



Blue Shield Spectrum PPOSM Plans 2000, 1500, 750 and 500 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.
- 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 Plan 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.

Visit us at mylifepath.com

Individual and Family Plans

SHIELD SPECTRUM PPO PLAN 2000*

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	\$150	\$166	\$162	\$154	\$199	\$175	\$153	\$161	\$179
1 to 18	69	79	74	84	108	86	81	94	92
SINGLE – Monthly Dues for Blue Shield									
19 to 29	\$82	\$94	\$88	\$85	\$111	\$101	\$74	\$85	\$91
30 to 34	121	137	129	118	154	147	118	122	135
35 to 39	141	159	150	130	171	171	166	170	170
40 to 44	207	234	221	194	264	253	201	212	234
45 to 49	231	262	246	218	299	281	260	278	278
50 to 54	310	353	331	302	394	377	338	348	389
55 to 59	379	430	405	369	482	462	414	438	474
60 to 64	414	462	450	425	542	484	470	522	498
PARTY OF TWO – Monthly Dues for Blue Shield									
Under 30	\$162	\$181	\$171	\$168	\$220	\$198	\$146	\$165	\$178
30 to 34	234	268	251	230	300	289	230	239	267
35 to 39	274	311	293	254	334	334	325	332	332
40 to 44	406	460	433	378	512	492	393	413	456
45 to 49	448	512	482	426	584	547	508	544	545
50 to 54	606	688	645	590	770	732	662	674	759
55 to 59	740	838	793	722	941	898	808	852	924
60 to 64	810	904	875	830	1056	943	915	1018	973
FAMILY – Monthly Dues for Blue Shield									
Under 30	\$268	\$298	\$282	\$276	\$360	\$325	\$240	\$270	\$294
30 to 34	363	418	394	358	466	447	358	372	413
35 to 39	430	482	456	396	516	517	503	515	515
40 to 44	584	662	621	544	737	710	562	593	656
45 to 49	597	682	642	568	778	726	675	724	724
50 to 54	729	829	777	710	926	882	797	814	915
55 to 59	830	940	889	808	1053	1010	906	954	1034
60 to 64	875	975	946	896	1142	1018	989	1100	1051

*Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

SHIELD SPECTRUM PPO PLAN 1500*

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	\$262	\$284	\$290	\$264	\$301	\$294	\$282	\$299	\$368
1 to 18	95	104	106	98	110	109	103	110	134
SINGLE – Monthly Dues for Blue Shield									
19 to 29	\$146	\$160	\$161	\$147	\$169	\$165	\$158	\$170	\$205
30 to 34	198	215	220	200	229	222	213	227	278
35 to 39	217	238	242	222	252	246	233	251	305
40 to 44	275	301	304	281	318	310	296	316	387
45 to 49	331	365	369	339	386	377	358	385	468
50 to 54	435	474	482	442	502	490	468	500	611
55 to 59	557	611	619	568	646	633	601	644	786
60 to 64	723	791	804	736	835	818	779	834	1018
PARTY OF TWO – Monthly Dues for Blue Shield									
Under 30	\$285	\$312	\$316	\$290	\$329	\$322	\$305	\$329	\$401
30 to 34	385	421	427	392	446	436	414	442	543
35 to 39	424	462	470	430	489	478	454	488	595
40 to 44	535	589	596	546	618	607	578	618	756
45 to 49	650	710	722	660	750	734	699	747	914
50 to 54	846	926	942	862	978	959	912	974	1193
55 to 59	1089	1194	1210	1108	1258	1230	1173	1254	1533
60 to 64	1410	1544	1566	1435	1629	1598	1519	1626	1986
FAMILY – Monthly Dues for Blue Shield									
Under 30	\$466	\$514	\$518	\$476	\$541	\$530	\$503	\$539	\$659
30 to 34	598	654	662	609	690	676	642	689	841
35 to 39	656	720	731	669	759	742	706	758	926
40 to 44	769	842	854	783	889	872	830	887	1084
45 to 49	864	945	958	879	997	978	930	994	1216
50 to 54	1020	1115	1134	1038	1176	1155	1100	1176	1437
55 to 59	1221	1338	1356	1243	1411	1380	1316	1407	1719
60 to 64	1524	1670	1691	1550	1761	1725	1643	1757	2146

*Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

SHIELD SPECTRUM PPO PLAN 750									
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	\$290	\$298	\$298	\$270	\$335	\$320	\$302	\$317	\$397
1 to 18	107	109	109	99	122	117	110	117	146
SINGLE – Monthly Dues for Blue Shield									
19 to 29	\$162	\$166	\$167	\$152	\$189	\$178	\$169	\$178	\$222
30 to 34	218	226	225	206	253	241	230	240	301
35 to 39	241	248	250	225	278	266	254	264	330
40 to 44	304	315	315	285	352	337	320	334	420
45 to 49	370	379	382	346	427	406	388	404	508
50 to 54	481	494	495	450	558	530	505	528	663
55 to 59	621	638	638	581	718	682	648	680	853
60 to 64	802	826	827	751	928	884	841	879	1105
PARTY OF TWO – Monthly Dues for Blue Shield									
Under 30	\$315	\$325	\$324	\$294	\$364	\$350	\$331	\$344	\$436
30 to 34	426	438	441	400	494	470	448	468	589
35 to 39	470	484	484	440	542	519	491	514	646
40 to 44	594	611	614	556	687	656	624	651	819
45 to 49	718	741	742	674	832	794	754	790	992
50 to 54	939	966	966	879	1086	1035	985	1030	1293
55 to 59	1209	1242	1244	1132	1398	1332	1266	1325	1666
60 to 64	1564	1609	1611	1465	1810	1726	1639	1717	2156
FAMILY – Monthly Dues for Blue Shield									
Under 30	\$520	\$534	\$536	\$486	\$599	\$574	\$546	\$570	\$715
30 to 34	662	682	683	620	768	732	695	728	916
35 to 39	728	749	750	682	841	804	762	799	1006
40 to 44	855	879	879	799	989	942	896	937	1178
45 to 49	958	986	987	896	1108	1057	1004	1050	1320
50 to 54	1131	1165	1166	1061	1309	1248	1184	1240	1560
55 to 59	1355	1394	1397	1269	1566	1494	1420	1486	1868
60 to 64	1691	1741	1742	1583	1956	1865	1772	1854	2330

SHIELD SPECTRUM PPO PLAN 500									
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	\$412	\$447	\$496	\$410	\$439	\$505	\$500	\$525	\$532
1 to 18	150	165	182	150	162	186	183	194	196
SINGLE – Monthly Dues for Blue Shield									
19 to 29	\$232	\$250	\$278	\$230	\$247	\$284	\$280	\$295	\$298
30 to 34	313	339	378	312	334	382	378	397	403
35 to 39	343	374	413	342	367	422	416	437	444
40 to 44	437	471	526	434	465	531	528	554	560
45 to 49	529	571	634	524	562	645	638	673	678
50 to 54	689	745	826	685	734	838	833	877	886
55 to 59	884	958	1064	879	943	1079	1070	1127	1141
60 to 64	1146	1243	1381	1139	1222	1400	1386	1461	1477
PARTY OF TWO – Monthly Dues for Blue Shield									
Under 30	\$451	\$489	\$541	\$448	\$481	\$550	\$546	\$574	\$580
30 to 34	610	662	735	606	651	745	738	778	784
35 to 39	671	726	809	666	715	818	812	854	865
40 to 44	849	921	1022	846	907	1037	1028	1082	1094
45 to 49	1030	1114	1237	1023	1097	1254	1244	1309	1326
50 to 54	1342	1454	1614	1333	1432	1637	1624	1709	1728
55 to 59	1644	1871	2078	1715	1840	2106	2088	2200	2223
60 to 64	2107	2424	2690	2223	2383	2729	2705	2848	2880
FAMILY – Monthly Dues for Blue Shield									
Under 30	\$742	\$806	\$894	\$738	\$792	\$906	\$898	\$946	\$954
30 to 34	946	1027	1139	942	1010	1157	1146	1206	1221
35 to 39	1042	1129	1254	1035	1111	1270	1260	1326	1342
40 to 44	1220	1325	1469	1214	1301	1488	1475	1554	1574
45 to 49	1367	1484	1646	1362	1458	1670	1655	1743	1763
50 to 54	1618	1752	1945	1608	1723	1972	1954	2058	2082
55 to 59	1937	2098	2330	1926	2064	2361	2343	2466	2494
60 to 64	2385	2619	2906	2403	2577	2949	2922	3078	3112

