



Blue Shield Spectrum PPOSM Plan 5000 Rating Regions

These rates are Blue Shield's "Tier 1" rates, and are offered to individuals and families in good health. Other rates may apply depending on underwriting determination. Effective February 1, 2006. Rates are pending regulatory approval and are subject to change.

Blue Shield Rate Guarantee¹

Our rate guarantee program now offers new IFP members a rate guarantee for the first consecutive six (6) months of coverage from the member's original effective date (OED).

To find the rates that apply to you:

- 1 Locate your county of residence in one of the Blue Shield Rating Regions, then find the column for your region on the rate chart.
- 2 On the chart you'll see that rates are listed separately for single, party of two, family and YouthCare coverage. Locate the category that applies to you. *(If you have dependent children, you may want to consider covering them separately with YouthCareSM rates. This may cost less per month, especially if you are a single parent.)*
- 3 Under the type of coverage you've selected ("family," for example), find the age range of the person who will be the primary applicant. The rates that apply to you for each Blue Shield plan are in this row. *(If you're married, or applying with your domestic partner, use the younger spouse or partner as the primary applicant. It may lower your monthly dues!)*

Shield Spectrum PPOSM 5000[†] Rating Regions

Region 1: Alpine, Butte, Del Norte, Imperial, Inyo, Kern, Plumas, San Luis Obispo, Sonoma, Stanislaus, Trinity, Yolo and the following Santa Barbara zip codes: 93254, 93427, 93429, 93434, 93436-38, 93440-41, 93454-58, 93460, 93463-64

Region 2: Colusa, Kings, Madera, Mendocino, Merced, San Benito, San Joaquin, Siskiyou, Tulare

Region 3: Amador, Calaveras, Glenn, Modoc, Nevada, Placer, Sacramento, Shasta, Sierra, Tuolumne

Region 4: Alameda, Contra Costa, Santa Clara

Region 5: Marin, San Francisco, San Mateo

Region 6: El Dorado, Fresno, Humboldt, Lake, Lassen, Mariposa, Mono, Monterey, Napa, Santa Cruz, Solano, Sutter, Tehama, Yuba

Region 7: San Bernardino, San Diego, Santa Barbara except the zip codes listed in Rating Region 1

Region 8: Orange, Riverside, Ventura and the following Los Angeles zip codes: 91023, 91301, 91310, 91321-22, 91350-51, 91354-55, 91376-77, 91380-87, 91390, 91711, 91750, 91765-69, 91773, 91788-89, 91795, 91797, 91799, 93510, 93532, 93534-36, 93539, 93543-44, 93550-53, 93563, 93584, 93586, 93590-91, 93599

Region 9: Los Angeles except the zip codes listed in Rating Region 8

Please Note: The rating regions are subject to change. Call Blue Shield to verify which rating region you are in.

Please Note: To learn about current rates for Guaranteed Issue plans, call **(800) 431-2809**.

¹Does not apply to Guaranteed Issue Plans, rate actions based on age-band changes, rate actions based on a change in location to another rating region, or on plan transfers within the first six months of enrollment.

[†]Underwritten by Blue Shield of California Life & Health Insurance Company.

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Individual and Family Plans

SHIELD SPECTRUM PPO PLAN 5000

Age Range	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
YOUTHCARE – Monthly Dues for Blue Shield									
Under 1	\$85	\$83	\$87	\$98	\$101	\$93	\$78	\$86	\$90
1 to 18	37	37	39	41	42	42	41	45	44
SINGLE – Monthly Dues for Blue Shield									
19 to 29	\$47	\$47	\$49	\$53	\$55	\$51	\$46	\$50	\$53
30 to 34	66	66	69	74	77	72	64	71	74
35 to 39	78	78	82	81	84	87	82	85	94
40 to 44	109	106	114	115	120	119	110	115	130
45 to 49	127	125	131	137	140	138	138	146	152
50 to 54	167	165	174	191	199	182	182	193	196
55 to 59	210	206	217	232	240	230	225	245	248
60 to 64	241	236	250	277	289	264	263	278	289
PARTY OF TWO – Monthly Dues for Blue Shield									
Under 30	\$92	\$90	\$94	\$104	\$109	\$102	\$90	\$98	\$105
30 to 34	129	126	133	145	153	141	126	139	146
35 to 39	156	150	160	158	166	168	159	165	180
40 to 44	213	209	219	224	234	235	215	224	251
45 to 49	248	243	255	262	277	272	269	286	298
50 to 54	325	320	337	372	388	357	350	377	386
55 to 59	410	402	425	449	470	450	435	478	486
60 to 64	470	462	486	539	562	514	515	544	562
FAMILY – Monthly Dues for Blue Shield									
Under 30	\$153	\$149	\$157	\$170	\$178	\$167	\$148	\$162	\$171
30 to 34	202	196	208	224	235	222	195	215	226
35 to 39	241	233	247	244	254	260	246	255	280
40 to 44	305	302	317	321	335	335	310	321	362
45 to 49	330	325	341	350	369	361	358	382	397
50 to 54	394	386	406	448	469	430	421	453	465
55 to 59	459	450	474	503	527	502	492	538	545
60 to 64	507	500	526	582	608	556	557	586	609