



# **Small Group Monthly Rates**

Effective May 1, 2007

Medical, Dental, Life and Vision Plans

# Small Group 1.0 RAF Medical Rates

## Medical Rating Area Definitions

The following indicate rating area by county and ZIP code. The employee's home address determines the rating area. If there is a question regarding area availability, please call your local agent or Blue Cross at (800) 627-8797.

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

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

<b>San Mateo</b>		Area 2
<b>Santa Barbara</b>	93252 all other Santa Barbara ZIPs	Area 7 Area 8
<b>Santa Clara</b>	94303, 95023 all other Santa Clara ZIPs	Area 2 Area 3
<b>Santa Cruz</b>		Area 3
<b>Shasta</b>		Area 1
<b>Sierra</b>	95922 95960 all other Sierra ZIPs	Area 3 Area 2 Area 1
<b>Siskiyou</b>		Area 1
<b>Solano</b>	95690 all other Solano ZIPs	Area 2 Area 3
<b>Sonoma</b>		Area 3
<b>Stanislaus</b>		Area 2
<b>Sutter</b>	95626, 95648, 95837 all other Sutter ZIPs	Area 2 Area 3
<b>Tehama</b>	95963, 95973 all other Tehama ZIPs	Area 3 Area 1
<b>Trinity</b>	95526 all other Trinity ZIPs	Area 3 Area 1
<b>Tulare</b>	93631, 93641, 93646, 93654 all other Tulare ZIPs	Area 2 Area 7
<b>Tuolumne</b>		Area 2
<b>Ventura</b>	90265 and ZIP codes beginning with 913 93252 all other Ventura ZIPs	Area 5 Area 7 Area 8
<b>Yolo</b>		Area 3
<b>Yuba</b>	95960 all other Yuba ZIPs	Area 2 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

## 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](#)

# Small Group 1.0 RAF Medical Rates rounded to whole dollars

# AREAS 1 & 2

**AREA 1** Del Norte, Lassen, Modoc, Monterey (except 93451, 95076), Plumas (except ZIP code 95981), San Benito (93930, 95004 only), San Luis Obispo (93426 only), Shasta, Sierra (except 95922, 95960) Siskiyou, Tehama (except 95963, 95973), Trinity (except ZIP code 95526)

**AREA 2** Alameda (95304, 95377, 95391 only), Alpine, Amador, Calaveras, El Dorado, Fresno (except 93245, 93618), Inyo (except 93527), Kings (93242, 93631, 93656 only), Madera, Marin, Mariposa, Merced, Mono, Nevada (except 95977), Placer (except 95668, 95692), Sacramento (except 94571), San Benito (except 93930, 95004), San Joaquin (except 94514), San Mateo, Santa Clara (94303, 95023 only), Sierra (95960 only), Solano (95690 only), Stanislaus, Sutter (95626, 95648, 95837 only), Tulare (93631, 93641, 93646, 93654 only), Tuolumne, Yuba (95960 only)

AREA 1		PPO				HMO
		PPO \$30 Copay	PPO \$35 Copay GenRx*	Premier PPO \$20 Copay	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$276	\$199	\$379	\$159	\$370
	30 - 39	349	248	465	214	466
	40 - 49	459	333	622	312	508
	50 - 54	615	449	837	373	642
	55 - 59	761	552	1,025	476	815
	60 - 64	976	707	1,311	596	1,083
	65+ PRIMARY	1,136	828	1,533	774	1,352
	65+ SECONDARY	477	347	638	441	921
EMPLOYEE & SPOUSE	AGE - under 30	\$815	\$592	\$1,099	\$329	\$982
	30 - 39	957	690	1,293	442	1,158
	40 - 49	936	680	1,254	636	1,267
	50 - 54	1,293	935	1,740	774	1,304
	55 - 59	1,599	1,159	2,154	984	1,863
	60 - 64	1,918	1,390	2,586	1,201	1,994
	65+ PRIMARY	2,699	1,956	3,637	1,479	2,807
	65+ SECONDARY	1,270	917	1,716	880	2,243
EMPLOYEE & CHILD(REN)	AGE - under 30	\$603	\$439	\$822	\$290	\$875
	30 - 39	668	484	901	372	967
	40 - 49	676	490	916	486	958
	50 - 54	802	583	1,087	534	946
	55 - 59	960	693	1,293	610	1,130
	60 - 64	1,179	855	1,590	709	1,378
	65+ PRIMARY	1,321	950	1,776	892	1,664
	65+ SECONDARY	525	378	697	611	1,084
FAMILY	AGE - under 30	\$918	\$666	\$1,231	\$452	\$1,241
	30 - 39	1,057	765	1,421	602	1,445
	40 - 49	1,165	842	1,566	772	1,532
	50 - 54	1,379	998	1,855	807	1,732
	55 - 59	1,671	1,213	2,254	1,024	1,949
	60 - 64	2,101	1,526	2,836	1,208	2,310
	65+ PRIMARY	2,703	1,959	3,640	1,529	3,180
	65+ SECONDARY	1,275	923	1,720	901	2,454

Monthly rates effective May 1, 2007

AREA 2		PPO				HMO
		PPO \$30 Copay	PPO \$35 Copay GenRx*	Premier PPO \$20 Copay	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$230	\$160	\$300	\$131	\$304
	30 - 39	285	201	380	174	389
	40 - 49	384	274	504	254	415
	50 - 54	515	366	678	305	529
	55 - 59	635	447	829	387	672
	60 - 64	817	578	1,074	485	881
	65+ PRIMARY	1,048	739	1,375	631	1,063
	65+ SECONDARY	437	308	573	359	750
EMPLOYEE & SPOUSE	AGE - under 30	\$678	\$477	\$887	\$269	\$762
	30 - 39	794	562	1,042	361	900
	40 - 49	789	560	1,039	519	972
	50 - 54	1,078	757	1,419	631	1,018
	55 - 59	1,334	940	1,753	802	1,445
	60 - 64	1,634	1,155	2,141	978	1,543
	65+ PRIMARY	2,456	1,729	3,216	1,205	2,151
	65+ SECONDARY	1,148	813	1,507	717	1,781
EMPLOYEE & CHILD(REN)	AGE - under 30	\$505	\$355	\$662	\$236	\$712
	30 - 39	554	392	728	304	787
	40 - 49	566	402	746	395	777
	50 - 54	674	471	882	435	781
	55 - 59	796	561	1,045	497	916
	60 - 64	987	693	1,294	577	1,128
	65+ PRIMARY	1,218	857	1,600	726	1,298
	65+ SECONDARY	477	341	632	498	882
FAMILY	AGE - under 30	\$759	\$538	\$998	\$368	\$1,015
	30 - 39	878	623	1,154	490	1,182
	40 - 49	972	683	1,276	629	1,243
	50 - 54	1,149	813	1,510	658	1,421
	55 - 59	1,397	985	1,829	834	1,574
	60 - 64	1,762	1,245	2,309	984	1,885
	65+ PRIMARY	2,473	1,748	3,249	1,246	2,474
	65+ SECONDARY	1,161	818	1,528	734	1,988

Monthly rates effective May 1, 2007

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

**AREA 3** Alameda (except 95304, 95377, 95391), Butte, Colusa, Contra Costa, Glenn, Humboldt, Lake, Mendocino, Monterey (95076 only), Napa, Nevada (95977 only), Placer (95668, 95692 only), Plumas (95981 only), Sacramento (94571 only), San Francisco, San Joaquin (94514 only), Santa Clara (except 94303, 95023), Santa Cruz, Sierra (95922 only), Solano (except 95690), Sonoma, Sutter (except 95626, 95648, 95837), Tehama (95963, 95973 only), Trinity (95526 only), Yolo, Yuba (except 95960)

**AREA 4** Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)

**AREA 3**

		PPO				HMO
		PPO \$30 Copay	PPO \$35 Copay GenRx*	Premier PPO \$20 Copay	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$214	\$152	\$281	\$122	\$279
	30 - 39	263	185	345	161	345
	40 - 49	353	253	463	234	379
	50 - 54	474	333	622	282	474
	55 - 59	583	413	766	359	602
	60 - 64	761	538	998	449	809
	65+ PRIMARY	946	666	1,239	584	1,043
	65+ SECONDARY	422	299	561	332	758
	EMPLOYEE & SPOUSE	AGE - under 30	\$622	\$439	\$817	\$249
30 - 39		735	518	959	333	845
40 - 49		735	517	958	480	927
50 - 54		994	700	1,306	584	958
55 - 59		1,227	865	1,608	742	1,353
60 - 64		1,522	1,072	1,997	907	1,479
65+ PRIMARY		2,208	1,557	2,896	1,116	2,132
65+ SECONDARY		1,120	791	1,467	665	1,814
EMPLOYEE & CHILD(REN)		AGE - under 30	\$462	\$324	\$604	\$220
	30 - 39	512	361	673	282	714
	40 - 49	525	371	685	366	712
	50 - 54	621	436	813	402	706
	55 - 59	729	518	963	460	819
	60 - 64	919	648	1,205	535	1,029
	65+ PRIMARY	1,095	771	1,440	672	1,283
	65+ SECONDARY	467	330	614	462	892
	FAMILY	AGE - under 30	\$698	\$493	\$918	\$340
30 - 39		809	569	1,063	453	1,062
40 - 49		897	633	1,177	582	1,132
50 - 54		1,060	748	1,392	609	1,285
55 - 59		1,282	902	1,679	772	1,419
60 - 64		1,638	1,157	2,152	910	1,723
65+ PRIMARY		2,233	1,578	2,931	1,154	2,448
65+ SECONDARY		1,137	795	1,484	680	2,031

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**AREA 4**

		PPO				HMO
		PPO \$30 Copay	PPO \$35 Copay GenRx*	Premier PPO \$20 Copay	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$242	\$169	\$317	\$139	\$231
	30 - 39	301	211	400	186	289
	40 - 49	407	285	536	269	321
	50 - 54	548	386	723	322	401
	55 - 59	674	477	883	412	510
	60 - 64	885	623	1,161	516	683
	65+ PRIMARY	1,162	822	1,525	671	904
	65+ SECONDARY	519	363	679	382	671
	EMPLOYEE & SPOUSE	AGE - under 30	\$722	\$511	\$947	\$286
30 - 39		849	601	1,116	383	709
40 - 49		852	602	1,115	551	782
50 - 54		1,158	817	1,521	671	811
55 - 59		1,430	1,009	1,875	853	1,140
60 - 64		1,779	1,255	2,334	1,041	1,250
65+ PRIMARY		2,738	1,929	3,589	1,282	1,843
65+ SECONDARY		1,389	977	1,817	764	1,589
EMPLOYEE & CHILD(REN)		AGE - under 30	\$532	\$377	\$700	\$251
	30 - 39	591	416	773	322	602
	40 - 49	605	429	791	421	601
	50 - 54	717	505	940	463	597
	55 - 59	849	599	1,114	528	692
	60 - 64	1,073	756	1,405	615	869
	65+ PRIMARY	1,354	955	1,779	772	1,113
	65+ SECONDARY	570	405	747	529	783
	FAMILY	AGE - under 30	\$809	\$570	\$1,061	\$391
30 - 39		939	664	1,235	520	900
40 - 49		1,042	738	1,365	668	961
50 - 54		1,236	869	1,619	699	1,079
55 - 59		1,489	1,051	1,955	888	1,191
60 - 64		1,914	1,351	2,510	1,046	1,454
65+ PRIMARY		2,763	1,949	3,623	1,326	2,116
65+ SECONDARY		1,400	985	1,832	782	1,778

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

**AREA 5** Los Angeles (except 93243 and except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (90265 and ZIP codes beginning with 913 only)

**AREA 6** Imperial, Kern (93558 only), Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555), San Diego

AREA 5		PPO				HMO
		PPO \$30 Copay	PPO \$35 Copay GenRx*	Premier PPO \$20 Copay	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$268	\$190	\$352	\$154	\$224
	30 - 39	338	239	442	207	274
	40 - 49	454	318	596	300	304
	50 - 54	615	430	807	360	380
	55 - 59	748	529	989	460	480
	60 - 64	987	698	1,298	576	646
	65+ PRIMARY	1,192	839	1,560	749	814
	65+ SECONDARY	522	371	688	425	613
EMPLOYEE & SPOUSE	AGE - under 30	\$800	\$567	\$1,055	\$319	\$567
	30 - 39	947	668	1,244	428	671
	40 - 49	950	668	1,244	615	739
	50 - 54	1,292	911	1,696	749	761
	55 - 59	1,588	1,125	2,086	951	1,073
	60 - 64	1,979	1,395	2,602	1,161	1,183
	65+ PRIMARY	2,793	1,970	3,666	1,429	1,654
	65+ SECONDARY	1,414	997	1,851	852	1,441
EMPLOYEE & CHILD(REN)	AGE - under 30	\$595	\$420	\$782	\$282	\$511
	30 - 39	661	462	865	360	564
	40 - 49	674	477	887	470	565
	50 - 54	804	569	1,051	516	560
	55 - 59	946	668	1,247	589	649
	60 - 64	1,193	843	1,565	685	822
	65+ PRIMARY	1,381	976	1,816	861	1,003
	65+ SECONDARY	582	408	764	591	714
FAMILY	AGE - under 30	\$902	\$636	\$1,189	\$437	\$728
	30 - 39	1,049	740	1,380	581	845
	40 - 49	1,168	822	1,532	747	906
	50 - 54	1,383	974	1,815	780	1,024
	55 - 59	1,664	1,176	2,183	990	1,128
	60 - 64	2,138	1,509	2,808	1,167	1,374
	65+ PRIMARY	2,820	1,991	3,702	1,479	1,905
	65+ SECONDARY	1,424	1,009	1,869	872	1,614

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AREA 6		PPO				HMO
		PPO \$30 Copay	PPO \$35 Copay GenRx*	Premier PPO \$20 Copay	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$214	\$152	\$280	\$123	\$247
	30 - 39	268	187	352	166	316
	40 - 49	366	254	472	240	340
	50 - 54	492	341	643	286	438
	55 - 59	604	423	786	366	548
	60 - 64	787	552	1,024	457	732
	65+ PRIMARY	1,040	731	1,349	596	909
	65+ SECONDARY	462	320	596	339	677
EMPLOYEE & SPOUSE	AGE - under 30	\$643	\$448	\$837	\$255	\$639
	30 - 39	756	528	988	340	772
	40 - 49	756	532	989	490	834
	50 - 54	1,034	724	1,345	596	869
	55 - 59	1,280	898	1,660	757	1,221
	60 - 64	1,586	1,113	2,063	924	1,338
	65+ PRIMARY	2,436	1,706	3,168	1,138	1,849
	65+ SECONDARY	1,234	864	1,603	678	1,594
EMPLOYEE & CHILD(REN)	AGE - under 30	\$482	\$340	\$622	\$223	\$585
	30 - 39	528	370	683	286	647
	40 - 49	540	379	702	374	645
	50 - 54	638	449	833	410	639
	55 - 59	760	532	990	470	747
	60 - 64	955	668	1,240	546	934
	65+ PRIMARY	1,210	846	1,568	686	1,118
	65+ SECONDARY	512	359	667	471	783
FAMILY	AGE - under 30	\$725	\$506	\$940	\$347	\$822
	30 - 39	841	585	1,088	463	964
	40 - 49	933	655	1,213	594	1,039
	50 - 54	1,103	774	1,431	622	1,160
	55 - 59	1,326	931	1,728	786	1,289
	60 - 64	1,706	1,193	2,216	929	1,560
	65+ PRIMARY	2,462	1,726	3,202	1,177	2,128
	65+ SECONDARY	1,240	867	1,617	694	1,778

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

**AREA 7** Fresno (93245, 93618 only), Inyo (93527 only), Kern (except 93536, 93558), Kings (except ZIP codes 93242, 93631, 93656), Los Angeles (93243, 93560 only), San Bernardino (93516, 93555 only), San Luis Obispo (93252 only), Santa Barbara (93252 only), Tulare (except 93631, 93641, 93646, 93654), Ventura (93252 only)

**AREA 8** Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)

AREA 7		PPO				HMO
		PPO \$30 Copay	PPO \$35 Copay GenRx*	Premier PPO \$20 Copay	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$202	\$144	\$265	\$116	\$268
	30 - 39	254	177	339	154	340
	40 - 49	340	243	448	224	364
	50 - 54	456	322	596	269	465
	55 - 59	560	397	735	342	591
	60 - 64	725	511	949	429	779
	65+ PRIMARY	927	655	1,219	560	932
	65+ SECONDARY	388	274	505	318	664
EMPLOYEE & SPOUSE	AGE - under 30	\$601	\$423	\$788	\$238	\$671
	30 - 39	703	497	924	320	793
	40 - 49	702	493	921	458	857
	50 - 54	953	672	1,255	560	892
	55 - 59	1,184	833	1,550	710	1,267
	60 - 64	1,444	1,022	1,896	867	1,356
	65+ PRIMARY	2,176	1,531	2,848	1,068	1,891
	65+ SECONDARY	1,021	720	1,334	634	1,567
EMPLOYEE & CHILD(REN)	AGE - under 30	\$447	\$315	\$586	\$210	\$629
	30 - 39	488	344	646	269	692
	40 - 49	502	354	663	349	683
	50 - 54	597	420	782	384	687
	55 - 59	705	497	927	439	810
	60 - 64	877	614	1,147	511	994
	65+ PRIMARY	1,081	757	1,415	643	1,147
	65+ SECONDARY	421	302	560	442	778
FAMILY	AGE - under 30	\$672	\$477	\$886	\$326	\$895
	30 - 39	779	549	1,020	433	1,042
	40 - 49	861	603	1,129	556	1,096
	50 - 54	1,021	720	1,335	582	1,250
	55 - 59	1,236	869	1,619	738	1,386
	60 - 64	1,559	1,101	2,043	872	1,660
	65+ PRIMARY	2,189	1,547	2,876	1,104	2,179
	65+ SECONDARY	1,028	726	1,356	651	1,749

Monthly rates effective May 1, 2007

AREA 8		PPO				HMO
		PPO \$30 Copay	PPO \$35 Copay GenRx*	Premier PPO \$20 Copay	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$210	\$147	\$272	\$118	\$259
	30 - 39	260	184	348	160	331
	40 - 49	350	248	461	231	357
	50 - 54	467	332	613	277	458
	55 - 59	576	407	753	354	571
	60 - 64	744	525	975	443	764
	65+ PRIMARY	952	672	1,251	576	950
	65+ SECONDARY	398	280	517	327	706
EMPLOYEE & SPOUSE	AGE - under 30	\$616	\$436	\$808	\$244	\$669
	30 - 39	722	513	950	329	803
	40 - 49	721	507	946	473	874
	50 - 54	980	691	1,287	576	910
	55 - 59	1,216	856	1,591	730	1,276
	60 - 64	1,483	1,051	1,947	893	1,401
	65+ PRIMARY	2,236	1,574	2,926	1,098	1,933
	65+ SECONDARY	1,048	741	1,371	653	1,668
EMPLOYEE & CHILD(REN)	AGE - under 30	\$460	\$324	\$603	\$215	\$613
	30 - 39	503	355	665	277	675
	40 - 49	513	363	679	360	670
	50 - 54	614	429	802	397	669
	55 - 59	727	511	950	453	780
	60 - 64	900	632	1,177	527	976
	65+ PRIMARY	1,111	779	1,457	661	1,168
	65+ SECONDARY	433	310	574	455	818
FAMILY	AGE - under 30	\$692	\$488	\$910	\$336	\$859
	30 - 39	801	567	1,050	446	1,009
	40 - 49	885	622	1,158	573	1,083
	50 - 54	1,046	740	1,371	599	1,209
	55 - 59	1,268	891	1,661	759	1,347
	60 - 64	1,603	1,131	2,098	897	1,629
	65+ PRIMARY	2,251	1,590	2,953	1,137	2,222
	65+ SECONDARY	1,058	745	1,392	669	1,857

Monthly rates effective May 1, 2007

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

**AREA 9** Kern (93536 only), Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560), Orange (90638 only), San Bernardino (91766, 91792 only)

		PPO				HMO
		PPO \$30 Copay	PPO \$35 Copay GenRx*	Premier PPO \$20 Copay	PPO 2400 (HSA -Compatible)*	Saver HMO
EMPLOYEE ONLY	AGE - under 30	\$207	\$149	\$272	\$120	\$215
	30 - 39	262	186	344	161	265
	40 - 49	354	248	466	234	294
	50 - 54	477	334	623	280	368
	55 - 59	583	413	769	359	462
	60 - 64	768	543	1,010	447	623
	65+ PRIMARY	927	652	1,212	583	787
	65+ SECONDARY	414	291	539	332	591
EMPLOYEE & SPOUSE	AGE - under 30	\$620	\$439	\$815	\$249	\$549
	30 - 39	737	517	967	333	648
	40 - 49	737	518	967	479	712
	50 - 54	1,004	709	1,319	583	738
	55 - 59	1,234	874	1,621	740	1,038
	60 - 64	1,538	1,085	2,024	904	1,142
	65+ PRIMARY	2,170	1,529	2,848	1,112	1,599
	65+ SECONDARY	1,112	783	1,458	662	1,392
EMPLOYEE & CHILD(REN)	AGE - under 30	\$466	\$331	\$609	\$218	\$494
	30 - 39	513	359	673	279	544
	40 - 49	522	369	690	365	545
	50 - 54	624	440	818	401	539
	55 - 59	736	518	968	459	633
	60 - 64	927	654	1,216	534	795
	65+ PRIMARY	1,073	757	1,410	669	969
	65+ SECONDARY	452	323	601	460	692
FAMILY	AGE - under 30	\$701	\$493	\$922	\$340	\$702
	30 - 39	812	574	1,070	452	814
	40 - 49	908	637	1,192	581	874
	50 - 54	1,074	756	1,408	608	987
	55 - 59	1,293	913	1,696	770	1,089
	60 - 64	1,659	1,172	2,183	908	1,329
	65+ PRIMARY	2,189	1,544	2,876	1,151	1,836
	65+ SECONDARY	1,123	792	1,470	678	1,559

Monthly rates effective May 1, 2007

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.

Monthly 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

		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

		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

		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

		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

		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

		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

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.

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

# Blue View Vision<sup>SM</sup>

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

*Rates listed above are based on current enrollment information. Any enrollment activity, including but not limited to additions, cancellations or benefit plan changes, may result in a change to these rates.*



**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.

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

[bluecrossca.com](http://bluecrossca.com)

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