1,438	1,663	964	813	633	557	622	725	906	952	1,097
	60 - 64	559	873	1,185	1,352	944	1,600	1,795	2,056	1,201	1,011	774	681	759	796	997	1,046	1,204
	65+ PRIMARY	787	1,232	1,669	1,908	1,330	2,259	2,526	2,857	1,695	1,426	952	838	928	1,115	1,396	1,500	1,729
	65+ SECONDARY	406	624	855	978	681	1,156	1,293	1,469	868	730	567	499	553	970	1,215	1,304	1,504
EMPLOYEE & CHILD(REN)	AGE - under 30	\$168	\$267	\$361	\$410	\$288	\$485	\$540	\$640	\$382	\$311	\$187	\$165	\$179	\$344	\$431	\$451	\$519
	30 - 39	186	293	391	451	312	531	597	707	420	339	239	211	234	380	475	502	578
	40 - 49	191	300	403	459	321	544	612	717	428	349	312	275	306	381	476	502	578
	50 - 54	229	357	482	549	383	650	726	856	512	417	343	302	337	376	471	493	569
	55 - 59	267	419	565	647	451	766	859	1,014	602	489	393	346	387	441	553	580	668
	60 - 64	338	529	714	815	569	964	1,079	1,269	759	617	457	402	449	555	694	730	842
	65+ PRIMARY	391	613	826	943	659	1,117	1,251	1,413	879	715	573	505	561	676	846	909	1,048
	65+ SECONDARY	162	253	354	397	281	469	533	606	370	306	394	347	374	481	604	645	744
FAMILY	AGE - under 30	\$258	\$402	\$538	\$616	\$429	\$730	\$818	\$969	\$560	\$432	\$291	\$256	\$280	\$489	\$613	\$644	\$743
	30 - 39	298	464	627	714	499	845	949	1,122	649	504	387	341	376	568	711	748	862
	40 - 49	329	514	697	798	554	943	1,057	1,235	725	560	497	437	489	610	763	800	921
	50 - 54	389	605	825	944	658	1,118	1,249	1,475	859	663	520	458	510	689	862	901	1,040
	55 - 59	469	734	996	1,137	794	1,345	1,504	1,776	1,033	800	659	580	644	760	951	998	1,151
	60 - 64	606	948	1,280	1,459	1,020	1,728	1,936	2,266	1,328	1,028	777	684	761	927	1,160	1,217	1,404
	65+ PRIMARY	797	1,245	1,685	1,925	1,343	2,279	2,551	2,880	1,750	1,354	985	866	929	1,280	1,603	1,730	1,994
	65+ SECONDARY	408	627	864	987	689	1,168	1,304	1,486	897	696	580	510	578	1,088	1,361	1,464	1,689

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.
 #Power Select HMO cannot be offered in combination with any other HMO Plan.

Dental rates effective May 1, 2006

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 AND AD&D

Monthly rates effective May 1, 2006

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

This option only available if employee Life benefit is \$20,000 or more:

\$5,000 spouse, \$5,000 children 6 months to 19 years (age 24 if full-time student); \$500 children under 6 months	\$2.00 per family
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\$10,000 spouse, \$10,000 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 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.

Blue View VisionSM

Monthly rates effective May 1, 2006

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



BlueCross
of California



BC Life & Health
Insurance Company

Solutions Small Business Health Care Plans at Work

Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA.

The following Medical plans are offered by BCC: PPO \$40/\$30 Copay, Premier PPO \$20/\$10 Copay, HMO 100%, Classic HMO, Saver HMO, and Power SelectHMO. The following Medical plans are offered by BCL&H: Basic PPO, Saver PPO, PPO \$35 Copay GenRx, Advantage PPO \$25 Copay, Power HealthFund 750/500, and PPO 3500/2400 (HSA-Compatible) plans. Dental Net, Dental SelectHMO and Voluntary Dental Saver SelectHMO Plan offered by BCC. Silver 1000, Gold 1500, Gold Preferred 1500, Platinum Preferred 2000, Platinum Preferred 2000, Basic Option PPO, Standard Option PPO, High Option PPO, Fee-for-Service Dental plans and Voluntary PPO Dental Plan offered by BCL&H. SmileNet Dental Discount Program offered by BCL&H. Term Life and AD&D products offered by BCL&H. Workers' Compensation coverage is provided through Employers Compensation Insurance Company.

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