

small group rate tables

Region 7

San Diego

Effective January 2010

Includes rates for standard plans

Broker version

**Small Group Rate Tables
Region VII
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**Life Insurance Rates for
Blue Shield of California Group Plans
2-50 Employee Rate Table
Effective January 2010**

**Region I - IX
Life Insurance Rates***

Age	Rate/\$1,000
0-29	\$.19
30-34	.20
35-39	.21
40-44	.33
45-49	.46
50-54	.74
55-59	1.15
60-64	2.25
65-69	3.75
70-74	5.33
75-79	8.39
80-84	12.05
85+	18.04

*Includes \$.05 Accidental Death & Dismemberment Insurance

The Dependent Life Insurance Rate is \$.45/\$1,000.

Benefits Allowed for new groups:

2-50 lives Flat, Graded, or Salaried Plans

*For groups of 10 or more eligible employees, group term life insurance is underwritten by Blue Shield of California Life & Health Insurance Company. Group term life insurance for groups of two to nine eligible employees is administered and underwritten through a small group employer trust.

**SMALL GROUP RATING REGION DEFINITIONS
AND HMO & POS AVAILABILITY
Effective January 2010**

Rating Region	County	Access+ HMO® & POS Available	Dental HMO Available
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I	Butte	●	●
	Colusa		
	Fresno	●	●
	Glenn		
	Humboldt		
	Imperial	●	
	Kern	●	●
	Kings	●	
	Madera	●	
	Mariposa		
	Mendocino		
	Merced	●	●
	San Luis Obispo	●	
	Sierra		
	Sonoma	●	●
Stanislaus	●	●	
Tulare	●		
Yolo	●	●	

II	Del Norte		
	Inyo		
	Lassen		
	Modoc		
	Mono		
	Nevada	●	
	Plumas		
	Sacramento	●	●
	San Benito		
	Santa Clara	●	●
	Shasta		
	Siskiyou		
	Trinity		
	Tuolumne		

Rating Region	County	Access+ HMO® & POS Available	Dental HMO Available
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III	Alameda	●	●
	Contra Costa	●	●
	Monterey		●
	Napa		●
	Placer	●	●
	San Francisco	●	●
	San Joaquin	●	●
	Santa Cruz	●	●
	Sutter		●
	Tehama		
Yuba		●	

IV	Alpine		
	Amador		
	Calaveras		
	El Dorado	●	●
	Lake		
	Marin	●	●
	San Mateo	●	●
	Solano	●	●

V	San Bernardino	●	●
	Santa Barbara	●	●

VI	Los Angeles ZIP Codes*	●	●
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VII	San Diego	●	●
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VIII	Orange	●	●
	Ventura	●	●

IX	Los Angeles--Except ZIP Codes in Region VI	●	●
	Riverside	●	●

* Los Angeles Region VI ZIP Codes: 90247-90251, 90260-90261, 90265, 90274-90275, 90500-90510, 90601-90610, 90612, 90637-90639, 90640, 90650-90652, 90659-90662, 90665, 90670-90671, 90701-90704, 90706-90707, 90710-90717, 90723, 90731-90734, 90744-90749, 90755, 90800-90810, 90813-90815, 90822, 90831-90835, 90840, 90842, 90844-90848, 90853, 90888, 90895, 90899, 91001-91003, 91006-91012, 91016-91017, 91020-91021, 91023-91025, 91030-91031, 91040-91043, 91046, 91050-91051, 91066, 91077, 91100-91110, 91114-91118, 91121, 91123-91126, 91129, 91131, 91175, 91182, 91184-91189, 91191, 91199-91210, 91214, 91221-91222, 91224-91226, 91500-91508, 91510, 91521-91523, 91526, 91702, 91706, 91711, 91714-91716, 91722-91724, 91731-91735, 91740-91741, 91744-91750, 91754-91756, 91759, 91765-91773, 91775-91776, 91778, 91780, 91788-91793, 91795, 91797, 91799-91804, 91841, 91896, 91899, 93510, 93532, 93534-93536, 93539, 93543-93544, 93550-93553, 93563, 93584, 93586, 93590-93591, 93599

LOCAL ACCESS+ HMO RATING REGION DEFINITIONS
Effective January 2010

Rating Region	County
I	San Luis Obispo.
II - IV	Not Applicable.
V	San Bernardino except zip codes: 92242, 92252, 92256, 92267-92268, 92277-92278, 92280, 92284-92286, 92304-92305, 92309-92310, 92314-92315, 92317, 92321-92323, 92325-92327, 92332-92333, 92338, 92341-92342, 92347, 92352, 92356, 92358, 92363-92366, 92368, 92372, 92378, 92382, 92385-92386, 92391, 92395, 92397-92398, 92407, 93558, 93562, 93592.
VI	Los Angeles zip codes: 90247-90251, 90260-90261, 90274-90275, 90501-90510, 90601-90610, 90637-90640, 90650-90652, 90660-90662, 90670-90671, 90701-90703, 90706-90707, 90710-90717, 90723, 90731-90734, 90744-90749, 90755, 90801-90810, 90813-90815, 90822, 90831-90835, 90840, 90842, 90844, 90846-90848, 90853, 90895, 90899, 91001, 91003, 91006-91012, 91016-91017, 91020-91021, 91023-91025, 91030-91031, 91040-91043, 91046, 91066, 91077, 91101-91110, 91114-91118, 91121, 91123-91126, 91129, 91182, 91184-91185, 91188-91189, 91199, 91201-91210, 91214, 91221-91222, 91224-91226, 91501-91508, 91510, 91521-91523, 91526, 91702, 91706, 91711, 91714-91716, 91722-91724, 91731-91735, 91740-91741, 91744-91750, 91754-91756, 91765-91773, 91775-91776, 91778, 91780, 91788-91793, 91795, 91797, 91801-91804, 91896, 91899, 93563.
VII	San Diego except zip codes: 91905-91906, 91934, 91963, 91980, 91987, 92004, 92036, 92066, 92086.
VIII	Orange except zip codes: 92603, 92607, 92609-92610, 92618-92619, 92624, 92629-92630, 92637, 92651-92654, 92656-92657, 92662, 92672-92679, 92688, 92690-92694, 92698.
IX	Los Angeles except the zip codes in Rating Region VI and except the zip codes: 90263-90265, 90290, 90704, 91301-91302, 91307, 91372, 91376, 91759, 93510, 93532, 93534-93536, 93539, 93543-93544, 93550-93553, 93584, 93586, 93590-93591, 93599. Riverside except the zip codes: 92225-92226, 92239, 92247-92248, 92292, 92530-92532, 92536, 92539, 92543-92546, 92548, 92562-92564, 92567, 92581-92587, 92589-92593, 92595-92596.

Region VII Risk Adjustment Factor 0.90

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Access+ HMO® Plan 40*					Access+ HMO® Plan 20*				
0 to 29	217	527	515	797	0 to 29	266	647	634	982
30 to 39	253	556	554	872	30 to 39	313	688	683	1068
40 to 49	304	690	567	940	40 to 49	373	846	698	1154
50 to 54	388	802	604	1081	50 to 54	476	983	740	1329
55 to 59	506	1064	713	1234	55 to 59	620	1305	881	1511
60 to 64	657	1252	866	1487	60 to 64	805	1539	1062	1825
65+	871	1731	1112	2025	65+	1068	2128	1362	2482
65+**	490	1350	731	1644	65+**	600	1660	894	2014
Access+ HMO® Plan 25*					Access+ HMO® Plan 15*				
0 to 29	233	559	547	848	0 to 29	292	701	690	1067
30 to 39	269	592	590	921	30 to 39	340	746	742	1161
40 to 49	324	729	599	996	40 to 49	406	919	756	1251
50 to 54	414	849	639	1143	50 to 54	520	1070	805	1441
55 to 59	536	1127	758	1305	55 to 59	674	1418	954	1644
60 to 64	695	1325	918	1573	60 to 64	875	1672	1156	1983
65+	921	1832	1177	2143	65+	1160	2310	1481	2696
65+**	518	1429	774	1740	65+**	655	1805	976	2191
Access+ HMO® Plan 30*					Access+ HMO® Plan 10*				
0 to 29	246	588	575	893	0 to 29	312	750	737	1140
30 to 39	283	622	620	968	30 to 39	361	796	792	1242
40 to 49	341	767	630	1044	40 to 49	436	985	812	1342
50 to 54	433	894	672	1204	50 to 54	557	1144	861	1544
55 to 59	563	1183	796	1371	55 to 59	722	1516	1023	1757
60 to 64	731	1394	964	1653	60 to 64	937	1788	1238	2118
65+	968	1926	1234	2253	65+	1242	2468	1584	2884
65+**	545	1503	811	1830	65+**	697	1924	1040	2340
Access+ HMO® Plan 20 Value*					Access+ HMO® Plan 5*				
0 to 29	248	595	583	904	0 to 29	354	845	828	1281
30 to 39	287	629	626	981	30 to 39	407	892	888	1393
40 to 49	345	776	639	1059	40 to 49	486	1101	909	1508
50 to 54	441	906	679	1218	50 to 54	624	1283	964	1729
55 to 59	570	1199	805	1386	55 to 59	810	1704	1150	1971
60 to 64	741	1410	977	1674	60 to 64	1053	2008	1389	2384
65+	981	1951	1251	2281	65+	1393	2774	1779	3239
65+**	551	1521	822	1852	65+**	784	2166	1170	2630

*The employer must be located and all enrolled employees and family members must live or work in an approved Blue Shield of California HMO/POS service area in order to be eligible to purchase HMO/POS health plans.

**These rates apply when Medicare is the primary payer. Contact your local sales representative for more information.

Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

Region VII Risk Adjustment Factor 0.90

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Local Access+ HMO® Plan 30***				
0 to 29	216	519	505	786
30 to 39	249	548	545	853
40 to 49	300	675	556	919
50 to 54	381	786	592	1060
55 to 59	497	1042	699	1206
60 to 64	643	1226	848	1455
65+	853	1696	1086	1982
65+**	480	1323	713	1610
Local Access+ HMO® Plan 20 Value***				
0 to 29	217	525	513	795
30 to 39	252	554	551	863
40 to 49	303	683	563	931
50 to 54	387	797	597	1072
55 to 59	501	1054	709	1220
60 to 64	653	1241	859	1475
65+	863	1716	1101	2007
65+**	486	1340	725	1630
Added Advantage POS(SM) Plan*				
0 to 29	332	796	778	1207
30 to 39	384	841	837	1313
40 to 49	460	1041	855	1421
50 to 54	590	1209	911	1631
55 to 59	763	1606	1081	1860
60 to 64	990	1894	1307	2244
65+	1312	2613	1676	3054
65+**	738	2039	1102	2480

*The employer must be located and all enrolled employees and family members must live or work in an approved Blue Shield of California HMO/POS service area in order to be eligible to purchase HMO/POS health plans.

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***Local Access+ HMO plans can only be offered to employers and their employees who reside or work in a Local Access+ HMO service area. Local Access+ HMO products are only available in designated counties: portions of Orange, Los Angeles, San Diego, San Bernardino and Riverside counties, as well as in all of San Luis Obispo County. Please review the Benefit Summary Guide for detailed information regarding the Local Access+ HMO service area. Local Access+ HMO products are not available as part of the PlanSelect Package and may not be offered alongside any Blue Shield full network HMO product (except Access Baja HMO).

Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

Region VII Risk Adjustment Factor 0.90

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Spectrum PPO(SM) Plan 2000 Value*					Shield Spectrum PPO(SM) Plan 750 Value*				
0 to 29	106	288	229	355	0 to 29	180	493	389	605
30 to 39	128	315	254	409	30 to 39	217	540	436	699
40 to 49	179	367	275	468	40 to 49	306	624	470	801
50 to 54	243	499	327	552	50 to 54	413	854	559	945
55 to 59	301	621	384	677	55 to 59	512	1063	652	1157
60 to 64	391	781	473	853	60 to 64	665	1331	809	1453
65+	483	1073	564	1107	65+	825	1833	963	1886
65+**	231	821	312	855	65+**	395	1403	532	1456
Shield Spectrum PPO(SM) Plan 1500 Value*					Shield Spectrum PPO(SM) Plan 500 Value*				
0 to 29	122	332	263	408	0 to 29	193	523	420	648
30 to 39	146	364	294	472	30 to 39	236	580	468	749
40 to 49	206	423	316	540	40 to 49	325	667	502	854
50 to 54	279	576	377	638	50 to 54	443	913	597	1011
55 to 59	346	717	442	781	55 to 59	549	1137	702	1238
60 to 64	450	900	545	981	60 to 64	714	1427	864	1556
65+	558	1238	648	1277	65+	881	1964	1032	2024
65+**	267	946	356	985	65+**	424	1508	576	1567
Shield Spectrum PPO(SM) Plan 1000 Value*					Shield Spectrum PPO(SM) Plan 1000				
0 to 29	160	435	345	537	0 to 29	234	644	513	793
30 to 39	192	479	386	619	30 to 39	288	711	571	915
40 to 49	272	554	414	706	40 to 49	400	816	617	1045
50 to 54	368	756	496	838	50 to 54	544	1118	733	1237
55 to 59	453	941	578	1024	55 to 59	675	1396	856	1518
60 to 64	593	1179	717	1287	60 to 64	877	1748	1059	1906
65+	729	1624	854	1673	65+	1080	2405	1265	2481
65+**	349	1244	474	1293	65+**	519	1844	703	1919
Shield Spectrum PPO(SM) Plan 3000* 1					Shield Spectrum PPO(SM) Plan 500 Standard*				
0 to 29	181	492	388	605	0 to 29	248	676	541	834
30 to 39	216	541	434	696	30 to 39	300	744	600	961
40 to 49	306	621	468	797	40 to 49	421	862	650	1100
50 to 54	413	852	558	944	50 to 54	571	1179	773	1302
55 to 59	513	1062	651	1155	55 to 59	709	1466	901	1598
60 to 64	668	1331	806	1450	60 to 64	924	1840	1117	2007
65+	820	1830	960	1883	65+	1135	2532	1332	2609
65+**	394	1404	533	1457	65+**	547	1944	743	2020

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Shield Spectrum PPO Plan 2000 Value, Plan 1500 Value, Plan 1000 Value, Plan 750 Value, Shield Savings 2000/4000, Shield Savings 1800/3600.

**These rates apply when Medicare is the primary payer. Contact your local sales representative for more information.

Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

1The Shield Savings(SM) 2250/4500, Shield Savings(SM) 1800/3600 (both HSA-compatible) and the Shield Spectrum PPO Plan 3000 are the only Blue Shield plans, offered by either Blue Shield of California or Blue Shield of California Life & Health Insurance Company, that may be used with any form of an employer-sponsored wrap plan. Underwriting criteria prohibits pairing its other health plans with a wrap plan at any time, with the exception of a Health Savings Account (HSA) or employee-funded general purpose Flexible Spending Account (FSA).

Region VII Risk Adjustment Factor 0.90

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Spectrum PPO(SM) Plan 500 Premier					Shield Savings(SM) QS 4800*				
0 to 29	267	734	587	905	0 to 29	123	333	264	410
30 to 39	326	809	655	1044	30 to 39	146	366	297	474
40 to 49	457	932	703	1195	40 to 49	207	422	319	541
50 to 54	621	1278	839	1413	50 to 54	280	580	380	641
55 to 59	770	1593	980	1733	55 to 59	348	721	442	784
60 to 64	1002	1997	1209	2175	60 to 64	452	902	546	985
65+	1233	2745	1445	2831	65+	558	1242	654	1280
65+**	593	2106	805	2191	65+**	266	950	362	989
Shield Spectrum PPO(SM) Plan 250 Standard					Shield Savings(SM) QS 3000/6000				
0 to 29	311	849	675	1045	0 to 29	133	357	286	441
30 to 39	378	934	754	1206	30 to 39	159	394	317	510
40 to 49	526	1080	814	1378	40 to 49	221	454	341	583
50 to 54	715	1472	965	1633	50 to 54	301	622	408	690
55 to 59	891	1839	1130	2003	55 to 59	374	776	475	843
60 to 64	1157	2308	1399	2517	60 to 64	487	972	589	1061
65+	1426	3176	1669	3272	65+	601	1337	702	1377
65+**	684	2434	927	2530	65+**	289	1026	391	1065
Shield Spectrum PPO(SM) Plan 250 Premier					Shield Savings(SM) 4800*				
0 to 29	344	939	748	1157	0 to 29	137	371	295	458
30 to 39	419	1035	835	1336	30 to 39	163	409	332	530
40 to 49	584	1195	899	1526	40 to 49	232	471	357	604
50 to 54	793	1629	1070	1804	50 to 54	314	648	425	716
55 to 59	983	2036	1252	2214	55 to 59	388	806	495	876
60 to 64	1281	2552	1546	2784	60 to 64	505	1008	610	1100
65+	1574	3512	1845	3616	65+	623	1387	730	1431
65+**	756	2694	1026	2798	65+**	297	1062	405	1105
Shield Spectrum PPO(SM) Plan, Zero Deductible					Shield Savings(SM) 2500*				
0 to 29	409	1111	889	1371	0 to 29	135	377	302	467
30 to 39	496	1224	990	1581	30 to 39	170	414	335	538
40 to 49	692	1414	1065	1810	40 to 49	235	481	362	614
50 to 54	939	1932	1269	2141	50 to 54	318	655	433	729
55 to 59	1166	2409	1483	2624	55 to 59	396	821	506	891
60 to 64	1520	3024	1830	3298	60 to 64	515	1028	621	1121
65+	1870	4161	2186	4288	65+	636	1413	743	1458
65+**	897	3188	1213	3315	65+**	305	1082	412	1126

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Shield Spectrum PPO Plan 2000 Value, Plan 1500 Value, Plan 1000 Value, Plan 750 Value, Shield Savings 2000/4000, Shield Savings 1800/3600.

**These rates apply when Medicare is the primary payer. Contact your local sales representative for more information.

Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

Region VII Risk Adjustment Factor 0.90

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Savings(SM) 3000/6000*					Shield Savings(SM) 1800/3600* ¹				
0 to 29	162	434	348	538	0 to 29	252	693	553	858
30 to 39	193	479	387	621	30 to 39	311	765	618	987
40 to 49	269	553	415	710	40 to 49	431	882	667	1131
50 to 54	367	758	497	840	50 to 54	586	1208	795	1342
55 to 59	456	945	578	1026	55 to 59	729	1511	927	1641
60 to 64	594	1183	718	1292	60 to 64	945	1894	1145	2061
65+	731	1629	855	1676	65+	1170	2602	1368	2682
65+**	352	1250	477	1297	65+**	558	1990	756	2070
Shield Savings(SM) QS 2000/4000					Active Choice(SM) Plan 500 SG*				
0 to 29	158	435	347	539	0 to 29	197	545	435	673
30 to 39	196	480	388	620	30 to 39	243	602	485	778
40 to 49	270	554	419	711	40 to 49	340	693	524	888
50 to 54	369	759	499	842	50 to 54	459	946	621	1050
55 to 59	458	948	583	1031	55 to 59	573	1183	726	1288
60 to 64	594	1188	719	1294	60 to 64	743	1482	899	1616
65+	733	1634	859	1683	65+	915	2040	1073	2102
65+**	351	1251	477	1301	65+**	439	1564	597	1626
Shield Savings(SM) 2250/4500¹					Active Choice(SM) Plan 750 SG*				
0 to 29	199	542	431	671	0 to 29	229	625	500	773
30 to 39	243	597	483	774	30 to 39	275	687	556	889
40 to 49	337	690	523	884	40 to 49	388	795	603	1017
50 to 54	460	946	622	1047	50 to 54	528	1086	715	1206
55 to 59	570	1179	727	1284	55 to 59	656	1354	833	1477
60 to 64	741	1476	896	1611	60 to 64	854	1700	1031	1853
65+	912	2034	1068	2097	65+	1052	2342	1231	2412
65+**	441	1563	596	1625	65+**	506	1797	685	1867
Shield Savings(SM) 2000/4000*									
0 to 29	233	642	513	795					
30 to 39	288	709	573	915					
40 to 49	399	818	619	1050					
50 to 54	544	1121	737	1243					
55 to 59	676	1400	861	1522					
60 to 64	876	1755	1061	1911					
65+	1083	2413	1269	2486					
65+**	517	1847	702	1920					

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Shield Spectrum PPO Plan 2000 Value, Plan 1500 Value, Plan 1000 Value, Plan 750 Value, Shield Savings 2000/4000, Shield Savings 1800/3600.

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¹The Shield Savings(SM) 2250/4500, Shield Savings(SM) 1800/3600 (both HSA-compatible) and the Shield Spectrum PPO Plan 3000 are the only Blue Shield plans, offered by either Blue Shield of California or Blue Shield of California Life & Health Insurance Company, that may be used with any form of an employer-sponsored wrap plan. Underwriting criteria prohibits pairing its other health plans with a wrap plan at any time, with the exception of a Health Savings Account (HSA) or employee-funded general purpose Flexible Spending Account (FSA).

Region VII Risk Adjustment Factor 0.95

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Access+ HMO® Plan 40*					Access+ HMO® Plan 20*				
0 to 29	229	556	543	841	0 to 29	280	682	669	1036
30 to 39	267	586	584	920	30 to 39	330	726	720	1127
40 to 49	320	728	599	992	40 to 49	393	892	736	1218
50 to 54	409	846	637	1141	50 to 54	502	1037	781	1402
55 to 59	534	1123	752	1302	55 to 59	654	1378	929	1594
60 to 64	693	1321	914	1569	60 to 64	849	1624	1120	1926
65+	919	1827	1173	2137	65+	1127	2246	1437	2619
65+**	517	1425	771	1735	65+**	633	1752	943	2125
Access+ HMO® Plan 25*					Access+ HMO® Plan 15*				
0 to 29	245	590	577	895	0 to 29	308	739	728	1126
30 to 39	283	624	622	972	30 to 39	358	787	783	1225
40 to 49	342	769	632	1051	40 to 49	428	970	797	1321
50 to 54	436	896	675	1207	50 to 54	548	1129	849	1521
55 to 59	565	1189	800	1377	55 to 59	711	1496	1007	1735
60 to 64	733	1398	968	1660	60 to 64	923	1764	1220	2093
65+	972	1933	1242	2262	65+	1224	2438	1563	2845
65+**	546	1508	816	1836	65+**	691	1905	1030	2312
Access+ HMO® Plan 30*					Access+ HMO® Plan 10*				
0 to 29	259	620	606	942	0 to 29	329	791	777	1203
30 to 39	298	656	654	1021	30 to 39	381	840	836	1310
40 to 49	359	809	665	1102	40 to 49	460	1039	857	1416
50 to 54	457	943	709	1270	50 to 54	587	1207	908	1629
55 to 59	594	1248	840	1447	55 to 59	762	1600	1079	1854
60 to 64	771	1471	1017	1744	60 to 64	989	1887	1306	2235
65+	1021	2033	1302	2378	65+	1310	2605	1672	3044
65+**	575	1587	856	1931	65+**	735	2030	1097	2469
Access+ HMO® Plan 20 Value*					Access+ HMO® Plan 5*				
0 to 29	261	628	615	954	0 to 29	373	891	873	1352
30 to 39	302	663	660	1035	30 to 39	429	941	937	1470
40 to 49	364	819	675	1117	40 to 49	513	1162	959	1591
50 to 54	465	956	716	1285	50 to 54	658	1354	1017	1825
55 to 59	601	1265	849	1463	55 to 59	854	1798	1213	2081
60 to 64	782	1488	1031	1767	60 to 64	1112	2119	1466	2516
65+	1035	2059	1321	2407	65+	1470	2928	1877	3418
65+**	581	1606	867	1954	65+**	827	2286	1235	2776

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Region VII Risk Adjustment Factor 0.95

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Local Access+ HMO® Plan 30***				
0 to 29	228	547	533	829
30 to 39	262	578	575	900
40 to 49	316	712	586	970
50 to 54	402	829	624	1118
55 to 59	524	1099	737	1273
60 to 64	678	1294	895	1535
65+	900	1790	1146	2092
65+**	506	1397	752	1699
Local Access+ HMO® Plan 20 Value***				
0 to 29	229	554	541	839
30 to 39	266	584	581	910
40 to 49	319	720	594	982
50 to 54	408	841	630	1131
55 to 59	528	1112	748	1287
60 to 64	689	1309	906	1556
65+	910	1811	1162	2118
65+**	513	1414	765	1720
Added Advantage POS(SM) Plan*				
0 to 29	350	840	821	1274
30 to 39	405	887	883	1385
40 to 49	485	1098	903	1499
50 to 54	622	1276	961	1721
55 to 59	805	1695	1141	1963
60 to 64	1045	1999	1379	2368
65+	1384	2758	1769	3223
65+**	778	2152	1163	2617

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Region VII Risk Adjustment Factor 0.95

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Spectrum PPO(SM) Plan 2000 Value*					Shield Spectrum PPO(SM) Plan 750 Value*				
0 to 29	111	303	241	374	0 to 29	190	520	410	638
30 to 39	135	333	268	431	30 to 39	229	569	460	737
40 to 49	188	387	290	494	40 to 49	322	658	496	845
50 to 54	256	526	345	582	50 to 54	435	901	590	997
55 to 59	317	656	405	714	55 to 59	540	1122	688	1221
60 to 64	412	824	499	900	60 to 64	701	1404	853	1533
65+	509	1132	595	1169	65+	870	1934	1016	1990
65+**	243	866	329	903	65+**	416	1480	561	1536
Shield Spectrum PPO(SM) Plan 1500 Value*					Shield Spectrum PPO(SM) Plan 500 Value*				
0 to 29	128	350	277	430	0 to 29	203	552	443	683
30 to 39	154	384	310	498	30 to 39	249	612	493	790
40 to 49	217	446	333	569	40 to 49	343	704	529	901
50 to 54	295	607	397	673	50 to 54	467	963	630	1067
55 to 59	365	756	466	824	55 to 59	579	1200	741	1306
60 to 64	474	950	575	1036	60 to 64	753	1506	912	1642
65+	589	1306	683	1347	65+	929	2073	1089	2136
65+**	281	998	375	1039	65+**	447	1591	607	1654
Shield Spectrum PPO(SM) Plan 1000 Value*					Shield Spectrum PPO(SM) Plan 1000				
0 to 29	168	459	364	566	0 to 29	247	679	542	837
30 to 39	202	505	407	653	30 to 39	304	750	602	965
40 to 49	287	584	437	745	40 to 49	422	861	651	1103
50 to 54	388	797	523	884	50 to 54	574	1180	773	1305
55 to 59	478	993	610	1080	55 to 59	713	1473	903	1602
60 to 64	625	1245	756	1359	60 to 64	925	1845	1117	2011
65+	769	1714	901	1765	65+	1140	2538	1335	2618
65+**	368	1313	500	1364	65+**	547	1946	742	2025
Shield Spectrum PPO(SM) Plan 3000* 1					Shield Spectrum PPO(SM) Plan 500 Standard*				
0 to 29	191	519	409	638	0 to 29	261	713	571	880
30 to 39	227	571	458	734	30 to 39	316	785	633	1014
40 to 49	323	656	494	841	40 to 49	444	909	686	1161
50 to 54	435	899	589	996	50 to 54	602	1244	815	1374
55 to 59	541	1121	687	1219	55 to 59	748	1547	951	1686
60 to 64	705	1404	850	1530	60 to 64	975	1942	1179	2119
65+	865	1931	1013	1987	65+	1198	2672	1405	2753
65+**	415	1481	562	1537	65+**	577	2051	784	2132

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Region VII Risk Adjustment Factor 0.95

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Spectrum PPO(SM) Plan 500 Premier					Shield Savings(SM) QS 4800*				
0 to 29	281	774	619	955	0 to 29	129	351	278	432
30 to 39	344	853	691	1101	30 to 39	154	386	313	500
40 to 49	482	983	742	1261	40 to 49	219	445	336	571
50 to 54	655	1348	885	1491	50 to 54	295	612	401	676
55 to 59	812	1681	1034	1829	55 to 59	367	761	466	827
60 to 64	1057	2107	1276	2295	60 to 64	477	952	576	1039
65+	1301	2898	1525	2988	65+	588	1310	690	1351
65+**	625	2222	849	2312	65+**	280	1002	382	1043
Shield Spectrum PPO(SM) Plan 250 Standard					Shield Savings(SM) QS 3000/6000				
0 to 29	328	896	712	1103	0 to 29	140	376	301	466
30 to 39	398	985	795	1273	30 to 39	167	415	334	538
40 to 49	555	1140	859	1454	40 to 49	233	479	359	615
50 to 54	754	1553	1018	1723	50 to 54	317	656	430	728
55 to 59	940	1941	1192	2114	55 to 59	394	819	501	889
60 to 64	1221	2436	1476	2656	60 to 64	514	1025	621	1119
65+	1505	3352	1761	3453	65+	634	1411	741	1453
65+**	722	2569	979	2670	65+**	305	1082	412	1124
Shield Spectrum PPO(SM) Plan 250 Premier					Shield Savings(SM) 4800*				
0 to 29	363	991	789	1221	0 to 29	144	391	311	483
30 to 39	442	1092	881	1410	30 to 39	172	431	350	559
40 to 49	616	1261	948	1610	40 to 49	244	497	376	637
50 to 54	837	1720	1129	1904	50 to 54	331	683	448	755
55 to 59	1037	2149	1321	2337	55 to 59	409	850	522	924
60 to 64	1352	2693	1631	2938	60 to 64	533	1063	643	1161
65+	1661	3707	1947	3816	65+	657	1464	770	1510
65+**	797	2843	1083	2953	65+**	314	1120	427	1166
Shield Spectrum PPO(SM) Plan, Zero Deductible					Shield Savings(SM) 2500*				
0 to 29	431	1172	938	1447	0 to 29	143	397	318	492
30 to 39	523	1292	1045	1668	30 to 39	179	437	353	567
40 to 49	730	1492	1124	1910	40 to 49	248	507	382	648
50 to 54	991	2039	1340	2259	50 to 54	335	691	457	770
55 to 59	1230	2542	1565	2769	55 to 59	418	866	534	941
60 to 64	1604	3192	1931	3481	60 to 64	543	1085	655	1183
65+	1973	4392	2307	4526	65+	671	1492	784	1538
65+**	946	3365	1280	3499	65+**	321	1142	434	1188

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Region VII Risk Adjustment Factor 0.95

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Savings(SM) 3000/6000*					Shield Savings(SM) 1800/3600* ¹				
0 to 29	170	458	367	567	0 to 29	265	731	583	905
30 to 39	203	505	408	655	30 to 39	328	807	652	1041
40 to 49	283	583	438	749	40 to 49	454	931	704	1193
50 to 54	387	800	524	886	50 to 54	618	1275	839	1416
55 to 59	481	998	610	1083	55 to 59	770	1594	979	1732
60 to 64	626	1248	757	1363	60 to 64	998	1999	1208	2176
65+	771	1719	903	1769	65+	1234	2746	1444	2830
65+**	371	1319	503	1369	65+**	588	2100	798	2184
Shield Savings(SM) QS 2000/4000					Active Choice(SM) Plan 500 SG*				
0 to 29	166	459	366	568	0 to 29	207	575	459	710
30 to 39	206	506	409	654	30 to 39	256	635	511	821
40 to 49	285	584	442	750	40 to 49	358	732	553	937
50 to 54	389	801	526	888	50 to 54	485	998	656	1108
55 to 59	483	1000	615	1088	55 to 59	604	1248	766	1359
60 to 64	626	1254	758	1365	60 to 64	784	1564	948	1705
65+	773	1724	906	1777	65+	965	2153	1132	2218
65+**	370	1321	503	1373	65+**	463	1650	630	1716
Shield Savings(SM) 2250/4500¹					Active Choice(SM) Plan 750 SG*				
0 to 29	210	572	454	708	0 to 29	241	659	527	815
30 to 39	256	630	509	816	30 to 39	290	725	586	938
40 to 49	355	728	552	933	40 to 49	409	839	636	1074
50 to 54	485	998	656	1105	50 to 54	557	1146	754	1272
55 to 59	601	1244	767	1355	55 to 59	692	1429	879	1559
60 to 64	782	1558	945	1701	60 to 64	901	1794	1088	1955
65+	962	2147	1127	2213	65+	1110	2472	1299	2546
65+**	465	1649	629	1715	65+**	534	1896	723	1970
Shield Savings(SM) 2000/4000*									
0 to 29	245	677	541	839					
30 to 39	304	748	604	965					
40 to 49	421	863	653	1108					
50 to 54	574	1183	777	1312					
55 to 59	713	1477	908	1606					
60 to 64	924	1853	1119	2017					
65+	1143	2547	1339	2624					
65+**	545	1949	741	2026					

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Region VII Risk Adjustment Factor 1.00

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Access+ HMO® Plan 40*					Access+ HMO® Plan 20*				
0 to 29	241	585	572	885	0 to 29	295	718	704	1091
30 to 39	281	617	615	968	30 to 39	347	764	758	1186
40 to 49	337	766	630	1044	40 to 49	414	939	775	1282
50 to 54	431	891	671	1201	50 to 54	528	1092	822	1476
55 to 59	562	1182	792	1371	55 to 59	688	1450	978	1678
60 to 64	729	1391	962	1652	60 to 64	894	1709	1179	2027
65+	967	1923	1235	2249	65+	1186	2364	1513	2757
65+**	544	1500	812	1826	65+**	666	1844	993	2237
Access+ HMO® Plan 25*					Access+ HMO® Plan 15*				
0 to 29	258	621	607	942	0 to 29	324	778	766	1185
30 to 39	298	657	655	1023	30 to 39	377	828	824	1289
40 to 49	360	809	665	1106	40 to 49	451	1021	839	1390
50 to 54	459	943	710	1270	50 to 54	577	1188	894	1601
55 to 59	595	1252	842	1449	55 to 59	748	1575	1060	1826
60 to 64	772	1472	1019	1747	60 to 64	972	1857	1284	2203
65+	1023	2035	1307	2381	65+	1288	2566	1645	2995
65+**	575	1587	859	1933	65+**	727	2005	1084	2434
Access+ HMO® Plan 30*					Access+ HMO® Plan 10*				
0 to 29	273	653	638	992	0 to 29	346	833	818	1266
30 to 39	314	691	688	1075	30 to 39	401	884	880	1379
40 to 49	378	852	700	1160	40 to 49	484	1094	902	1491
50 to 54	481	993	746	1337	50 to 54	618	1271	956	1715
55 to 59	625	1314	884	1523	55 to 59	802	1684	1136	1952
60 to 64	812	1548	1071	1836	60 to 64	1041	1986	1375	2353
65+	1075	2140	1371	2503	65+	1379	2742	1760	3204
65+**	605	1670	901	2033	65+**	774	2137	1155	2599
Access+ HMO® Plan 20 Value*					Access+ HMO® Plan 5*				
0 to 29	275	661	647	1004	0 to 29	393	938	919	1423
30 to 39	318	698	695	1089	30 to 39	452	991	986	1547
40 to 49	383	862	710	1176	40 to 49	540	1223	1009	1675
50 to 54	489	1006	754	1353	50 to 54	693	1425	1071	1921
55 to 59	633	1332	894	1540	55 to 59	899	1893	1277	2190
60 to 64	823	1566	1085	1860	60 to 64	1170	2231	1543	2648
65+	1089	2167	1390	2534	65+	1547	3082	1976	3598
65+**	612	1690	913	2057	65+**	871	2406	1300	2922

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Region VII Risk Adjustment Factor 1.00

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Local Access+ HMO® Plan 30***				
0 to 29	240	576	561	873
30 to 39	276	608	605	947
40 to 49	333	749	617	1021
50 to 54	423	873	657	1177
55 to 59	552	1157	776	1340
60 to 64	714	1362	942	1616
65+	947	1884	1206	2202
65+**	533	1470	792	1788
Local Access+ HMO® Plan 20 Value***				
0 to 29	241	583	569	883
30 to 39	280	615	612	958
40 to 49	336	758	625	1034
50 to 54	429	885	663	1191
55 to 59	556	1171	787	1355
60 to 64	725	1378	954	1638
65+	958	1906	1223	2229
65+**	540	1488	805	1811
Added Advantage POS(SM) Plan*				
0 to 29	368	884	864	1341
30 to 39	426	934	929	1458
40 to 49	511	1156	950	1578
50 to 54	655	1343	1012	1812
55 to 59	847	1784	1201	2066
60 to 64	1100	2104	1452	2493
65+	1457	2903	1862	3393
65+**	819	2265	1224	2755

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Region VII Risk Adjustment Factor 1.00

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Spectrum PPO(SM) Plan 2000 Value*					Shield Spectrum PPO(SM) Plan 750 Value*				
0 to 29	117	319	254	394	0 to 29	200	547	432	672
30 to 39	142	350	282	454	30 to 39	241	599	484	776
40 to 49	198	407	305	520	40 to 49	339	693	522	889
50 to 54	269	554	363	613	50 to 54	458	948	621	1049
55 to 59	334	690	426	752	55 to 59	568	1181	724	1285
60 to 64	434	867	525	947	60 to 64	738	1478	898	1614
65+	536	1192	626	1230	65+	916	2036	1069	2095
65+**	256	912	346	950	65+**	438	1558	591	1617
Shield Spectrum PPO(SM) Plan 1500 Value*					Shield Spectrum PPO(SM) Plan 500 Value*				
0 to 29	135	368	292	453	0 to 29	214	581	466	719
30 to 39	162	404	326	524	30 to 39	262	644	519	832
40 to 49	228	469	351	599	40 to 49	361	741	557	948
50 to 54	310	639	418	708	50 to 54	492	1014	663	1123
55 to 59	384	796	491	867	55 to 59	609	1263	780	1375
60 to 64	499	1000	605	1090	60 to 64	793	1585	960	1728
65+	620	1375	719	1418	65+	978	2182	1146	2248
65+**	296	1051	395	1094	65+**	471	1675	639	1741
Shield Spectrum PPO(SM) Plan 1000 Value*					Shield Spectrum PPO(SM) Plan 1000				
0 to 29	177	483	383	596	0 to 29	260	715	570	881
30 to 39	213	532	428	687	30 to 39	320	789	634	1016
40 to 49	302	615	460	784	40 to 49	444	906	685	1161
50 to 54	408	839	551	931	50 to 54	604	1242	814	1374
55 to 59	503	1045	642	1137	55 to 59	750	1551	951	1686
60 to 64	658	1310	796	1430	60 to 64	974	1942	1176	2117
65+	809	1804	948	1858	65+	1200	2672	1405	2756
65+**	387	1382	526	1436	65+**	576	2048	781	2132
Shield Spectrum PPO(SM) Plan 3000* 1					Shield Spectrum PPO(SM) Plan 500 Standard*				
0 to 29	201	546	431	672	0 to 29	275	751	601	926
30 to 39	239	601	482	773	30 to 39	333	826	666	1067
40 to 49	340	690	520	885	40 to 49	467	957	722	1222
50 to 54	458	946	620	1048	50 to 54	634	1309	858	1446
55 to 59	569	1180	723	1283	55 to 59	787	1628	1001	1775
60 to 64	742	1478	895	1611	60 to 64	1026	2044	1241	2230
65+	911	2033	1066	2092	65+	1261	2813	1479	2898
65+**	437	1559	592	1618	65+**	607	2159	825	2244

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Shield Spectrum PPO Plan 2000 Value, Plan 1500 Value, Plan 1000 Value, Plan 750 Value, Shield Savings 2000/4000, Shield Savings 1800/3600.

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Region VII Risk Adjustment Factor 1.00

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Spectrum PPO(SM) Plan 500 Premier					Shield Savings(SM) QS 4800*				
0 to 29	296	815	652	1005	0 to 29	136	369	293	455
30 to 39	362	898	727	1159	30 to 39	162	406	329	526
40 to 49	507	1035	781	1327	40 to 49	230	468	354	601
50 to 54	689	1419	932	1569	50 to 54	311	644	422	712
55 to 59	855	1769	1088	1925	55 to 59	386	801	491	871
60 to 64	1113	2218	1343	2416	60 to 64	502	1002	606	1094
65+	1369	3050	1605	3145	65+	619	1379	726	1422
65+**	658	2339	894	2434	65+**	295	1055	402	1098
Shield Spectrum PPO(SM) Plan 250 Standard					Shield Savings(SM) QS 3000/6000				
0 to 29	345	943	749	1161	0 to 29	147	396	317	490
30 to 39	419	1037	837	1340	30 to 39	176	437	352	566
40 to 49	584	1200	904	1531	40 to 49	245	504	378	647
50 to 54	794	1635	1072	1814	50 to 54	334	691	453	766
55 to 59	989	2043	1255	2225	55 to 59	415	862	527	936
60 to 64	1285	2564	1554	2796	60 to 64	541	1079	654	1178
65+	1584	3528	1854	3635	65+	667	1485	780	1529
65+**	760	2704	1030	2811	65+**	321	1139	434	1183
Shield Spectrum PPO(SM) Plan 250 Premier					Shield Savings(SM) 4800*				
0 to 29	382	1043	831	1285	0 to 29	152	412	327	508
30 to 39	465	1149	927	1484	30 to 39	181	454	368	588
40 to 49	648	1327	998	1695	40 to 49	257	523	396	671
50 to 54	881	1810	1188	2004	50 to 54	348	719	472	795
55 to 59	1092	2262	1391	2460	55 to 59	431	895	549	973
60 to 64	1423	2835	1717	3093	60 to 64	561	1119	677	1222
65+	1748	3902	2049	4017	65+	692	1541	811	1589
65+**	839	2993	1140	3108	65+**	330	1179	449	1227
Shield Spectrum PPO(SM) Plan, Zero Deductible					Shield Savings(SM) 2500*				
0 to 29	454	1234	987	1523	0 to 29	150	418	335	518
30 to 39	551	1360	1100	1756	30 to 39	188	460	372	597
40 to 49	768	1571	1183	2011	40 to 49	261	534	402	682
50 to 54	1043	2146	1410	2378	50 to 54	353	727	481	810
55 to 59	1295	2676	1647	2915	55 to 59	440	912	562	990
60 to 64	1688	3360	2033	3664	60 to 64	572	1142	689	1245
65+	2077	4623	2428	4764	65+	706	1570	825	1619
65+**	996	3542	1347	3683	65+**	338	1202	457	1251

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Region VII Risk Adjustment Factor 1.00

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Savings(SM) 3000/6000*					Shield Savings(SM) 1800/3600* ¹				
0 to 29	179	482	386	597	0 to 29	279	769	614	953
30 to 39	214	532	429	689	30 to 39	345	849	686	1096
40 to 49	298	614	461	788	40 to 49	478	980	741	1256
50 to 54	407	842	552	933	50 to 54	651	1342	883	1491
55 to 59	506	1050	642	1140	55 to 59	810	1678	1030	1823
60 to 64	659	1314	797	1435	60 to 64	1050	2104	1272	2290
65+	812	1809	950	1862	65+	1299	2891	1520	2979
65+**	391	1388	529	1441	65+**	619	2211	840	2299
Shield Savings(SM) QS 2000/4000					Active Choice(SM) Plan 500 SG*				
0 to 29	175	483	385	598	0 to 29	218	605	483	747
30 to 39	217	533	431	688	30 to 39	269	668	538	864
40 to 49	300	615	465	789	40 to 49	377	770	582	986
50 to 54	409	843	554	935	50 to 54	510	1051	690	1166
55 to 59	508	1053	647	1145	55 to 59	636	1314	806	1431
60 to 64	659	1320	798	1437	60 to 64	825	1646	998	1795
65+	814	1815	954	1870	65+	1016	2266	1192	2335
65+**	389	1390	529	1445	65+**	487	1737	663	1806
Shield Savings(SM) 2250/4500¹					Active Choice(SM) Plan 750 SG*				
0 to 29	221	602	478	745	0 to 29	254	694	555	858
30 to 39	269	663	536	859	30 to 39	305	763	617	987
40 to 49	374	766	581	982	40 to 49	431	883	669	1130
50 to 54	511	1051	691	1163	50 to 54	586	1206	794	1339
55 to 59	633	1309	807	1426	55 to 59	728	1504	925	1641
60 to 64	823	1640	995	1790	60 to 64	948	1888	1145	2058
65+	1013	2260	1186	2329	65+	1168	2602	1367	2680
65+**	489	1736	662	1805	65+**	562	1996	761	2074
Shield Savings(SM) 2000/4000*									
0 to 29	258	713	569	883					
30 to 39	320	787	636	1016					
40 to 49	443	908	687	1166					
50 to 54	604	1245	818	1381					
55 to 59	751	1555	956	1691					
60 to 64	973	1950	1178	2123					
65+	1203	2681	1409	2762					
65+**	574	2052	780	2133					

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Region VII Risk Adjustment Factor 1.05

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Access+ HMO® Plan 40*					Access+ HMO® Plan 20*				
0 to 29	253	614	601	929	0 to 29	310	754	739	1146
30 to 39	295	648	646	1016	30 to 39	364	802	796	1245
40 to 49	354	804	662	1096	40 to 49	435	986	814	1346
50 to 54	453	936	705	1261	50 to 54	554	1147	863	1550
55 to 59	590	1241	832	1440	55 to 59	722	1523	1027	1762
60 to 64	765	1461	1010	1735	60 to 64	939	1794	1238	2128
65+	1015	2019	1297	2361	65+	1245	2482	1589	2895
65+**	571	1575	853	1917	65+**	699	1936	1043	2349
Access+ HMO® Plan 25*					Access+ HMO® Plan 15*				
0 to 29	271	652	637	989	0 to 29	340	817	804	1244
30 to 39	313	690	688	1074	30 to 39	396	869	865	1353
40 to 49	378	849	698	1161	40 to 49	474	1072	881	1460
50 to 54	482	990	746	1334	50 to 54	606	1247	939	1681
55 to 59	625	1315	884	1521	55 to 59	785	1654	1113	1917
60 to 64	811	1546	1070	1834	60 to 64	1021	1950	1348	2313
65+	1074	2137	1372	2500	65+	1352	2694	1727	3145
65+**	604	1666	902	2030	65+**	763	2105	1138	2556
Access+ HMO® Plan 30*					Access+ HMO® Plan 10*				
0 to 29	287	686	670	1042	0 to 29	363	875	859	1329
30 to 39	330	726	722	1129	30 to 39	421	928	924	1448
40 to 49	397	895	735	1218	40 to 49	508	1149	947	1566
50 to 54	505	1043	783	1404	50 to 54	649	1335	1004	1801
55 to 59	656	1380	928	1599	55 to 59	842	1768	1193	2050
60 to 64	853	1625	1125	1928	60 to 64	1093	2085	1444	2471
65+	1129	2247	1440	2628	65+	1448	2879	1848	3364
65+**	635	1754	946	2135	65+**	813	2244	1213	2729
Access+ HMO® Plan 20 Value*					Access+ HMO® Plan 5*				
0 to 29	289	694	679	1054	0 to 29	413	985	965	1494
30 to 39	334	733	730	1143	30 to 39	475	1041	1035	1624
40 to 49	402	905	746	1235	40 to 49	567	1284	1059	1759
50 to 54	513	1056	792	1421	50 to 54	728	1496	1125	2017
55 to 59	665	1399	939	1617	55 to 59	944	1988	1341	2300
60 to 64	864	1644	1139	1953	60 to 64	1229	2343	1620	2780
65+	1143	2275	1460	2661	65+	1624	3236	2075	3778
65+**	643	1775	959	2160	65+**	915	2526	1365	3068

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Region VII Risk Adjustment Factor 1.05

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Local Access+ HMO® Plan 30***				
0 to 29	252	605	589	917
30 to 39	290	638	635	994
40 to 49	350	786	648	1072
50 to 54	444	917	690	1236
55 to 59	580	1215	815	1407
60 to 64	750	1430	989	1697
65+	994	1978	1266	2312
65+**	560	1544	832	1877
Local Access+ HMO® Plan 20 Value***				
0 to 29	253	612	597	927
30 to 39	294	646	643	1006
40 to 49	353	796	656	1086
50 to 54	450	929	696	1251
55 to 59	584	1230	826	1423
60 to 64	761	1447	1002	1720
65+	1006	2001	1284	2340
65+**	567	1562	845	1902
Added Advantage POS(SM) Plan*				
0 to 29	386	928	907	1408
30 to 39	447	981	975	1531
40 to 49	537	1214	998	1657
50 to 54	688	1410	1063	1903
55 to 59	889	1873	1261	2169
60 to 64	1155	2209	1525	2618
65+	1530	3048	1955	3563
65+**	860	2378	1285	2893

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***Local Access+ HMO plans can only be offered to employers and their employees who reside or work in a Local Access+ HMO service area. Local Access+ HMO products are only available in designated counties: portions of Orange, Los Angeles, San Diego, San Bernardino and Riverside counties, as well as in all of San Luis Obispo County. Please review the Benefit Summary Guide for detailed information regarding the Local Access+ HMO service area. Local Access+ HMO products are not available as part of the PlanSelect Package and may not be offered alongside any Blue Shield full network HMO product (except Access Baja HMO).

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Region VII Risk Adjustment Factor 1.05

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Spectrum PPO(SM) Plan 2000 Value*					Shield Spectrum PPO(SM) Plan 750 Value*				
0 to 29	123	335	267	414	0 to 29	210	574	454	706
30 to 39	149	368	296	477	30 to 39	253	629	508	815
40 to 49	208	427	320	546	40 to 49	356	728	548	933
50 to 54	282	582	381	644	50 to 54	481	995	652	1101
55 to 59	351	725	447	790	55 to 59	596	1240	760	1349
60 to 64	456	910	551	994	60 to 64	775	1552	943	1695
65+	563	1252	657	1292	65+	962	2138	1122	2200
65+**	269	958	363	998	65+**	460	1636	621	1698
Shield Spectrum PPO(SM) Plan 1500 Value*					Shield Spectrum PPO(SM) Plan 500 Value*				
0 to 29	142	386	307	476	0 to 29	225	610	489	755
30 to 39	170	424	342	550	30 to 39	275	676	545	874
40 to 49	239	492	369	629	40 to 49	379	778	585	995
50 to 54	326	671	439	743	50 to 54	517	1065	696	1179
55 to 59	403	836	516	910	55 to 59	639	1326	819	1444
60 to 64	524	1050	635	1145	60 to 64	833	1664	1008	1814
65+	651	1444	755	1489	65+	1027	2291	1203	2360
65+**	311	1104	415	1149	65+**	495	1759	671	1828
Shield Spectrum PPO(SM) Plan 1000 Value*					Shield Spectrum PPO(SM) Plan 1000				
0 to 29	186	507	402	626	0 to 29	273	751	599	925
30 to 39	224	559	449	721	30 to 39	336	828	666	1067
40 to 49	317	646	483	823	40 to 49	466	951	719	1219
50 to 54	428	881	579	978	50 to 54	634	1304	855	1443
55 to 59	528	1097	674	1194	55 to 59	788	1629	999	1770
60 to 64	691	1376	836	1502	60 to 64	1023	2039	1235	2223
65+	849	1894	995	1951	65+	1260	2806	1475	2894
65+**	406	1451	552	1508	65+**	605	2150	820	2239
Shield Spectrum PPO(SM) Plan 3000* 1					Shield Spectrum PPO(SM) Plan 500 Standard*				
0 to 29	211	573	453	706	0 to 29	289	789	631	972
30 to 39	251	631	506	812	30 to 39	350	867	699	1120
40 to 49	357	725	546	929	40 to 49	490	1005	758	1283
50 to 54	481	993	651	1100	50 to 54	666	1374	901	1518
55 to 59	597	1239	759	1347	55 to 59	826	1709	1051	1864
60 to 64	779	1552	940	1692	60 to 64	1077	2146	1303	2342
65+	957	2135	1119	2197	65+	1324	2954	1553	3043
65+**	459	1637	622	1699	65+**	637	2267	866	2356

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Region VII Risk Adjustment Factor 1.05

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Spectrum PPO(SM) Plan 500 Premier					Shield Savings(SM) QS 4800*				
0 to 29	311	856	685	1055	0 to 29	143	387	308	478
30 to 39	380	943	763	1217	30 to 39	170	426	345	552
40 to 49	532	1087	820	1393	40 to 49	242	491	372	631
50 to 54	723	1490	979	1647	50 to 54	327	676	443	748
55 to 59	898	1857	1142	2021	55 to 59	405	841	516	915
60 to 64	1169	2329	1410	2537	60 to 64	527	1052	636	1149
65+	1437	3203	1685	3302	65+	650	1448	762	1493
65+**	691	2456	939	2556	65+**	310	1108	422	1153
Shield Spectrum PPO(SM) Plan 250 Standard					Shield Savings(SM) QS 3000/6000				
0 to 29	362	990	786	1219	0 to 29	154	416	333	515
30 to 39	440	1089	879	1407	30 to 39	185	459	370	594
40 to 49	613	1260	949	1608	40 to 49	257	529	397	679
50 to 54	834	1717	1126	1905	50 to 54	351	726	476	804
55 to 59	1038	2145	1318	2336	55 to 59	436	905	553	983
60 to 64	1349	2692	1632	2936	60 to 64	568	1133	687	1237
65+	1663	3704	1947	3817	65+	700	1559	819	1605
65+**	798	2839	1082	2952	65+**	337	1196	456	1242
Shield Spectrum PPO(SM) Plan 250 Premier					Shield Savings(SM) 4800*				
0 to 29	401	1095	873	1349	0 to 29	160	433	343	533
30 to 39	488	1206	973	1558	30 to 39	190	477	386	617
40 to 49	680	1393	1048	1780	40 to 49	270	549	416	705
50 to 54	925	1901	1247	2104	50 to 54	365	755	496	835
55 to 59	1147	2375	1461	2583	55 to 59	453	940	576	1022
60 to 64	1494	2977	1803	3248	60 to 64	589	1175	711	1283
65+	1835	4097	2151	4218	65+	727	1618	852	1668
65+**	881	3143	1197	3263	65+**	347	1238	471	1288
Shield Spectrum PPO(SM) Plan, Zero Deductible					Shield Savings(SM) 2500*				
0 to 29	477	1296	1036	1599	0 to 29	158	439	352	544
30 to 39	579	1428	1155	1844	30 to 39	197	483	391	627
40 to 49	806	1650	1242	2112	40 to 49	274	561	422	716
50 to 54	1095	2253	1481	2497	50 to 54	371	763	505	851
55 to 59	1360	2810	1729	3061	55 to 59	462	958	590	1040
60 to 64	1772	3528	2135	3847	60 to 64	601	1199	723	1307
65+	2181	4854	2549	5002	65+	741	1649	866	1700
65+**	1046	3719	1414	3867	65+**	355	1262	480	1314

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Shield Savings(SM) 3000/6000*					Shield Savings(SM) 1800/3600* ¹				
0 to 29	188	506	405	627	0 to 29	293	807	645	1001
30 to 39	225	559	450	723	30 to 39	362	891	720	1151
40 to 49	313	645	484	827	40 to 49	502	1029	778	1319
50 to 54	427	884	580	980	50 to 54	684	1409	927	1566
55 to 59	531	1103	674	1197	55 to 59	851	1762	1082	1914
60 to 64	692	1380	837	1507	60 to 64	1103	2209	1336	2405
65+	853	1899	998	1955	65+	1364	3036	1596	3128
65+**	411	1457	555	1513	65+**	650	2322	882	2414
Shield Savings(SM) QS 2000/4000					Active Choice(SM) Plan 500 SG*				
0 to 29	184	507	404	628	0 to 29	229	635	507	784
30 to 39	228	560	453	722	30 to 39	282	701	565	907
40 to 49	315	646	488	828	40 to 49	396	809	611	1035
50 to 54	429	885	582	982	50 to 54	536	1104	725	1224
55 to 59	533	1106	679	1202	55 to 59	668	1380	846	1503
60 to 64	692	1386	838	1509	60 to 64	866	1728	1048	1885
65+	855	1906	1002	1964	65+	1067	2379	1252	2452
65+**	408	1460	555	1517	65+**	511	1824	696	1896
Shield Savings(SM) 2250/4500¹					Active Choice(SM) Plan 750 SG*				
0 to 29	232	632	502	782	0 to 29	267	729	583	901
30 to 39	282	696	563	902	30 to 39	320	801	648	1036
40 to 49	393	804	610	1031	40 to 49	453	927	702	1187
50 to 54	537	1104	726	1221	50 to 54	615	1266	834	1406
55 to 59	665	1374	847	1497	55 to 59	764	1579	971	1723
60 to 64	864	1722	1045	1880	60 to 64	995	1982	1202	2161
65+	1064	2373	1245	2445	65+	1226	2732	1435	2814
65+**	513	1823	695	1895	65+**	590	2096	799	2178
Shield Savings(SM) 2000/4000*									
0 to 29	271	749	597	927					
30 to 39	336	826	668	1067					
40 to 49	465	953	721	1224					
50 to 54	634	1307	859	1450					
55 to 59	789	1633	1004	1776					
60 to 64	1022	2048	1237	2229					
65+	1263	2815	1479	2900					
65+**	603	2155	819	2240					

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Shield Spectrum PPO Plan 2000 Value, Plan 1500 Value, Plan 1000 Value, Plan 750 Value, Shield Savings 2000/4000, Shield Savings 1800/3600.

**These rates apply when Medicare is the primary payer. Contact your local sales representative for more information.

Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

¹The Shield Savings(SM) 2250/4500, Shield Savings(SM) 1800/3600 (both HSA-compatible) and the Shield Spectrum PPO Plan 3000 are the only Blue Shield plans, offered by either Blue Shield of California or Blue Shield of California Life & Health Insurance Company, that may be used with any form of an employer-sponsored wrap plan. Underwriting criteria prohibits pairing its other health plans with a wrap plan at any time, with the exception of a Health Savings Account (HSA) or employee-funded general purpose Flexible Spending Account (FSA).

Region VII Risk Adjustment Factor 1.10

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Access+ HMO® Plan 40*					Access+ HMO® Plan 20*				
0 to 29	265	643	629	973	0 to 29	324	789	774	1200
30 to 39	309	678	676	1064	30 to 39	381	840	833	1304
40 to 49	370	842	693	1148	40 to 49	455	1032	852	1410
50 to 54	474	980	738	1321	50 to 54	580	1201	904	1623
55 to 59	618	1300	871	1508	55 to 59	756	1595	1075	1845
60 to 64	801	1530	1058	1817	60 to 64	983	1879	1296	2229
65+	1063	2115	1358	2473	65+	1304	2600	1664	3032
65+**	598	1650	893	2008	65+**	732	2028	1092	2460
Access+ HMO® Plan 25*					Access+ HMO® Plan 15*				
0 to 29	283	683	667	1036	0 to 29	356	855	842	1303
30 to 39	327	722	720	1125	30 to 39	414	910	906	1417
40 to 49	396	889	731	1216	40 to 49	496	1123	922	1529
50 to 54	504	1037	781	1397	50 to 54	634	1306	983	1761
55 to 59	654	1377	926	1593	55 to 59	822	1732	1166	2008
60 to 64	849	1619	1120	1921	60 to 64	1069	2042	1412	2423
65+	1125	2238	1437	2619	65+	1416	2822	1809	3294
65+**	632	1745	944	2126	65+**	799	2205	1192	2677
Access+ HMO® Plan 30*					Access+ HMO® Plan 10*				
0 to 29	300	718	701	1091	0 to 29	380	916	899	1392
30 to 39	345	760	756	1182	30 to 39	441	972	968	1516
40 to 49	415	937	770	1276	40 to 49	532	1203	992	1640
50 to 54	529	1092	820	1470	50 to 54	679	1398	1051	1886
55 to 59	687	1445	972	1675	55 to 59	882	1852	1249	2147
60 to 64	893	1702	1178	2019	60 to 64	1145	2184	1512	2588
65+	1182	2354	1508	2753	65+	1516	3016	1936	3524
65+**	665	1837	991	2236	65+**	851	2350	1270	2858
Access+ HMO® Plan 20 Value*					Access+ HMO® Plan 5*				
0 to 29	302	727	711	1104	0 to 29	432	1031	1010	1565
30 to 39	349	767	764	1197	30 to 39	497	1090	1084	1701
40 to 49	421	948	781	1293	40 to 49	594	1345	1109	1842
50 to 54	537	1106	829	1488	50 to 54	762	1567	1178	2113
55 to 59	696	1465	983	1694	55 to 59	988	2082	1404	2409
60 to 64	905	1722	1193	2046	60 to 64	1287	2454	1697	2912
65+	1197	2383	1529	2787	65+	1701	3390	2173	3957
65+**	673	1859	1004	2262	65+**	958	2646	1430	3214

*The employer must be located and all enrolled employees and family members must live or work in an approved Blue Shield of California HMO/POS service area in order to be eligible to purchase HMO/POS health plans.

**These rates apply when Medicare is the primary payer. Contact your local sales representative for more information.

Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

Region VII Risk Adjustment Factor 1.10

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Local Access+ HMO® Plan 30***				
0 to 29	264	633	617	960
30 to 39	303	668	665	1041
40 to 49	366	823	678	1123
50 to 54	465	960	722	1294
55 to 59	607	1272	853	1474
60 to 64	785	1498	1036	1777
65+	1041	2072	1326	2422
65+**	586	1617	871	1966
Local Access+ HMO® Plan 20 Value***				
0 to 29	265	641	625	971
30 to 39	308	676	673	1053
40 to 49	369	833	687	1137
50 to 54	471	973	729	1310
55 to 59	611	1288	865	1490
60 to 64	797	1515	1049	1801
65+	1053	2096	1345	2451
65+**	594	1636	885	1992
Added Advantage POS(SM) Plan*				
0 to 29	404	972	950	1475
30 to 39	468	1027	1021	1603
40 to 49	562	1271	1045	1735
50 to 54	720	1477	1113	1993
55 to 59	931	1962	1321	2272
60 to 64	1210	2314	1597	2742
65+	1602	3193	2048	3732
65+**	900	2491	1346	3030

*The employer must be located and all enrolled employees and family members must live or work in an approved Blue Shield of California HMO/POS service area in order to be eligible to purchase HMO/POS health plans.

**These rates apply when Medicare is the primary payer. Contact your local sales representative for more information.

***Local Access+ HMO plans can only be offered to employers and their employees who reside or work in a Local Access+ HMO service area. Local Access+ HMO products are only available in designated counties: portions of Orange, Los Angeles, San Diego, San Bernardino and Riverside counties, as well as in all of San Luis Obispo County. Please review the Benefit Summary Guide for detailed information regarding the Local Access+ HMO service area. Local Access+ HMO products are not available as part of the PlanSelect Package and may not be offered alongside any Blue Shield full network HMO product (except Access Baja HMO).

Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

Region VII Risk Adjustment Factor 1.10

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Spectrum PPO(SM) Plan 2000 Value*					Shield Spectrum PPO(SM) Plan 750 Value*				
0 to 29	128	350	279	433	0 to 29	220	601	475	739
30 to 39	156	385	310	499	30 to 39	265	658	532	853
40 to 49	217	447	335	572	40 to 49	372	762	574	977
50 to 54	295	609	399	674	50 to 54	503	1042	683	1153
55 to 59	367	759	468	827	55 to 59	624	1299	796	1413
60 to 64	477	953	577	1041	60 to 64	811	1625	987	1775
65+	589	1311	688	1353	65+	1007	2239	1175	2304
65+**	281	1003	380	1045	65+**	481	1713	650	1778
Shield Spectrum PPO(SM) Plan 1500 Value*					Shield Spectrum PPO(SM) Plan 500 Value*				
0 to 29	148	404	321	498	0 to 29	235	639	512	790
30 to 39	178	444	358	576	30 to 39	288	708	570	915
40 to 49	250	515	386	658	40 to 49	397	815	612	1042
50 to 54	341	702	459	778	50 to 54	541	1115	729	1235
55 to 59	422	875	540	953	55 to 59	669	1389	858	1512
60 to 64	548	1100	665	1199	60 to 64	872	1743	1056	1900
65+	682	1512	790	1559	65+	1075	2400	1260	2472
65+**	325	1156	434	1203	65+**	518	1842	702	1915
Shield Spectrum PPO(SM) Plan 1000 Value*					Shield Spectrum PPO(SM) Plan 1000				
0 to 29	194	531	421	655	0 to 29	286	786	627	969
30 to 39	234	585	470	755	30 to 39	352	867	697	1117
40 to 49	332	676	506	862	40 to 49	488	996	753	1277
50 to 54	448	922	606	1024	50 to 54	664	1366	895	1511
55 to 59	553	1149	706	1250	55 to 59	825	1706	1046	1854
60 to 64	723	1441	875	1573	60 to 64	1071	2136	1293	2328
65+	889	1984	1042	2043	65+	1320	2939	1545	3031
65+**	425	1520	578	1579	65+**	633	2252	859	2345
Shield Spectrum PPO(SM) Plan 3000* 1					Shield Spectrum PPO(SM) Plan 500 Standard*				
0 to 29	221	600	474	739	0 to 29	302	826	661	1018
30 to 39	262	661	530	850	30 to 39	366	908	732	1173
40 to 49	374	759	572	973	40 to 49	513	1052	794	1344
50 to 54	503	1040	682	1152	50 to 54	697	1439	943	1590
55 to 59	625	1298	795	1411	55 to 59	865	1790	1101	1952
60 to 64	816	1625	984	1772	60 to 64	1128	2248	1365	2453
65+	1002	2236	1172	2301	65+	1387	3094	1626	3187
65+**	480	1714	651	1779	65+**	667	2374	907	2468

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Shield Spectrum PPO Plan 2000 Value, Plan 1500 Value, Plan 1000 Value, Plan 750 Value, Shield Savings 2000/4000, Shield Savings 1800/3600.

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Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

1The Shield Savings(SM) 2250/4500, Shield Savings(SM) 1800/3600 (both HSA-compatible) and the Shield Spectrum PPO Plan 3000 are the only Blue Shield plans, offered by either Blue Shield of California or Blue Shield of California Life & Health Insurance Company, that may be used with any form of an employer-sponsored wrap plan. Underwriting criteria prohibits pairing its other health plans with a wrap plan at any time, with the exception of a Health Savings Account (HSA) or employee-funded general purpose Flexible Spending Account (FSA).

Region VII Risk Adjustment Factor 1.10

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Spectrum PPO(SM) Plan 500 Premier					Shield Savings(SM) QS 4800*				
0 to 29	325	896	717	1105	0 to 29	149	405	322	500
30 to 39	398	987	799	1274	30 to 39	178	446	361	578
40 to 49	557	1138	859	1459	40 to 49	253	514	389	661
50 to 54	757	1560	1025	1725	50 to 54	342	708	464	783
55 to 59	940	1945	1196	2117	55 to 59	424	881	540	958
60 to 64	1224	2439	1477	2657	60 to 64	552	1102	666	1203
65+	1505	3355	1765	3459	65+	680	1516	798	1564
65+**	723	2572	983	2677	65+**	324	1160	442	1207
Shield Spectrum PPO(SM) Plan 250 Standard					Shield Savings(SM) QS 3000/6000				
0 to 29	379	1037	823	1277	0 to 29	161	435	348	539
30 to 39	460	1140	920	1474	30 to 39	193	480	387	622
40 to 49	642	1320	994	1684	40 to 49	269	554	415	711
50 to 54	873	1798	1179	1995	50 to 54	367	760	498	842
55 to 59	1087	2247	1380	2447	55 to 59	456	948	579	1029
60 to 64	1413	2820	1709	3075	60 to 64	595	1186	719	1295
65+	1742	3880	2039	3998	65+	733	1633	858	1681
65+**	836	2974	1133	3092	65+**	353	1252	477	1301
Shield Spectrum PPO(SM) Plan 250 Premier					Shield Savings(SM) 4800*				
0 to 29	420	1147	914	1413	0 to 29	167	453	359	558
30 to 39	511	1263	1019	1632	30 to 39	199	499	404	646
40 to 49	712	1459	1097	1864	40 to 49	282	575	435	738
50 to 54	969	1991	1306	2204	50 to 54	382	790	519	874
55 to 59	1201	2488	1530	2706	55 to 59	474	984	603	1070
60 to 64	1565	3118	1888	3402	60 to 64	617	1230	744	1344
65+	1922	4292	2253	4418	65+	761	1695	892	1747
65+**	922	3292	1254	3418	65+**	363	1296	493	1349
Shield Spectrum PPO(SM) Plan, Zero Deductible					Shield Savings(SM) 2500*				
0 to 29	499	1357	1085	1675	0 to 29	165	459	368	569
30 to 39	606	1496	1210	1931	30 to 39	206	506	409	656
40 to 49	844	1728	1301	2212	40 to 49	287	587	442	750
50 to 54	1147	2360	1551	2615	50 to 54	388	799	529	891
55 to 59	1424	2943	1811	3206	55 to 59	484	1003	618	1089
60 to 64	1856	3696	2236	4030	60 to 64	629	1256	757	1369
65+	2284	5085	2670	5240	65+	776	1727	907	1780
65+**	1095	3896	1481	4051	65+**	371	1322	502	1376

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Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

Region VII Risk Adjustment Factor 1.10

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Shield Savings(SM) 3000/6000*					Shield Savings(SM) 1800/3600* ¹				
0 to 29	196	530	424	656	0 to 29	306	845	675	1048
30 to 39	235	585	471	757	30 to 39	379	933	754	1205
40 to 49	327	675	507	866	40 to 49	525	1078	815	1381
50 to 54	447	926	607	1026	50 to 54	716	1476	971	1640
55 to 59	556	1155	706	1254	55 to 59	891	1845	1133	2005
60 to 64	724	1445	876	1578	60 to 64	1155	2314	1399	2519
65+	893	1989	1045	2048	65+	1428	3180	1672	3276
65+**	430	1526	581	1585	65+**	680	2432	924	2528
Shield Savings(SM) QS 2000/4000					Active Choice(SM) Plan 500 SG*				
0 to 29	192	531	423	657	0 to 29	239	665	531	821
30 to 39	238	586	474	756	30 to 39	295	734	591	950
40 to 49	330	676	511	867	40 to 49	414	847	640	1084
50 to 54	449	927	609	1028	50 to 54	561	1156	759	1282
55 to 59	558	1158	711	1259	55 to 59	699	1445	886	1574
60 to 64	724	1452	877	1580	60 to 64	907	1810	1097	1974
65+	895	1996	1049	2057	65+	1117	2492	1311	2568
65+**	427	1529	581	1589	65+**	535	1910	729	1986
Shield Savings(SM) 2250/4500¹					Active Choice(SM) Plan 750 SG*				
0 to 29	243	662	525	819	0 to 29	279	763	610	943
30 to 39	295	729	589	944	30 to 39	335	839	678	1085
40 to 49	411	842	639	1080	40 to 49	474	971	735	1243
50 to 54	562	1156	760	1279	50 to 54	644	1326	873	1472
55 to 59	696	1439	887	1568	55 to 59	800	1654	1017	1805
60 to 64	905	1804	1094	1969	60 to 64	1042	2076	1259	2263
65+	1114	2486	1304	2561	65+	1284	2862	1503	2948
65+**	537	1909	728	1985	65+**	618	2195	837	2281
Shield Savings(SM) 2000/4000*									
0 to 29	283	784	625	971					
30 to 39	352	865	699	1117					
40 to 49	487	998	755	1282					
50 to 54	664	1369	899	1519					
55 to 59	826	1710	1051	1860					
60 to 64	1070	2145	1295	2335					
65+	1323	2949	1549	3038					
65+**	631	2257	858	2346					

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Shield Spectrum PPO Plan 2000 Value, Plan 1500 Value, Plan 1000 Value, Plan 750 Value, Shield Savings 2000/4000, Shield Savings 1800/3600.

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Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

¹The Shield Savings(SM) 2250/4500, Shield Savings(SM) 1800/3600 (both HSA-compatible) and the Shield Spectrum PPO Plan 3000 are the only Blue Shield plans, offered by either Blue Shield of California or Blue Shield of California Life & Health Insurance Company, that may be used with any form of an employer-sponsored wrap plan. Underwriting criteria prohibits pairing its other health plans with a wrap plan at any time, with the exception of a Health Savings Account (HSA) or employee-funded general purpose Flexible Spending Account (FSA).

Region VII Specialty Benefits¹ and Optional Products

	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
SPECIALTY BENEFITS				
DENTAL PPO PLANS				
Smile(SM) Basic	27.00	54.00	69.00	93.00
Smile(SM) Value	36.00	71.00	91.00	107.00
Smile(SM)	43.00	86.00	109.00	127.00
Smile(SM) Basic Vol.	47.00	94.00	119.00	160.00
Smile(SM) Plus	47.00	94.00	119.00	139.00
Smile(SM) Deluxe	50.00	100.00	127.00	169.00
Smile(SM) Dlx 2000	52.00	105.00	132.00	177.00
Smile(SM) Plus Gold	54.00	109.00	137.00	184.00
Smile(SM) Dlx Pls2000	60.00	119.00	150.00	202.00
Smile(SM) Deluxe Gold	66.00	132.00	166.00	223.00

DENTAL HMO PLANS				
HMO Basic	12.00	25.00	31.00	39.00
HMO Plus	15.00	31.00	37.00	47.00
HMO Voluntary	18.00	35.00	41.00	53.00
HMO Deluxe	21.00	41.00	48.00	62.00

OPTIONAL PRODUCTS

INFERTILITY**

Access+ HMO® & POS	16	28	20	40
All Other plans	21	38	28	53

INPATIENT SUBSTANCE ABUSE**

All Plans	5	7	7	10
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OPTIONAL BENEFITS

Chiropractic*	5	8	8	13
Chiro & Acupuncture*	6	10	12	17

SPECIALTY BENEFITS

VISION PLANS: Blue Shield of California

Vision Basic 0/25/100**	9.00	17.00	16.10	22.40
Vision Basic 0/15/120**	10.70	20.40	19.30	26.80
Vision Basic 0/0/130**	12.50	24.10	21.20	30.80
Vision Basic+ 0/15/120**	11.80	22.40	21.20	29.40

Sold with Blue Shield of California medical plans.

VISION PLANS: Blue Shield of California Life & Health Insurance Company (Blue Shield Life)

Vision Basic 0/25/100**	9.00	17.00	16.10	22.40
Vision Basic 0/15/120**	10.70	20.40	19.30	26.80
Vision Basic 0/0/130**	12.50	24.10	21.20	30.80
Vision Basic+ 0/15/120**	11.80	22.40	21.20	29.40

Sold with Blue Shield Life medical plans.

Vision Standard 0/25/100	9.00	17.00	16.10	22.40
Vision Standard 0/15/120	10.70	20.40	19.30	26.80
Vision Standard 0/25/130	11.10	21.10	20.00	27.80
Vision Standard 0/0/130	12.50	24.10	21.20	30.80
Vision Std Vol. 0/25/120	14.20	27.00	25.60	35.50

Vision Plus 0/25/100	9.70	18.40	17.50	24.20
Vision Plus 0/15/120	11.80	22.40	21.20	29.40
Vision Plus 0/25/130	12.20	23.20	21.90	30.50
Vision Plus 0/0/130	13.90	26.30	23.60	34.70

Vision Deluxe 0/25/100	11.00	20.90	19.80	27.50
Vision Deluxe 0/15/120	13.40	25.50	24.10	33.50
Vision Deluxe 0/25/130	13.90	26.50	25.10	34.90
Vision Deluxe 0/0/130	15.70	29.00	25.90	39.20

LIFE INSURANCE RATES

See page 2.

Dental, life insurance, and vision plans are available alongside medical coverage or on a standalone basis.

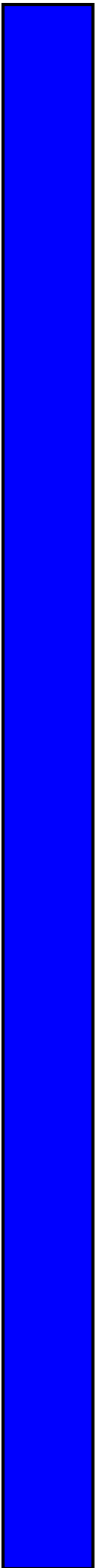
*The Chiropractic and Chiropractic and Acupuncture options are applicable to HMO/POS only. (Chiropractic and Acupuncture are covered benefits in many of the PPO and Shield Savings plans.) Rates/Premium shown are for employees with HMO/POS plans.

**Cannot be purchased without a medical plan. Blue Shield of California Vision Basic plans, infertility and inpatient substance abuse riders can be sold only with a medical plan underwritten by Blue Shield of California. Blue Shield of California Life & Health Insurance Company Vision Basic plans, infertility and inpatient substance abuse riders can be sold only with a medical plan underwritten by Blue Shield of California Life & Health Insurance Company. All dental coverage is underwritten by Blue Shield of California.

Regions may vary by product. The "Small Group Rating Region Definitions" chart located near the front of this booklet identifies the counties located in each region.

¹Effective 4/1/09, groups that purchase or add two new specialty products will experience a 5% savings on specialty premium; groups that purchase or add three new specialty products will experience a 10% savings on specialty premium. Rate savings through Blue Shield's Bundle for Savings program are passed on due to increased Blue Shield efficiencies from administering medical and multiple specialty benefits plans on a group's behalf. For complete program information please go to blueshieldca.com.

ACCESS BAJA® HMO RATES



Access Baja® HMO Rate Table Effective January 2010

Access Baja® HMO Plan 10					Access Baja® HMO Plan 5				
Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
0 to 29	149	357	348	539	0 to 29	189	453	443	692
30 to 39	170	379	374	587	30 to 39	220	482	480	752
40 to 49	208	466	383	635	40 to 49	262	596	490	812
50 to 54	263	539	405	728	50 to 54	338	693	522	937
55 to 59	341	718	486	831	55 to 59	437	920	621	1065
60 to 64	442	846	584	1003	60 to 64	567	1084	751	1285
65+	585	1167	750	1363	65+	753	1499	962	1754

Access Baja® HMO plans are only available with RAF 1.00. Access Baja® HMO plans can only be offered to employees and dependents who reside or work in an Access Baja® HMO service area.

Blue Shield of California county grouping for Region 7

San Diego^{1,2}



¹ Counties where Access+ HMO is available.

² Counties where Dental HMO is available.

