



Small Group Monthly Rates

Effective May 1, 2007

Medical, Dental, Life and Vision Plans

MEDICAL PLANS & CONTRACT CODES

Basic PPO	5033	Premier PPO \$10 Copay	8982
Saver PPO	NM01	Power HealthFund 750	P942
PPO \$35 Copay GenRx	T159	Power HealthFund 500	P943
PPO \$45 Copay GenRx	BK29	PPO 2400 (HSA-Compatible)	V469
Lumenos® HSA 1500 (HSA-Compatible)	DY07	PPO 3500 (HSA-Compatible)	V471
Lumenos® HSA 3000 (HSA-Compatible)	DY11	High Deductible EPO	8978/8979
Lumenos® HIA Plus 3000	DY17	Power Select HMO	PD56
PPO \$40 Copay	5032	Saver HMO	8980/8977
PPO \$30 Copay	5031	Classic HMO	PD40/PD41
Advantage PPO \$25 Copay	PE24	HMO 100%	5036/5038/5034/5202
Premier PPO \$20 Copay	5030		

MEDICAL RATES ONLINE – ALL RAFs

- 1) Go to 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, 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 ZIPs	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, 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 ZIPs	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

HOW TO CONVERT THESE 1.0 RAF RATES TO OTHER RAFs:

This file includes the Standard Employee Risk Rates (SERR) or 1.00 Risk Adjustment Factor (RAF) Rates for all rating areas for Small Group Medical plans. The following calculations are provided to assist you in obtaining the monthly rates for RAFs other than 1.00.

TO OBTAIN ANOTHER RAF RATE, MULTIPLY THE 1.00 STANDARD RATE BY THE RAF.

EXAMPLES:

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 x 0.90 = \$185.40. The 0.90 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 x 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 x 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 x 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, 2007

AREA 1		PPO												Consumer Driven			EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO \$45 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	PPO 2400 (HSA-Compatible)*	PPO 3500 (HSA-Compatible)*	Lumenos HIA Plus 3000*	Lumenos HSA 1500 (HSA-Compatible)*	Lumenos HSA 3000 (HSA-Compatible)*	High Deductible EPO	Power Select HMO**	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$103	\$160	\$249	\$276	\$199	\$186	\$328	\$379	\$417	\$264	\$225	\$159	\$140	\$254	\$201	\$153	\$219	n/a	\$370	\$389	\$444
	30 - 39	126	199	312	349	248	231	413	465	515	333	282	214	189	316	269	205	291	n/a	466	486	555
	40 - 49	173	270	418	459	333	311	545	622	680	438	378	312	273	426	391	297	427	n/a	508	529	603
	50 - 54	227	357	563	615	449	419	735	837	918	587	510	373	328	572	469	356	499	n/a	642	670	762
	55 - 59	280	441	691	761	552	515	908	1,025	1,130	728	628	476	419	703	598	455	647	n/a	815	849	966
	60 - 64	365	574	884	976	707	660	1,164	1,311	1,438	933	801	596	524	917	749	569	810	n/a	1,083	1,129	1,286
	65+ PRIMARY	423	666	1,035	1,136	828	773	1,356	1,533	1,649	1,087	939	774	681	1,086	974	740	1,015	n/a	1,352	1,449	1,648
	65+ SECONDARY	173	267	434	477	347	324	570	638	698	457	394	441	388	456	554	421	568	n/a	921	994	1,133
EMPLOYEE & SPOUSE	AGE - under 30	\$300	\$475	\$742	\$815	\$592	\$552	\$971	\$1,099	\$1,197	\$742	\$644	\$329	\$290	\$715	\$415	\$315	\$390	n/a	\$982	\$1,022	\$1,165
	30 - 39	349	551	864	957	690	644	1,139	1,293	1,406	872	750	442	390	842	556	423	527	n/a	1,158	1,210	1,378
	40 - 49	339	536	849	936	680	634	1,115	1,254	1,363	853	738	636	560	840	800	608	751	n/a	1,267	1,330	1,511
	50 - 54	470	738	1,169	1,293	935	872	1,543	1,740	1,890	1,181	1,015	774	681	1,144	974	740	911	n/a	1,304	1,365	1,554
	55 - 59	579	914	1,451	1,599	1,159	1,081	1,907	2,154	2,340	1,459	1,259	984	866	1,415	1,237	940	1,165	n/a	1,863	1,942	2,210
	60 - 64	696	1,096	1,739	1,918	1,390	1,297	2,289	2,586	2,819	1,750	1,511	1,201	1,058	1,746	1,510	1,148	1,435	n/a	1,994	2,092	2,382
	65+ PRIMARY	981	1,546	2,448	2,699	1,956	1,825	3,223	3,637	3,926	2,462	2,126	1,479	1,301	2,461	1,859	1,413	1,706	n/a	2,807	2,996	3,413
	65+ SECONDARY	455	703	1,147	1,270	917	856	1,515	1,716	1,862	1,157	998	880	774	1,156	1,107	842	1,003	n/a	2,243	2,400	2,731
EMPLOYEE & CHILD(REN)	AGE - under 30	\$227	\$358	\$549	\$603	\$439	\$410	\$721	\$822	\$901	\$577	\$483	\$290	\$254	\$558	\$365	\$278	\$354	n/a	\$875	\$913	\$1,040
	30 - 39	248	392	607	668	484	452	795	901	996	638	534	372	328	616	468	356	448	n/a	967	1,000	1,139
	40 - 49	252	394	614	676	490	457	807	916	1,000	648	541	486	427	630	610	464	582	n/a	958	998	1,136
	50 - 54	299	472	730	802	583	544	958	1,087	1,193	768	643	534	471	749	671	510	635	n/a	946	994	1,131
	55 - 59	354	553	868	960	693	647	1,145	1,293	1,422	918	763	610	536	885	767	583	728	n/a	1,130	1,177	1,339
	60 - 64	434	682	1,070	1,179	855	798	1,406	1,590	1,742	1,127	940	709	624	1,108	892	678	841	n/a	1,378	1,442	1,641
	65+ PRIMARY	486	768	1,190	1,321	950	886	1,577	1,776	1,919	1,264	1,049	892	785	1,263	1,121	852	1,029	n/a	1,664	1,782	2,028
	65+ SECONDARY	191	297	473	525	378	353	624	697	765	502	416	611	537	501	769	585	668	n/a	1,084	1,164	1,324
FAMILY	AGE - under 30	\$338	\$530	\$832	\$918	\$666	\$621	\$1,093	\$1,231	\$1,363	\$856	\$681	\$452	\$397	\$820	\$568	\$432	\$536	n/a	\$1,241	\$1,294	\$1,471
	30 - 39	394	617	957	1,057	765	714	1,264	1,421	1,567	987	782	602	529	953	755	574	713	n/a	1,445	1,506	1,716
	40 - 49	425	667	1,056	1,165	842	786	1,389	1,566	1,715	1,087	864	772	679	1,058	970	737	911	n/a	1,532	1,602	1,822
	50 - 54	510	803	1,250	1,379	998	931	1,643	1,855	2,047	1,286	1,023	807	710	1,253	1,015	771	963	n/a	1,732	1,810	2,059
	55 - 59	624	975	1,520	1,671	1,213	1,132	1,993	2,254	2,477	1,559	1,252	1,024	900	1,513	1,287	978	1,222	n/a	1,949	2,033	2,315
	60 - 64	778	1,223	1,910	2,101	1,526	1,424	2,507	2,836	3,102	1,961	1,562	1,208	1,063	1,932	1,518	1,154	1,437	n/a	2,310	2,405	2,739
	65+ PRIMARY	992	1,563	2,452	2,703	1,959	1,828	3,226	3,640	3,928	2,522	2,066	1,529	1,346	2,521	1,924	1,463	1,709	n/a	3,180	3,395	3,867
	65+ SECONDARY	461	715	1,156	1,275	923	861	1,521	1,720	1,866	1,189	972	901	793	1,188	1,134	862	1,045	n/a	2,454	2,633	2,998

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 Alameda (95304, 95377, 95391 only), Alpine, Amador, Calaveras, El Dorado, Fresno (except 93245, 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, 2007

AREA 2

		PPO												Consumer Driven			EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO \$45 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	PPO 2400 (HSA-Compatible)*	PPO 3500 (HSA-Compatible)*	Lumenos HIA Plus 3000*	Lumenos HSA 1500 (HSA-Compatible)*	Lumenos HSA 3000 (HSA-Compatible)*	High Deductible EPO	Power Select HMO**	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$96	\$148	\$201	\$230	\$160	\$149	\$273	\$300	\$347	\$221	\$182	\$131	\$113	\$207	\$164	\$124	\$192	\$256	\$304	\$330	\$376
	30 - 39	121	187	252	285	201	188	340	380	437	273	229	174	154	257	219	166	259	328	389	420	478
	40 - 49	163	257	344	384	274	256	458	504	578	368	312	254	222	346	318	241	377	350	415	455	518
	50 - 54	216	343	458	515	366	341	616	678	781	494	416	305	268	465	381	290	456	448	529	574	653
	55 - 59	264	413	559	635	447	417	758	829	957	608	508	387	340	571	486	370	578	567	672	727	826
	60 - 64	342	537	724	817	578	539	974	1,074	1,229	782	657	485	426	745	609	463	723	741	881	956	1,090
	65+ PRIMARY	434	688	926	1,048	739	689	1,250	1,375	1,487	1,002	841	631	556	934	792	602	960	895	1,063	1,179	1,340
65+ SECONDARY	177	269	387	437	308	287	522	573	620	418	351	359	315	408	450	342	541	631	750	805	919	
EMPLOYEE & SPOUSE	AGE - under 30	\$279	\$440	\$597	\$678	\$477	\$445	\$808	\$887	\$1,005	\$618	\$519	\$269	\$236	\$581	\$337	\$256	\$353	\$643	\$762	\$842	\$958
	30 - 39	325	514	705	794	562	524	945	1,042	1,182	723	613	361	317	684	452	343	473	757	900	998	1,136
	40 - 49	328	516	701	789	560	522	942	1,039	1,166	721	609	519	457	683	650	494	683	818	972	1,076	1,223
	50 - 54	446	698	949	1,078	757	706	1,286	1,419	1,604	984	824	631	556	930	792	602	831	858	1,018	1,128	1,287
	55 - 59	546	864	1,176	1,334	940	877	1,594	1,753	1,985	1,219	1,022	802	706	1,151	1,006	764	1,047	1,217	1,445	1,597	1,817
	60 - 64	670	1,057	1,446	1,634	1,155	1,078	1,951	2,141	2,406	1,491	1,257	978	862	1,420	1,228	933	1,279	1,299	1,543	1,695	1,931
	65+ PRIMARY	1,007	1,586	2,164	2,456	1,729	1,613	2,933	3,216	3,475	2,242	1,881	1,205	1,061	2,096	1,512	1,149	1,600	1,811	2,151	2,390	2,723
65+ SECONDARY	469	726	1,018	1,148	813	759	1,370	1,507	1,641	1,048	884	717	631	1,038	900	684	953	1,501	1,781	1,907	2,170	
EMPLOYEE & CHILD(REN)	AGE - under 30	\$204	\$326	\$445	\$505	\$355	\$331	\$602	\$662	\$768	\$484	\$390	\$236	\$209	\$454	\$297	\$226	\$310	\$600	\$712	\$771	\$877
	30 - 39	232	362	491	554	392	366	662	728	846	532	432	304	266	501	381	289	397	664	787	860	979
	40 - 49	232	364	503	566	402	375	675	746	853	541	443	395	348	513	496	377	512	653	777	850	968
	50 - 54	273	429	590	674	471	439	804	882	1,023	646	519	435	383	609	545	415	568	657	781	843	962
	55 - 59	325	510	702	796	561	523	951	1,045	1,215	762	618	497	438	720	623	474	652	772	916	998	1,136
	60 - 64	404	641	870	987	693	647	1,180	1,294	1,486	945	766	577	508	901	725	551	755	951	1,128	1,230	1,401
	65+ PRIMARY	499	786	1,073	1,218	857	800	1,453	1,600	1,732	1,165	944	726	639	1,100	911	693	979	1,094	1,298	1,443	1,644
65+ SECONDARY	194	299	427	477	341	318	570	632	689	457	375	498	439	454	625	475	637	742	882	944	1,075	
FAMILY	AGE - under 30	\$312	\$494	\$674	\$759	\$538	\$502	\$904	\$998	\$1,152	\$708	\$550	\$368	\$324	\$667	\$461	\$351	\$486	\$855	\$1,015	\$1,094	\$1,247
	30 - 39	364	570	779	878	623	581	1,048	1,154	1,337	820	638	490	431	775	614	467	645	994	1,182	1,285	1,464
	40 - 49	400	630	856	972	683	637	1,160	1,276	1,466	908	700	629	553	860	788	599	824	1,047	1,243	1,364	1,555
	50 - 54	469	743	1,018	1,149	813	759	1,371	1,510	1,746	1,073	834	658	580	1,019	825	627	858	1,197	1,421	1,531	1,743
	55 - 59	569	894	1,232	1,397	985	919	1,666	1,829	2,110	1,305	1,015	834	734	1,230	1,046	795	1,088	1,325	1,574	1,708	1,944
	60 - 64	720	1,132	1,558	1,762	1,245	1,162	2,104	2,309	2,651	1,645	1,275	984	866	1,571	1,234	938	1,286	1,587	1,885	2,049	2,332
	65+ PRIMARY	1,015	1,600	2,187	2,473	1,748	1,631	2,952	3,249	3,507	2,310	1,836	1,246	1,096	2,154	1,564	1,189	1,612	2,084	2,474	2,749	3,131
65+ SECONDARY	472	734	1,025	1,161	818	763	1,386	1,528	1,661	1,083	862	734	646	1,079	922	701	984	1,675	1,988	2,135	2,433	

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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)

Medical rates effective May 1, 2007

		PPO												Consumer Driven			EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO \$45 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	PPO 2400 (HSA-Compatible)*	PPO 3500 (HSA-Compatible)*	Lumenos HIA Plus 3000*	Lumenos HSA 1500 (HSA-Compatible)*	Lumenos HSA 3000 (HSA-Compatible)*	High Deductible EPO	Power Select HMO**	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$91	\$145	\$189	\$214	\$152	\$142	\$255	\$281	\$306	\$204	\$172	\$122	\$106	\$191	\$152	\$115	\$183	\$229	\$279	\$306	\$349
	30 - 39	109	174	231	263	185	173	313	345	380	251	209	161	143	238	203	154	248	284	345	384	436
	40 - 49	150	239	317	353	253	236	420	463	505	336	286	234	206	320	294	224	348	312	379	417	476
	50 - 54	200	315	419	474	333	311	566	622	689	453	380	282	248	431	353	268	423	390	474	522	595
	55 - 59	245	385	516	583	413	385	698	766	846	558	469	359	315	529	450	342	533	496	602	663	758
	60 - 64	321	506	672	761	538	502	908	998	1,092	728	610	449	395	690	563	428	664	665	809	879	1,003
	65+ PRIMARY	395	626	832	946	666	621	1,130	1,239	1,292	907	755	584	514	865	733	557	873	859	1,043	1,190	1,355
	65+ SECONDARY	175	275	375	422	299	279	501	561	586	403	340	332	292	378	417	317	500	623	758	811	924
EMPLOYEE & SPOUSE	AGE - under 30	\$263	\$415	\$550	\$622	\$439	\$410	\$742	\$817	\$880	\$568	\$478	\$249	\$220	\$538	\$312	\$237	\$326	\$584	\$709	\$789	\$900
	30 - 39	303	478	648	735	518	483	875	959	1,038	669	564	333	293	634	418	318	439	695	845	943	1,072
	40 - 49	305	484	647	735	517	482	875	958	1,026	669	563	480	422	633	602	458	624	762	927	1,026	1,167
	50 - 54	412	649	877	994	700	653	1,185	1,306	1,410	907	763	584	514	861	733	557	759	787	958	1,054	1,200
	55 - 59	505	801	1,084	1,227	865	807	1,465	1,608	1,736	1,120	942	742	652	1,065	931	708	972	1,113	1,353	1,503	1,710
	60 - 64	635	1,000	1,344	1,522	1,072	1,000	1,816	1,997	2,141	1,388	1,167	907	798	1,314	1,137	864	1,178	1,217	1,479	1,624	1,849
	65+ PRIMARY	920	1,448	1,951	2,208	1,557	1,453	2,637	2,896	3,012	2,014	1,695	1,116	981	1,940	1,399	1,064	1,461	1,754	2,132	2,433	2,771
	65+ SECONDARY	458	708	990	1,120	791	738	1,338	1,467	1,548	1,022	862	665	585	961	833	634	860	1,493	1,814	1,941	2,211
EMPLOYEE & CHILD(REN)	AGE - under 30	\$196	\$306	\$405	\$462	\$324	\$302	\$551	\$604	\$672	\$443	\$358	\$220	\$193	\$420	\$275	\$209	\$286	\$525	\$638	\$707	\$806
	30 - 39	212	336	452	512	361	337	610	673	743	490	397	282	248	464	353	268	371	588	714	795	905
	40 - 49	217	341	464	525	371	346	628	685	752	504	409	366	321	474	459	349	479	586	712	787	897
	50 - 54	255	399	544	621	436	407	740	813	894	594	479	402	354	564	505	384	526	581	706	781	889
	55 - 59	305	482	648	729	518	483	871	963	1,059	699	571	460	404	666	577	439	600	673	819	913	1,040
	60 - 64	383	600	812	919	648	605	1,098	1,205	1,319	880	716	535	471	834	671	510	704	845	1,029	1,134	1,289
	65+ PRIMARY	460	725	967	1,095	771	719	1,309	1,440	1,498	1,048	851	672	591	1,018	843	641	889	1,055	1,283	1,466	1,669
	65+ SECONDARY	196	308	412	467	330	308	559	614	644	447	363	462	407	420	579	440	576	733	892	955	1,087
FAMILY	AGE - under 30	\$291	\$459	\$618	\$698	\$493	\$460	\$832	\$918	\$1,012	\$652	\$506	\$340	\$300	\$617	\$427	\$325	\$443	\$748	\$912	\$1,005	\$1,145
	30 - 39	339	534	711	809	569	531	965	1,063	1,174	756	583	453	400	717	568	432	587	874	1,062	1,185	1,350
	40 - 49	373	590	793	897	633	591	1,069	1,177	1,290	838	650	582	513	796	730	555	755	930	1,132	1,258	1,430
	50 - 54	438	687	936	1,060	748	698	1,267	1,392	1,538	991	768	609	535	943	764	581	792	1,057	1,285	1,419	1,618
	55 - 59	535	840	1,130	1,282	902	842	1,529	1,679	1,853	1,198	933	772	679	1,139	968	736	1,007	1,167	1,419	1,580	1,799
	60 - 64	680	1,074	1,449	1,638	1,157	1,079	1,955	2,152	2,354	1,528	1,185	910	802	1,454	1,142	868	1,181	1,416	1,723	1,890	2,153
	65+ PRIMARY	929	1,465	1,977	2,233	1,578	1,472	2,663	2,931	3,045	2,083	1,656	1,154	1,015	1,994	1,448	1,101	1,463	2,014	2,448	2,798	3,185
	65+ SECONDARY	460	711	995	1,137	795	742	1,359	1,484	1,559	1,062	838	680	598	999	854	649	896	1,670	2,031	2,172	2,474

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

Medical rates effective May 1, 2007

AREA 4

		PPO													Consumer Driven			EPO	HMO			
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO \$45 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	PPO 2400 (HSA-Compatible)*	PPO 3500 (HSA-Compatible)*	Lumenos HIA Plus 3000*	Lumenos HSA 1500 (HSA-Compatible)*	Lumenos HSA 3000 (HSA-Compatible)*	High Deductible EPO	Power Select HMO**	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$96	\$152	\$212	\$242	\$169	\$158	\$289	\$317	\$378	\$231	\$192	\$139	\$123	\$220	\$174	\$132	\$144	\$170	\$231	\$239	\$278
	30 - 39	123	194	265	301	211	197	359	400	475	289	241	186	164	273	233	177	197	209	289	306	356
	40 - 49	166	260	357	407	285	266	485	536	629	389	324	269	237	368	338	257	284	234	321	337	392
	50 - 54	227	354	484	548	386	360	656	723	860	525	439	322	285	495	405	308	343	292	401	423	494
	55 - 59	272	431	597	674	477	445	804	883	1,052	645	541	412	363	607	517	393	434	372	510	530	618
	60 - 64	358	567	780	885	623	581	1,057	1,161	1,369	847	708	516	455	792	647	492	548	498	683	718	838
	65+ PRIMARY	475	747	1,030	1,162	822	767	1,387	1,525	1,665	1,113	935	671	590	993	842	640	739	660	904	976	1,138
	65+ SECONDARY	212	330	457	519	363	339	618	679	746	497	414	382	336	434	479	364	416	489	671	720	841
EMPLOYEE & SPOUSE	AGE - under 30	\$291	\$459	\$640	\$722	\$511	\$477	\$864	\$947	\$1,105	\$660	\$556	\$286	\$251	\$618	\$358	\$272	\$260	\$434	\$596	\$628	\$733
	30 - 39	341	538	752	849	601	561	1,013	1,116	1,303	776	653	383	338	727	480	365	358	518	709	749	876
	40 - 49	343	544	753	852	602	562	1,017	1,115	1,284	778	654	551	485	726	691	526	515	570	782	821	960
	50 - 54	465	730	1,023	1,158	817	762	1,383	1,521	1,764	1,056	889	671	590	989	842	640	618	591	811	848	991
	55 - 59	572	905	1,266	1,430	1,009	941	1,706	1,875	2,182	1,305	1,099	853	750	1,223	1,069	813	791	833	1,140	1,195	1,395
	60 - 64	717	1,128	1,572	1,779	1,255	1,171	2,124	2,334	2,692	1,624	1,367	1,041	916	1,509	1,305	992	965	913	1,250	1,316	1,536
	65+ PRIMARY	1,103	1,739	2,415	2,738	1,929	1,800	3,267	3,589	3,906	2,499	2,100	1,282	1,129	2,228	1,607	1,222	1,231	1,345	1,843	1,987	2,321
	65+ SECONDARY	555	861	1,225	1,389	977	912	1,658	1,817	1,995	1,268	1,064	764	671	1,103	957	728	731	1,159	1,589	1,711	1,999
EMPLOYEE & CHILD(REN)	AGE - under 30	\$217	\$344	\$472	\$532	\$377	\$352	\$633	\$700	\$833	\$511	\$415	\$251	\$222	\$482	\$316	\$240	\$230	\$390	\$535	\$561	\$654
	30 - 39	238	376	522	591	416	388	706	773	926	566	459	322	284	533	405	308	299	441	602	635	740
	40 - 49	241	382	539	605	429	400	723	791	937	580	474	421	370	545	527	401	389	440	601	630	737
	50 - 54	288	455	631	717	505	471	854	940	1,124	685	556	463	408	647	580	441	427	438	597	624	728
	55 - 59	339	537	750	849	599	559	1,013	1,114	1,326	813	661	528	465	765	663	504	488	506	692	726	847
	60 - 64	429	682	947	1,073	756	705	1,278	1,405	1,657	1,026	833	615	541	957	771	586	572	635	869	917	1,071
	65+ PRIMARY	547	864	1,197	1,354	955	891	1,616	1,779	1,938	1,295	1,054	772	679	1,169	968	736	751	813	1,113	1,198	1,401
	65+ SECONDARY	232	362	507	570	405	378	679	747	822	546	446	529	466	482	665	505	489	571	783	845	989
FAMILY	AGE - under 30	\$326	\$514	\$715	\$809	\$570	\$532	\$965	\$1,061	\$1,267	\$756	\$585	\$391	\$345	\$709	\$491	\$373	\$358	\$560	\$767	\$806	\$942
	30 - 39	376	595	831	939	664	620	1,121	1,235	1,470	879	680	520	458	824	653	496	477	656	900	943	1,100
	40 - 49	419	661	925	1,042	738	689	1,244	1,365	1,610	973	756	668	589	914	838	637	618	702	961	1,009	1,178
	50 - 54	496	780	1,090	1,236	869	811	1,474	1,619	1,927	1,154	891	699	616	1,083	877	667	641	790	1,079	1,137	1,331
	55 - 59	599	943	1,315	1,489	1,051	981	1,780	1,955	2,328	1,390	1,088	888	780	1,308	1,112	845	819	870	1,191	1,259	1,469
	60 - 64	768	1,213	1,692	1,914	1,351	1,260	2,286	2,510	2,964	1,788	1,385	1,046	921	1,670	1,312	997	966	1,061	1,454	1,527	1,785
	65+ PRIMARY	1,115	1,754	2,441	2,763	1,949	1,818	3,299	3,623	3,948	2,580	2,048	1,326	1,167	2,290	1,663	1,264	1,232	1,545	2,116	2,284	2,668
	65+ SECONDARY	568	875	1,233	1,400	985	919	1,671	1,832	2,011	1,307	1,036	782	687	1,147	980	745	756	1,299	1,778	1,920	2,238

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 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, 2007

AREA 5

		PPO													Consumer Driven			EPO	HMO			
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO \$45 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	PPO 2400 (HSA-Compatible)*	PPO 3500 (HSA-Compatible)*	Lumenos HIA Plus 3000*	Lumenos HSA 1500 (HSA-Compatible)*	Lumenos HSA 3000 (HSA-Compatible)*	High Deductible EPO	Power Select HMO**	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$110	\$176	\$238	\$268	\$190	\$177	\$321	\$352	\$421	\$257	\$215	\$154	\$136	\$245	\$194	\$147	\$165	\$180	\$224	\$225	\$256
	30 - 39	140	220	299	338	239	223	403	442	530	324	272	207	183	305	260	197	223	222	274	275	324
	40 - 49	185	295	399	454	318	297	542	596	701	435	361	300	265	410	376	286	324	244	304	305	355
	50 - 54	249	395	540	615	430	401	733	807	954	589	490	360	318	551	452	343	393	305	380	381	440
	55 - 59	309	490	663	748	529	494	895	989	1,172	717	602	460	404	677	576	438	499	386	480	481	557
	60 - 64	408	643	873	987	698	651	1,178	1,298	1,525	945	793	576	506	883	721	548	623	519	646	647	750
	65+ PRIMARY	495	775	1,050	1,192	839	783	1,419	1,560	1,776	1,139	952	749	659	1,107	938	713	797	656	814	832	972
	65+ SECONDARY	221	344	464	522	371	346	623	688	786	500	421	425	374	484	534	406	450	493	613	622	726
EMPLOYEE & SPOUSE	AGE - under 30	\$328	\$515	\$709	\$800	\$567	\$529	\$956	\$1,055	\$1,229	\$730	\$617	\$319	\$282	\$689	\$400	\$304	\$296	\$457	\$567	\$568	\$653
	30 - 39	391	616	834	947	668	623	1,131	1,244	1,453	866	727	428	376	811	536	407	406	539	671	672	781
	40 - 49	391	614	836	950	668	623	1,135	1,244	1,434	867	728	615	541	810	771	586	587	596	739	740	860
	50 - 54	532	836	1,144	1,292	911	850	1,543	1,696	1,972	1,179	994	749	659	1,102	938	713	707	614	761	762	887
	55 - 59	647	1,020	1,409	1,588	1,125	1,050	1,898	2,086	2,433	1,450	1,224	951	837	1,364	1,192	906	898	862	1,073	1,074	1,249
	60 - 64	812	1,277	1,750	1,979	1,395	1,302	2,364	2,602	3,002	1,806	1,521	1,161	1,022	1,683	1,455	1,106	1,095	951	1,183	1,184	1,372
	65+ PRIMARY	1,143	1,800	2,467	2,793	1,970	1,838	3,337	3,666	4,171	2,549	2,144	1,429	1,257	2,484	1,792	1,362	1,337	1,332	1,654	1,687	1,969
	65+ SECONDARY	580	897	1,250	1,414	997	930	1,688	1,851	2,121	1,291	1,087	852	749	1,230	1,067	811	785	1,159	1,441	1,466	1,714
EMPLOYEE & CHILD(REN)	AGE - under 30	\$245	\$387	\$526	\$595	\$420	\$392	\$709	\$782	\$937	\$568	\$463	\$282	\$248	\$538	\$352	\$267	\$258	\$411	\$511	\$512	\$593
	30 - 39	271	428	579	661	462	431	788	865	1,034	633	511	360	315	594	451	343	336	454	564	565	658
	40 - 49	278	437	597	674	477	445	804	887	1,047	645	525	470	412	607	588	447	441	456	565	566	658
	50 - 54	331	518	711	804	569	531	962	1,051	1,253	770	627	516	455	722	646	491	486	450	560	561	651
	55 - 59	387	610	836	946	668	623	1,130	1,247	1,480	907	737	589	519	853	739	562	555	523	649	653	764
	60 - 64	490	771	1,056	1,193	843	787	1,423	1,565	1,857	1,140	930	685	603	1,068	859	653	644	664	822	824	962
	65+ PRIMARY	569	898	1,224	1,381	976	911	1,648	1,816	2,069	1,321	1,078	861	757	1,303	1,080	821	808	807	1,003	1,022	1,193
	65+ SECONDARY	235	368	513	582	408	381	693	764	877	557	452	591	520	538	741	563	527	575	714	728	849
FAMILY	AGE - under 30	\$371	\$587	\$796	\$902	\$636	\$593	\$1,077	\$1,189	\$1,417	\$842	\$652	\$437	\$384	\$791	\$547	\$416	\$401	\$586	\$728	\$729	\$847
	30 - 39	433	676	927	1,049	740	690	1,252	1,380	1,644	979	759	581	511	918	728	553	541	680	845	846	985
	40 - 49	479	752	1,029	1,168	822	767	1,393	1,532	1,806	1,090	841	747	657	1,019	934	710	707	731	906	907	1,051
	50 - 54	562	887	1,219	1,383	974	909	1,649	1,815	2,156	1,291	999	780	687	1,207	978	743	738	824	1,024	1,025	1,187
	55 - 59	681	1,077	1,472	1,664	1,176	1,097	1,986	2,183	2,593	1,554	1,215	990	870	1,458	1,240	943	933	909	1,128	1,129	1,316
	60 - 64	877	1,386	1,890	2,138	1,509	1,408	2,552	2,808	3,313	1,997	1,547	1,167	1,027	1,862	1,462	1,112	1,097	1,107	1,374	1,375	1,601
	65+ PRIMARY	1,158	1,821	2,492	2,820	1,991	1,858	3,368	3,702	4,206	2,635	2,092	1,479	1,300	2,553	1,854	1,409	1,338	1,534	1,905	1,947	2,274
	65+ SECONDARY	585	905	1,264	1,424	1,009	941	1,700	1,869	2,143	1,330	1,060	872	766	1,279	1,093	831	822	1,300	1,614	1,647	1,924

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.

Medical rates effective May 1, 2007

AREA 6

		PPO												Consumer Driven			EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO \$45 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	PPO 2400 (HSA-Compatible)*	PPO 3500 (HSA-Compatible)*	Lumenos HIA Plus 3000*	Lumenos HSA 1500 (HSA-Compatible)*	Lumenos HSA 3000 (HSA-Compatible)*	High Deductible EPO	Power Select HMO**	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$96	\$152	\$189	\$214	\$152	\$142	\$255	\$280	\$351	\$204	\$172	\$123	\$107	\$195	\$155	\$117	\$144	\$207	\$247	\$260	\$297
	30 - 39	119	185	235	268	187	174	321	352	439	257	213	166	145	243	207	157	198	264	316	332	378
	40 - 49	166	260	318	366	254	237	438	472	581	352	289	240	210	327	300	228	284	284	340	365	418
	50 - 54	221	351	428	492	341	318	587	643	796	471	388	286	252	439	360	274	348	365	438	460	526
	55 - 59	272	431	530	604	423	395	722	786	972	577	481	366	321	540	459	349	441	457	548	581	660
	60 - 64	361	569	692	787	552	515	941	1,024	1,265	754	629	457	403	704	575	437	550	613	732	772	878
	65+ PRIMARY	478	752	914	1,040	731	682	1,239	1,349	1,540	994	830	596	525	882	748	568	740	761	909	987	1,126
	65+ SECONDARY	207	315	402	462	320	299	551	596	684	443	363	339	299	385	425	323	419	567	677	735	834
EMPLOYEE & SPOUSE	AGE - under 30	\$295	\$462	\$561	\$643	\$448	\$418	\$769	\$837	\$1,021	\$588	\$487	\$255	\$223	\$549	\$318	\$242	\$267	\$536	\$639	\$679	\$774
	30 - 39	343	544	662	756	528	493	903	988	1,203	691	575	340	300	646	427	324	358	645	772	810	921
	40 - 49	339	537	665	756	532	496	903	989	1,192	691	580	490	430	645	614	467	517	697	834	888	1,012
	50 - 54	469	743	908	1,034	724	675	1,235	1,345	1,636	943	789	596	525	878	748	568	630	726	869	919	1,047
	55 - 59	579	909	1,124	1,280	898	838	1,527	1,660	2,015	1,167	977	757	666	1,086	949	722	797	1,019	1,221	1,293	1,473
	60 - 64	717	1,128	1,393	1,586	1,113	1,038	1,893	2,063	2,487	1,448	1,210	924	813	1,340	1,159	881	971	1,116	1,338	1,419	1,616
	65+ PRIMARY	1,101	1,732	2,136	2,436	1,706	1,592	2,910	3,168	3,609	2,223	1,858	1,138	1,000	1,979	1,427	1,085	1,241	1,543	1,849	2,003	2,281
	65+ SECONDARY	535	828	1,083	1,234	864	806	1,473	1,603	1,838	1,128	942	678	596	980	850	646	731	1,332	1,594	1,730	1,969
EMPLOYEE & CHILD(REN)	AGE - under 30	\$217	\$344	\$427	\$482	\$340	\$317	\$575	\$622	\$777	\$462	\$376	\$223	\$196	\$429	\$280	\$213	\$226	\$489	\$585	\$615	\$703
	30 - 39	243	382	462	528	370	345	631	683	858	506	408	286	251	473	360	273	302	540	647	685	779
	40 - 49	241	382	475	540	379	354	645	702	867	518	418	374	328	484	468	356	390	538	645	680	775
	50 - 54	288	455	565	638	449	419	760	833	1,036	610	497	410	362	575	515	391	433	536	639	679	774
	55 - 59	341	544	665	760	532	496	905	990	1,231	727	585	470	412	680	589	448	488	623	747	793	902
	60 - 64	429	682	836	955	668	623	1,138	1,240	1,533	915	737	546	480	850	684	520	572	780	934	993	1,129
	65+ PRIMARY	546	861	1,060	1,210	846	789	1,445	1,568	1,790	1,158	934	686	603	1,038	860	654	748	934	1,118	1,215	1,384
	65+ SECONDARY	225	346	447	512	359	335	610	667	761	490	395	471	414	429	590	449	492	655	783	860	981
FAMILY	AGE - under 30	\$328	\$518	\$635	\$725	\$506	\$472	\$865	\$940	\$1,175	\$677	\$520	\$347	\$305	\$630	\$436	\$331	\$358	\$687	\$822	\$872	\$991
	30 - 39	380	600	733	841	585	546	1,004	1,088	1,359	785	601	463	408	732	580	441	479	805	964	1,019	1,162
	40 - 49	425	667	822	933	655	611	1,112	1,213	1,494	870	673	594	522	812	744	566	618	868	1,039	1,100	1,251
	50 - 54	502	784	968	1,103	774	722	1,318	1,431	1,784	1,031	793	622	546	962	779	592	654	969	1,160	1,229	1,402
	55 - 59	604	949	1,168	1,326	931	869	1,583	1,728	2,152	1,240	967	786	693	1,162	988	751	824	1,077	1,289	1,364	1,553
	60 - 64	768	1,213	1,494	1,706	1,193	1,113	2,035	2,216	2,733	1,594	1,223	929	818	1,483	1,165	886	974	1,302	1,560	1,651	1,881
	65+ PRIMARY	1,117	1,760	2,162	2,462	1,726	1,610	2,941	3,202	3,649	2,301	1,814	1,177	1,035	2,034	1,477	1,123	1,242	1,777	2,128	2,311	2,634
	65+ SECONDARY	540	837	1,087	1,240	867	809	1,481	1,617	1,853	1,158	915	694	611	1,019	871	662	762	1,486	1,778	1,931	2,200

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 Fresno (93245, 93618 only), Inyo (93527 only), Kern (except 93536, 93558), Kings (except ZIP code 93242, 93631, 93656), Los Angeles (93243, 93560 only), San Bernadino (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, 2007

AREA 7

		PPO													Consumer Driven			EPO	HMO			
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO \$45 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	PPO 2400 (HSA-Compatible)*	PPO 3500 (HSA-Compatible)*	Lumenos HIA Plus 3000*	Lumenos HSA 1500 (HSA-Compatible)*	Lumenos HSA 3000 (HSA-Compatible)*	High Deductible EPO	Power Select HMO**	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$85	\$131	\$180	\$202	\$144	\$134	\$241	\$265	\$308	\$195	\$162	\$116	\$100	\$183	\$145	\$110	\$172	\$233	\$268	\$289	\$330
	30 - 39	108	168	224	254	177	165	302	339	388	242	203	154	136	228	194	147	231	296	340	368	420
	40 - 49	144	230	303	340	243	227	406	448	512	326	275	224	197	306	281	214	336	315	364	400	456
	50 - 54	192	300	404	456	322	300	544	596	692	436	367	269	237	412	337	256	401	403	465	504	573
	55 - 59	234	368	497	560	397	370	665	735	848	534	451	342	303	506	430	327	509	511	591	638	726
	60 - 64	299	471	640	725	511	477	864	949	1,085	693	581	429	377	659	538	409	639	676	779	838	956
	65+ PRIMARY	387	610	822	927	655	611	1,106	1,219	1,316	888	745	560	492	826	701	533	847	809	932	1,034	1,178
	65+ SECONDARY	157	240	343	388	274	256	462	505	550	372	311	318	279	361	398	303	479	576	664	709	808
EMPLOYEE & SPOUSE	AGE - under 30	\$249	\$392	\$528	\$601	\$423	\$395	\$717	\$788	\$893	\$548	\$460	\$238	\$210	\$514	\$298	\$227	\$313	\$582	\$671	\$738	\$841
	30 - 39	287	453	622	703	497	464	840	924	1,047	641	541	320	282	606	400	304	416	687	793	876	998
	40 - 49	288	455	620	702	493	460	838	921	1,032	640	539	458	403	605	575	437	604	743	857	945	1,075
	50 - 54	391	616	842	953	672	627	1,137	1,255	1,418	870	731	560	492	823	701	533	738	773	892	988	1,127
	55 - 59	485	767	1,043	1,184	833	777	1,412	1,550	1,756	1,081	907	710	624	1,018	890	676	931	1,098	1,267	1,399	1,593
	60 - 64	594	936	1,278	1,444	1,022	954	1,723	1,896	2,127	1,318	1,112	867	763	1,256	1,086	826	1,133	1,175	1,356	1,483	1,690
	65+ PRIMARY	892	1,405	1,916	2,176	1,531	1,428	2,598	2,848	3,074	1,986	1,665	1,068	938	1,854	1,338	1,017	1,423	1,642	1,891	2,096	2,387
	65+ SECONDARY	413	644	902	1,021	720	672	1,219	1,334	1,452	932	783	634	560	918	797	606	841	1,360	1,567	1,670	1,902
EMPLOYEE & CHILD(REN)	AGE - under 30	\$183	\$288	\$395	\$447	\$315	\$294	\$535	\$586	\$680	\$428	\$348	\$210	\$185	\$402	\$263	\$200	\$273	\$546	\$629	\$679	\$774
	30 - 39	205	320	431	488	344	321	583	646	747	469	382	269	237	443	337	256	348	599	692	759	864
	40 - 49	207	322	444	502	354	330	597	663	756	480	391	349	308	454	439	334	458	591	683	747	848
	50 - 54	241	382	526	597	420	392	710	782	903	571	463	384	339	539	483	367	501	597	687	742	846
	55 - 59	287	453	622	705	497	464	843	927	1,076	675	548	439	387	637	552	419	573	702	810	876	998
	60 - 64	359	569	769	877	614	573	1,045	1,147	1,317	839	677	511	451	797	641	488	669	862	994	1,082	1,232
	65+ PRIMARY	440	697	950	1,081	757	706	1,291	1,415	1,533	1,034	837	643	567	973	806	613	868	995	1,147	1,267	1,445
	65+ SECONDARY	169	267	379	421	302	282	500	560	609	402	334	442	389	402	553	421	563	675	778	830	947
FAMILY	AGE - under 30	\$276	\$437	\$597	\$672	\$477	\$445	\$801	\$886	\$1,020	\$626	\$488	\$326	\$286	\$590	\$408	\$310	\$426	\$776	\$895	\$964	\$1,099
	30 - 39	321	506	688	779	549	512	928	1,020	1,184	728	563	433	382	686	543	413	575	904	1,042	1,127	1,286
	40 - 49	354	559	754	861	603	563	1,028	1,129	1,298	805	618	556	490	761	698	530	730	950	1,096	1,196	1,365
	50 - 54	416	654	901	1,021	720	672	1,219	1,335	1,542	953	737	582	513	901	730	555	760	1,084	1,250	1,347	1,532
	55 - 59	504	793	1,090	1,236	869	811	1,474	1,619	1,868	1,154	899	738	650	1,089	926	704	963	1,203	1,386	1,500	1,708
	60 - 64	636	1,001	1,379	1,559	1,101	1,027	1,861	2,043	2,343	1,456	1,129	872	766	1,390	1,092	830	1,141	1,440	1,660	1,797	2,045
	65+ PRIMARY	899	1,414	1,938	2,189	1,547	1,443	2,614	2,876	3,104	2,045	1,626	1,104	971	1,906	1,384	1,052	1,425	1,890	2,179	2,418	2,752
	65+ SECONDARY	421	651	910	1,028	726	677	1,228	1,356	1,469	960	764	651	573	955	816	620	881	1,517	1,749	1,874	2,134

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, 2007

AREA 8

		PPO												Consumer Driven			EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO \$45 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	PPO 2400 (HSA-Compatible)*	PPO 3500 (HSA-Compatible)*	Lumenos HIA Plus 3000*	Lumenos HSA 1500 (HSA-Compatible)*	Lumenos HSA 3000 (HSA-Compatible)*	High Deductible EPO	Power Select HMO**	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$85	\$131	\$185	\$210	\$147	\$137	\$250	\$272	\$312	\$202	\$168	\$118	\$105	\$188	\$149	\$113	\$128	n/a	\$259	\$273	\$309
	30 - 39	108	168	229	260	184	172	311	348	392	249	209	160	140	234	200	152	172	n/a	331	349	398
	40 - 49	144	230	309	350	248	231	419	461	521	335	282	231	203	315	289	220	252	n/a	357	379	434
	50 - 54	192	300	418	467	332	310	559	613	706	447	379	277	243	424	347	264	303	n/a	458	482	549
	55 - 59	234	368	509	576	407	380	685	753	864	550	463	354	311	521	443	337	381	n/a	571	605	689
	60 - 64	299	471	657	744	525	490	888	975	1,104	712	597	443	389	679	554	422	479	n/a	764	806	919
	65+ PRIMARY	387	610	842	952	672	627	1,135	1,251	1,339	910	764	576	506	851	722	548	633	n/a	950	1,033	1,176
	65+ SECONDARY	157	240	351	398	280	261	475	517	559	380	319	327	287	372	410	312	358	n/a	706	768	872
EMPLOYEE & SPOUSE	AGE - under 30	\$249	\$392	\$545	\$616	\$436	\$407	\$734	\$808	\$908	\$563	\$473	\$244	\$215	\$530	\$307	\$234	\$234	n/a	\$669	\$710	\$809
	30 - 39	287	453	641	722	513	479	864	950	1,065	660	557	329	289	624	412	313	311	n/a	803	850	967
	40 - 49	288	455	637	721	507	473	863	946	1,051	659	554	473	416	623	593	450	453	n/a	874	929	1,059
	50 - 54	391	616	865	980	691	645	1,170	1,287	1,444	896	752	576	506	847	721	548	554	n/a	910	961	1,094
	55 - 59	485	767	1,073	1,216	856	799	1,451	1,591	1,788	1,110	932	730	643	1,048	916	697	698	n/a	1,276	1,354	1,541
	60 - 64	594	936	1,315	1,483	1,051	981	1,770	1,947	2,167	1,354	1,143	893	785	1,294	1,119	850	850	n/a	1,401	1,485	1,691
	65+ PRIMARY	892	1,405	1,970	2,236	1,574	1,469	2,670	2,926	3,131	2,040	1,713	1,098	967	1,910	1,377	1,047	1,066	n/a	1,933	2,098	2,390
	65+ SECONDARY	413	644	928	1,048	741	691	1,251	1,371	1,478	957	807	653	576	946	820	624	632	n/a	1,668	1,811	2,062
EMPLOYEE & CHILD(REN)	AGE - under 30	\$183	\$288	\$405	\$460	\$324	\$302	\$547	\$603	\$692	\$439	\$358	\$215	\$189	\$414	\$271	\$206	\$203	n/a	\$613	\$644	\$733
	30 - 39	205	320	445	503	355	331	599	665	761	481	393	277	243	457	347	264	259	n/a	675	717	815
	40 - 49	207	322	456	513	363	339	612	679	771	491	401	360	318	467	452	343	344	n/a	670	710	809
	50 - 54	241	382	539	614	429	400	732	802	917	588	474	397	348	555	497	378	377	n/a	669	707	803
	55 - 59	287	453	640	727	511	477	866	950	1,095	695	564	453	398	656	568	432	432	n/a	780	829	944
	60 - 64	359	569	792	900	632	590	1,074	1,177	1,342	860	696	527	464	821	660	502	501	n/a	976	1,039	1,183
	65+ PRIMARY	440	697	976	1,111	779	727	1,326	1,457	1,563	1,063	860	661	582	1,002	830	631	652	n/a	1,168	1,270	1,444
	65+ SECONDARY	169	267	388	433	310	289	516	574	621	414	342	455	400	414	570	433	419	n/a	818	899	1,025
FAMILY	AGE - under 30	\$276	\$437	\$612	\$692	\$488	\$455	\$824	\$910	\$1,041	\$645	\$500	\$336	\$296	\$608	\$421	\$320	\$318	n/a	\$859	\$911	\$1,036
	30 - 39	321	506	709	801	567	529	957	1,050	1,203	748	581	446	393	706	559	425	426	n/a	1,009	1,067	1,217
	40 - 49	354	559	778	885	622	580	1,057	1,158	1,318	827	636	573	505	784	718	546	550	n/a	1,083	1,148	1,308
	50 - 54	416	654	927	1,046	740	690	1,250	1,371	1,569	977	759	599	527	928	752	571	573	n/a	1,209	1,287	1,465
	55 - 59	504	793	1,116	1,268	891	831	1,515	1,661	1,901	1,185	923	759	668	1,121	953	725	725	n/a	1,347	1,427	1,624
	60 - 64	636	1,001	1,417	1,603	1,131	1,055	1,913	2,098	2,388	1,497	1,161	897	790	1,431	1,124	855	855	n/a	1,629	1,729	1,967
	65+ PRIMARY	899	1,414	1,992	2,251	1,590	1,483	2,687	2,953	3,160	2,102	1,672	1,137	1,000	1,963	1,425	1,084	1,070	n/a	2,222	2,420	2,754
	65+ SECONDARY	421	651	933	1,058	745	695	1,262	1,392	1,497	987	785	669	589	983	840	639	659	n/a	1,857	2,022	2,302

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 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, 2007

AREA 9

		PPO												Consumer Driven			EPO	HMO				
		Basic PPO*	Saver PPO*	PPO \$40 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO \$45 Copay GenRx*	Advantage \$25 Copay*	Premier \$20 Copay	Premier \$10 Copay	Power HealthFund 750*	Power HealthFund 500*	PPO 2400 (HSA-Compatible)*	PPO 3500 (HSA-Compatible)*	Lumenos HIA Plus 3000*	Lumenos HSA 1500 (HSA-Compatible)*	Lumenos HSA 3000 (HSA-Compatible)*	High Deductible EPO	Power Select HMO**	Saver HMO	Classic HMO	HMO 100%
EMPLOYEE ONLY	AGE - under 30	\$86	\$138	\$187	\$207	\$149	\$139	\$248	\$272	\$325	\$199	\$169	\$120	\$105	\$191	\$151	\$115	\$129	\$173	\$215	\$224	\$262
	30 - 39	110	171	234	262	186	174	311	344	407	250	211	161	141	237	202	154	178	214	265	282	328
	40 - 49	148	232	309	354	248	231	421	466	543	339	282	234	206	319	293	223	257	237	294	308	361
	50 - 54	197	313	419	477	334	312	567	623	738	456	381	280	248	429	352	267	315	297	368	384	446
	55 - 59	245	383	516	583	413	385	698	769	908	558	469	359	314	527	449	341	397	372	462	486	567
	60 - 64	317	506	680	768	543	507	916	1,010	1,179	735	618	447	395	688	562	427	499	502	623	653	762
	65+ PRIMARY	386	609	817	927	652	608	1,106	1,212	1,370	887	741	583	512	862	731	556	639	633	787	848	988
	65+ SECONDARY	176	270	364	414	291	272	495	539	613	396	331	332	292	377	416	316	367	474	591	632	738
EMPLOYEE & SPOUSE	AGE - under 30	\$258	\$408	\$548	\$620	\$439	\$410	\$740	\$815	\$947	\$567	\$478	\$249	\$218	\$536	\$311	\$237	\$238	\$441	\$549	\$569	\$666
	30 - 39	306	486	647	737	517	482	880	967	1,118	673	563	333	293	632	417	317	322	522	648	680	794
	40 - 49	306	484	648	737	518	483	880	967	1,106	673	563	479	422	631	600	456	469	573	712	750	876
	50 - 54	417	660	887	1,004	709	661	1,200	1,319	1,524	916	771	583	512	858	731	555	563	593	738	772	903
	55 - 59	508	802	1,092	1,234	874	815	1,474	1,621	1,875	1,126	950	740	651	1,062	928	705	716	837	1,038	1,090	1,273
	60 - 64	636	1,003	1,360	1,538	1,085	1,012	1,836	2,024	2,318	1,403	1,181	904	796	1,310	1,133	861	874	919	1,142	1,198	1,397
	65+ PRIMARY	895	1,416	1,915	2,170	1,529	1,427	2,592	2,848	3,221	1,980	1,666	1,112	979	1,934	1,395	1,061	1,068	1,287	1,599	1,718	2,006
	65+ SECONDARY	462	717	981	1,112	783	731	1,326	1,458	1,656	1,014	853	662	583	958	831	632	637	1,120	1,392	1,494	1,745
EMPLOYEE & CHILD (REN)	AGE - under 30	\$191	\$307	\$414	\$466	\$331	\$309	\$556	\$609	\$722	\$446	\$363	\$218	\$193	\$419	\$274	\$208	\$206	\$397	\$494	\$517	\$602
	30 - 39	212	337	449	513	359	335	609	673	797	491	396	279	247	463	351	267	269	439	544	575	671
	40 - 49	217	345	462	522	369	344	624	690	808	500	408	365	321	473	458	348	352	440	545	575	671
	50 - 54	260	410	553	624	440	411	746	818	965	598	487	401	353	562	503	383	388	434	539	565	660
	55 - 59	304	482	648	736	518	483	879	968	1,143	703	571	459	404	664	575	437	446	509	633	664	775
	60 - 64	384	608	819	927	654	610	1,106	1,216	1,431	887	721	534	470	831	669	509	517	641	795	836	977
	65+ PRIMARY	445	705	948	1,073	757	706	1,282	1,410	1,593	1,027	835	669	590	1,015	841	639	646	780	969	1,041	1,216
	65+ SECONDARY	184	291	406	452	323	301	538	601	683	432	358	460	405	419	577	439	431	555	692	739	863
FAMILY	AGE - under 30	\$293	\$462	\$617	\$701	\$493	\$460	\$838	\$922	\$1,092	\$654	\$505	\$340	\$299	\$616	\$426	\$324	\$322	\$565	\$702	\$738	\$862
	30 - 39	339	533	719	812	574	536	970	1,070	1,265	758	589	452	398	715	567	431	433	656	814	857	1,000
	40 - 49	374	591	800	908	637	594	1,082	1,192	1,392	847	654	581	511	794	728	553	563	704	874	916	1,069
	50 - 54	442	695	947	1,074	756	705	1,283	1,408	1,663	1,004	775	608	535	940	761	579	587	795	987	1,032	1,207
	55 - 59	533	844	1,143	1,293	913	852	1,543	1,696	2,002	1,207	943	770	678	1,136	966	734	742	877	1,089	1,143	1,336
	60 - 64	689	1,090	1,469	1,659	1,172	1,093	1,983	2,183	2,555	1,552	1,201	908	799	1,450	1,139	866	876	1,070	1,329	1,394	1,629
	65+ PRIMARY	907	1,431	1,933	2,189	1,544	1,441	2,615	2,876	3,247	2,045	1,624	1,151	1,012	1,988	1,444	1,098	1,070	1,478	1,836	1,982	2,314
	65+ SECONDARY	464	721	991	1,123	792	739	1,340	1,470	1,675	1,048	833	678	596	996	851	647	666	1,256	1,559	1,677	1,960

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

Dental rates effective May 1, 2007

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	\$41	\$45	\$48	\$42	\$47	\$52	\$47	\$55	\$59	\$57	\$60	\$64	\$65	\$69	\$75
	10-24	37	41	44	38	43	47	43	49	53	51	53	57	58	62	66
	25-50	33	37	39	35	39	43	39	45	48	48	50	54	55	58	63
Employee & Spouse	Group Size 2-9	80	89	95	83	94	103	93	106	117	112	118	128	129	139	148
	10-24	72	80	85	76	85	94	84	95	105	100	105	114	115	123	132
	25-50	65	72	77	69	77	85	76	87	95	95	99	108	109	117	125
Employee & Child	Group Size 2-9	76	83	90	77	88	96	87	100	108	105	112	120	120	129	138
	10-24	68	75	81	70	80	87	78	90	97	94	100	107	107	115	123
	25-50	62	68	73	63	73	79	71	82	88	88	95	101	101	109	116
Employee & Children	Group Size 2-9	114	123	134	116	132	144	130	148	162	155	167	179	181	193	206
	10-24	102	111	120	105	120	131	117	133	146	139	149	160	161	172	183
	25-50	92	100	109	95	108	119	106	121	132	131	141	150	152	163	173
Family	Group Size 2-9	137	150	162	140	160	175	159	181	196	190	204	217	218	233	250
	10-24	123	135	146	127	145	159	143	163	177	170	182	194	195	208	223
	25-50	111	122	132	115	132	144	130	148	160	160	172	183	184	197	211

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		\$27	\$29	\$32	\$36	\$43	\$46	\$54	\$58	\$61	\$20	\$15	\$18	\$13	\$13	\$13
Employee & Spouse		51	58	62	76	81	90	106	113	123	32	24	29	28	28	28
Employee & Child		42	45	48	61	69	76	100	107	113	32	24	29	28	28	28
Employee & Children		60	66	71	95	103	113	148	160	170	48	37	43	41	41	41
Family		83	92	100	119	132	145	180	193	207	48	37	43	41	41	41

	Voluntary PPO Dental Plan*		
Employee Only	\$29	\$29	\$29
Employee & Spouse	60	60	60
Employee & Child	44	44	44
Employee & Children	63	63	63
Family	88	88	88

	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)	29	29	29

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

Dental Blue®

Monthly rates effective May 1, 2007

PPO 100

		Dental Blue Silver 100			Dental Blue Silver Plus 100			Dental Blue Gold 100		
Areas:		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	\$32	\$37	\$41	\$36	\$43	\$47	\$34	\$40	\$45
	10-24	29	33	37	33	39	43	30	36	40
	25-50	27	31	34	30	35	39	28	33	37
Employee & Spouse	Group Size 2-9	64	73	79	71	83	94	68	79	89
	10-24	57	65	71	64	76	85	61	71	80
	25-50	52	59	65	58	68	77	56	65	73
Employee & Child	Group Size 2-9	60	68	75	61	72	80	63	75	83
	10-24	54	61	68	55	65	73	57	67	74
	25-50	49	56	62	50	59	66	52	62	68
Employee & Children	Group Size 2-9	89	101	112	91	107	119	94	111	124
	10-24	80	91	101	83	97	109	84	99	112
	25-50	73	83	92	75	88	98	77	91	103
Family	Group Size 2-9	108	122	136	111	130	145	114	134	150
	10-24	97	110	122	101	118	132	102	120	135
	25-50	89	100	112	91	107	119	94	111	124

PPO 200

		Dental Blue Silver 200			Dental Blue Silver Plus 200			Dental Blue Gold 200		
Areas:		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	\$36	\$41	\$46	\$40	\$47	\$53	\$37	\$44	\$50
	10-24	32	37	41	36	43	48	34	39	45
	25-50	29	34	38	33	39	43	31	36	41
Employee & Spouse	Group Size 2-9	71	80	88	79	92	104	75	86	98
	10-24	63	72	79	72	84	95	67	78	89
	25-50	58	66	72	64	75	85	62	71	81
Employee & Child	Group Size 2-9	66	75	84	67	79	89	70	82	92
	10-24	60	67	75	61	72	81	63	74	83
	25-50	55	61	69	55	65	73	57	68	76
Employee & Children	Group Size 2-9	99	112	125	101	118	133	104	122	138
	10-24	89	100	112	92	107	121	93	110	124
	25-50	82	92	103	83	96	109	86	100	114
Family	Group Size 2-9	120	135	151	122	143	161	126	147	167
	10-24	107	121	136	112	131	147	113	133	150
	25-50	98	111	124	101	118	132	104	122	138

PPO 300

		Dental Blue Silver 300			Dental Blue Silver Plus 300			Dental Blue Gold 300		
Areas:		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	\$40	\$45	\$51	\$44	\$52	\$58	\$41	\$48	\$55
	10-24	36	41	46	40	48	53	37	44	50
	25-50	33	37	42	36	43	48	34	40	46
Employee & Spouse	Group Size 2-9	78	88	98	87	102	116	83	96	109
	10-24	70	80	88	79	92	105	75	86	99
	25-50	64	73	80	72	84	95	69	79	90
Employee & Child	Group Size 2-9	74	83	93	75	88	99	77	91	102
	10-24	66	74	84	68	80	90	70	82	92
	25-50	60	68	76	61	72	81	64	75	84
Employee & Children	Group Size 2-9	110	123	139	112	130	148	115	135	153
	10-24	99	111	125	101	118	134	104	122	138
	25-50	90	101	114	92	107	121	95	112	127
Family	Group Size 2-9	133	149	168	136	159	179	139	163	185
	10-24	119	134	151	124	145	163	126	147	167
	25-50	109	122	138	112	131	147	115	135	153

Dental Blue® (cont.)

Monthly rates effective May 1, 2007

PPO 100

		Dental Blue Gold Plus 100			Dental Blue Platinum 100			Dental Blue Platinum Plus 100		
Areas:		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	\$36	\$43	\$48	\$43	\$48	\$53	\$50	\$56	\$61
	10-24	33	39	44	39	42	47	44	49	54
	25-50	30	35	39	37	41	45	42	47	51
Employee & Spouse	Group Size 2-9	72	84	95	87	93	104	100	111	121
	10-24	65	77	86	77	83	93	88	98	107
	25-50	59	69	78	74	80	89	84	93	101
Employee & Child	Group Size 2-9	67	79	88	81	90	98	93	103	113
	10-24	61	72	80	72	80	87	82	91	100
	25-50	55	65	72	69	76	83	78	87	94
Employee & Children	Group Size 2-9	100	117	131	119	133	146	139	154	168
	10-24	91	107	120	106	118	129	123	136	149
	25-50	82	96	108	102	113	124	117	129	141
Family	Group Size 2-9	121	143	159	147	162	177	168	186	204
	10-24	111	130	145	130	144	158	149	165	181
	25-50	100	117	131	125	138	151	141	156	171

PPO 200

		Dental Blue Gold Plus 200			Dental Blue Platinum 200			Dental Blue Platinum Plus 200		
Areas:		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	\$40	\$48	\$53	\$48	\$52	\$59	\$55	\$61	\$68
	10-24	37	43	48	43	47	52	49	54	60
	25-50	33	39	44	41	45	50	46	51	57
Employee & Spouse	Group Size 2-9	79	93	105	96	103	116	110	122	135
	10-24	72	84	96	85	92	103	98	108	119
	25-50	65	76	87	82	88	99	93	102	113
Employee & Child	Group Size 2-9	74	87	98	89	99	109	102	113	125
	10-24	67	79	89	79	88	97	91	101	111
	25-50	61	72	80	76	84	93	86	95	105
Employee & Children	Group Size 2-9	110	129	146	132	146	162	154	169	187
	10-24	100	118	133	118	130	144	137	150	166
	25-50	91	106	120	113	125	138	129	142	157
Family	Group Size 2-9	135	158	177	162	178	197	186	204	227
	10-24	122	143	161	144	158	175	165	181	202
	25-50	111	130	146	138	152	168	156	171	191

PPO 300

		Dental Blue Gold Plus 300			Dental Blue Platinum 300			Dental Blue Platinum Plus 300		
Areas:		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	\$44	\$53	\$59	\$53	\$58	\$65	\$61	\$68	\$75
	10-24	41	48	54	48	52	58	54	60	67
	25-50	37	43	49	46	50	56	51	57	63
Employee & Spouse	Group Size 2-9	88	103	117	107	114	129	123	135	150
	10-24	80	94	107	95	102	115	109	120	133
	25-50	72	84	96	91	97	110	103	113	125
Employee & Child	Group Size 2-9	82	96	109	99	110	121	114	126	139
	10-24	75	88	99	88	98	108	101	112	123
	25-50	68	79	89	84	93	103	95	106	117
Employee & Children	Group Size 2-9	123	143	162	147	162	180	171	188	208
	10-24	112	131	148	131	144	160	152	167	185
	25-50	101	118	133	125	138	153	143	157	174
Family	Group Size 2-9	149	175	197	180	198	219	206	227	253
	10-24	136	159	180	160	176	195	183	201	224
	25-50	123	144	162	153	168	187	173	190	212

BASIC TERM LIFE AND AD&D

Monthly rates effective May 1, 2007

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 reduced 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, 2007

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) 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).

Dental Blue is a product of BC Life & Health Insurance Company, an independent licensee of the Blue Cross Association. Dental Blue and the Blue Cross name and symbol are registered service marks of the Blue Cross Association.

The following Medical plans are offered by BCC: High Deductible EPO Plan, PPO \$40/\$30 Copay Plans, Premier PPO \$20/\$10 Copay Plans, HMO 100%, Classic HMO, Saver HMO, and Power SelectHMO. The following Medical plans are offered by BCL&H: PPO \$45 Copay GenRx, Lumenos HSA-Compatible 3000, Lumenos HSA-Compatible 1500, Lumenos HIA Plus 3000, Basic PPO, Saver PPO, PPO \$35 Copay GenRx, Advantage PPO \$25 Copay, Power HealthFund 750/500 Plans, 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 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. LUMENOS® is a registered trademark.