

small group rate tables

Region 7

San Diego

Effective July 2011

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 July 2011**

**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 July 2011**

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, 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 July 2011

Rating Region	County
I	Kern except zip codes: 93205-93206, 93220, 93222, 93224-93226, 93238, 93240, 93243, 93249, 93251-93252, 93255, 93268, 93283, 93285, 93287, 93501-93502, 93504-93505, 93516, 93518-93519, 93524, 93560, 93596. San Luis Obispo, Yolo.
II	Sacramento except zip codes: 95632, 95638-95639, 95641, 95671, 95680, 95683, 95690, 95693, 95798-95799. Santa Clara.
III	Santa Cruz.
IV	San Mateo except zip codes: 94018-94021, 94028, 94037-94038, 94060, 94074, 94303.
V	San Bernardino except zip codes: 91759, 92252, 92256, 92267-92268, 92277-92278, 92284-92286, 92304-92305, 92309-92310, 92314-92315, 92317, 92321-92323, 92325-92327, 92332-92333, 92338, 92341-92342, 92347, 92352, 92356, 92358, 92364-92366, 92368, 92372, 92378, 92382, 92385-92386, 92391, 92395, 92397-92398, 92407, 93523, 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. Ventura except zip codes: 91307, 91358-91362, 91377, 93020-93021, 93040, 93042, 93062-93065, 93094, 93099.
IX	Los Angeles except the zip codes in Rating Region VI and except the zip codes: 90263-90265, 90290, 90704, 91301-91302, 91307, 91361, 91372, 91376, 93510, 93532, 93534-93536, 93539, 93543-93544, 93550-93553, 93584, 93586, 93590-93591, 93599. Riverside except the zip codes: 92225-92226, 92239, 92247-92248, 92275, 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	251	610	595	922	0 to 29	303	738	722	1120
30 to 39	292	643	639	1008	30 to 39	356	783	778	1217
40 to 49	351	797	656	1086	40 to 49	424	963	795	1314
50 to 54	449	928	699	1250	50 to 54	542	1121	844	1514
55 to 59	585	1230	825	1427	55 to 59	707	1488	1003	1720
60 to 64	759	1448	1001	1719	60 to 64	918	1754	1210	2079
65+	1007	2002	1286	2339	65+	1217	2425	1551	2828
65+**	567	1562	846	1899	65+**	684	1892	1018	2295
Access+ HMO® Plan 25*					Access+ HMO® Plan 15*				
0 to 29	276	663	649	1004	0 to 29	333	797	785	1215
30 to 39	319	701	699	1093	30 to 39	386	849	846	1321
40 to 49	383	863	711	1180	40 to 49	462	1046	859	1424
50 to 54	490	1007	758	1355	50 to 54	592	1217	917	1639
55 to 59	635	1336	899	1547	55 to 59	765	1613	1086	1871
60 to 64	823	1572	1089	1866	60 to 64	996	1902	1315	2256
65+	1093	2172	1395	2542	65+	1320	2628	1684	3067
65+**	615	1694	918	2064	65+**	745	2052	1109	2492
Access+ HMO® Plan 30*					Access+ HMO® Plan 10*				
0 to 29	290	693	677	1052	0 to 29	345	830	815	1262
30 to 39	333	734	729	1140	30 to 39	400	882	877	1375
40 to 49	402	904	742	1230	40 to 49	483	1090	900	1486
50 to 54	510	1053	792	1418	50 to 54	616	1268	954	1710
55 to 59	664	1393	937	1616	55 to 59	800	1679	1133	1945
60 to 64	861	1641	1135	1947	60 to 64	1037	1980	1370	2345
65+	1140	2268	1453	2654	65+	1375	2733	1755	3193
65+**	642	1771	955	2156	65+**	771	2129	1151	2589
Access+ HMO® Plan 20 Value*					Access+ HMO® Plan 5*				
0 to 29	305	734	717	1114	0 to 29	401	955	937	1449
30 to 39	354	774	771	1209	30 to 39	461	1010	1006	1576
40 to 49	425	956	787	1305	40 to 49	550	1247	1029	1707
50 to 54	543	1116	837	1502	50 to 54	706	1452	1092	1959
55 to 59	702	1477	993	1709	55 to 59	917	1929	1301	2232
60 to 64	913	1737	1204	2064	60 to 64	1192	2274	1573	2699
65+	1209	2403	1542	2810	65+	1576	3141	2014	3666
65+**	679	1872	1012	2280	65+**	888	2452	1325	2978

*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	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Local Access+ HMO® Plan 40*					Local Access+ HMO® Plan 20*				
0 to 29	235	573	559	867	0 to 29	285	693	679	1053
30 to 39	275	604	601	947	30 to 39	334	737	731	1144
40 to 49	330	749	616	1021	40 to 49	399	906	747	1235
50 to 54	422	873	657	1175	50 to 54	510	1053	793	1423
55 to 59	550	1156	775	1341	55 to 59	665	1399	943	1617
60 to 64	713	1361	941	1616	60 to 64	864	1648	1137	1954
65+	946	1882	1208	2198	65+	1144	2279	1458	2658
65+**	532	1468	794	1784	65+**	643	1778	957	2157
Local Access+ HMO® Plan 25*					Local Access+ HMO® Plan 15*				
0 to 29	260	623	610	945	0 to 29	313	749	738	1142
30 to 39	300	659	657	1027	30 to 39	362	798	795	1242
40 to 49	360	810	668	1109	40 to 49	434	983	808	1339
50 to 54	461	946	712	1273	50 to 54	557	1144	862	1541
55 to 59	596	1256	846	1454	55 to 59	720	1516	1021	1758
60 to 64	774	1477	1023	1755	60 to 64	936	1788	1236	2121
65+	1027	2041	1312	2390	65+	1241	2470	1584	2883
65+**	577	1591	862	1940	65+**	700	1929	1043	2342
Local Access+ HMO® Plan 30*					Local Access+ HMO® Plan 10*				
0 to 29	273	651	637	989	0 to 29	324	781	766	1187
30 to 39	313	690	685	1071	30 to 39	376	828	825	1292
40 to 49	378	850	698	1156	40 to 49	454	1025	846	1397
50 to 54	479	990	744	1333	50 to 54	579	1192	896	1607
55 to 59	624	1309	882	1519	55 to 59	752	1578	1065	1828
60 to 64	810	1543	1067	1830	60 to 64	975	1862	1288	2205
65+	1071	2133	1366	2494	65+	1292	2569	1649	3001
65+**	603	1665	898	2026	65+**	725	2002	1082	2434
Local Access+ HMO® Plan 20 Value*					Local Access+ HMO® Plan 5*				
0 to 29	287	690	674	1046	0 to 29	377	898	882	1362
30 to 39	333	728	724	1136	30 to 39	433	950	945	1482
40 to 49	400	899	739	1226	40 to 49	517	1172	967	1604
50 to 54	511	1049	787	1411	50 to 54	664	1365	1026	1841
55 to 59	659	1389	934	1606	55 to 59	862	1813	1223	2098
60 to 64	858	1633	1131	1941	60 to 64	1121	2137	1478	2537
65+	1136	2259	1449	2642	65+	1482	2952	1893	3447
65+**	639	1762	953	2145	65+**	835	2305	1246	2799

*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, Riverside, San Mateo, Sacramento, Kern, and Ventura counties, as well as in all of San Luis Obispo, Santa Clara, Santa Cruz, and Yolo counties. Please review the Benefit Summary Guide for detailed information regarding the Local Access+ HMO service area. Local Access+ HMO products are offered as standalone, Dual Choice, as part of our Suite Deal package and with PlanSelect. Local Access+ HMO plans may not be offered alongside any Blue Shield full network HMO or POS product (except Access Baja HMO).

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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 0.90

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Added Advantage POS(SM) Plan*				
0 to 29	367	883	862	1338
30 to 39	425	932	927	1455
40 to 49	510	1154	948	1575
50 to 54	654	1340	1010	1808
55 to 59	846	1780	1198	2061
60 to 64	1098	2099	1449	2488
65+	1454	2897	1857	3385
65+**	816	2259	1219	2747

*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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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
Base PPO 50*					Shield Spectrum PPO(SM) Plan 1500 Value*				
0 to 29	138	376	316	486	0 to 29	152	414	344	533
30 to 39	170	415	351	563	30 to 39	182	454	384	617
40 to 49	234	478	360	612	40 to 49	256	527	395	674
50 to 54	312	642	428	725	50 to 54	342	704	470	795
55 to 59	386	800	504	888	55 to 59	423	876	551	973
60 to 64	502	1003	619	1115	60 to 64	549	1101	679	1224
65+	619	1380	739	1450	65+	683	1514	808	1592
65+**	298	1060	419	1130	65+**	325	1157	450	1234
Base PPO 40*					Shield Spectrum PPO(SM) Plan 1000 Value*				
0 to 29	155	421	354	545	0 to 29	189	518	429	668
30 to 39	189	465	394	630	30 to 39	228	569	479	771
40 to 49	261	536	403	685	40 to 49	323	657	492	839
50 to 54	348	719	479	810	50 to 54	429	881	590	996
55 to 59	432	895	563	993	55 to 59	529	1097	687	1216
60 to 64	562	1124	693	1248	60 to 64	690	1375	851	1529
65+	693	1545	828	1624	65+	849	1894	1015	1988
65+**	334	1186	469	1265	65+**	407	1452	573	1546
Base PPO 30*					Shield Spectrum PPO(SM) Plan 3000*¹				
0 to 29	177	480	405	622	0 to 29	209	567	468	731
30 to 39	217	531	450	720	30 to 39	248	624	524	842
40 to 49	298	612	459	783	40 to 49	353	716	540	919
50 to 54	398	821	548	927	50 to 54	466	963	645	1088
55 to 59	493	1023	643	1135	55 to 59	579	1201	751	1332
60 to 64	642	1284	792	1426	60 to 64	756	1504	929	1673
65+	792	1765	945	1854	65+	927	2070	1107	2171
65+**	382	1355	535	1444	65+**	445	1587	625	1689
Shield Spectrum PPO(SM) Plan 2000 Value*					Shield Spectrum PPO(SM) Plan 750 Value*				
0 to 29	118	320	268	415	0 to 29	210	576	477	741
30 to 39	143	351	297	478	30 to 39	253	630	533	856
40 to 49	198	409	306	522	40 to 49	357	729	549	936
50 to 54	265	545	365	615	50 to 54	472	979	654	1103
55 to 59	329	677	428	754	55 to 59	587	1218	761	1351
60 to 64	426	853	527	951	60 to 64	762	1524	945	1698
65+	528	1172	628	1233	65+	945	2099	1125	2204
65+**	252	896	351	957	65+**	451	1606	631	1710

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Base PPO 50, PPO 40, PPO 30; 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.

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).

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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 Value*					Shield Spectrum PPO(SM) Plan 250 Standard				
0 to 29	215	583	492	756	0 to 29	338	923	770	1194
30 to 39	263	645	546	875	30 to 39	410	1016	859	1376
40 to 49	362	743	558	951	40 to 49	571	1173	884	1497
50 to 54	483	996	665	1125	50 to 54	761	1567	1049	1774
55 to 59	598	1242	781	1378	55 to 59	948	1960	1229	2176
60 to 64	779	1557	962	1731	60 to 64	1233	2457	1520	2736
65+	961	2142	1148	2252	65+	1520	3382	1814	3555
65+**	464	1646	651	1755	65+**	729	2591	1023	2763
Shield Spectrum PPO(SM) Plan 1000					Shield Spectrum PPO(SM) Plan 250 Premier				
0 to 29	265	726	608	940	0 to 29	379	1036	867	1340
30 to 39	326	801	676	1083	30 to 39	462	1141	967	1547
40 to 49	451	920	697	1179	40 to 49	644	1317	990	1682
50 to 54	601	1235	827	1395	50 to 54	857	1760	1179	1989
55 to 59	747	1543	966	1711	55 to 59	1062	2201	1381	2441
60 to 64	970	1932	1194	2150	60 to 64	1385	2757	1703	3069
65+	1194	2659	1427	2799	65+	1701	3794	2034	3987
65+**	573	2038	806	2178	65+**	817	2910	1150	3103
Shield Spectrum PPO(SM) Plan 500 Standard*					Shield Spectrum PPO(SM) Plan, Zero Deductible				
0 to 29	273	747	626	966	0 to 29	462	1253	1052	1625
30 to 39	332	820	693	1111	30 to 39	561	1381	1173	1872
40 to 49	464	951	718	1215	40 to 49	780	1595	1201	2043
50 to 54	618	1276	853	1437	50 to 54	1038	2137	1432	2415
55 to 59	767	1585	994	1763	55 to 59	1290	2665	1674	2961
60 to 64	999	1990	1233	2214	60 to 64	1682	3345	2065	3722
65+	1227	2738	1469	2878	65+	2069	4603	2467	4839
65+**	591	2102	833	2241	65+**	991	3526	1390	3762
Shield Spectrum PPO(SM) Plan 500 Premier					Shield Savings(SM) QS 4800*				
0 to 29	298	820	688	1062	0 to 29	135	368	307	477
30 to 39	365	903	768	1225	30 to 39	162	405	344	551
40 to 49	509	1042	785	1334	40 to 49	230	468	354	600
50 to 54	679	1398	937	1578	50 to 54	312	642	422	710
55 to 59	844	1744	1095	1936	55 to 59	386	801	490	870
60 to 64	1097	2186	1351	2430	60 to 64	502	999	604	1091
65+	1349	3006	1614	3161	65+	617	1377	725	1419
65+**	648	2304	913	2460	65+**	295	1054	403	1097

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Base PPO 50, PPO 40, PPO 30; 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 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) QS 3000/6000					Shield Savings(SM) QS 2000/4000				
0 to 29	162	433	364	563	0 to 29	200	551	460	715
30 to 39	193	479	405	650	30 to 39	247	607	514	821
40 to 49	270	552	414	708	40 to 49	342	701	530	899
50 to 54	365	756	496	839	50 to 54	468	961	632	1065
55 to 59	456	945	577	1024	55 to 59	579	1201	737	1304
60 to 64	593	1181	715	1289	60 to 64	750	1504	909	1637
65+	731	1626	854	1674	65+	928	2068	1088	2131
65+**	351	1245	473	1294	65+**	444	1584	603	1647
Shield Savings(SM) 4800*					Shield Savings(SM) 2250/4500¹				
0 to 29	156	423	353	547	0 to 29	227	618	515	802
30 to 39	186	466	396	631	30 to 39	276	681	579	927
40 to 49	264	536	405	688	40 to 49	384	786	596	1008
50 to 54	357	738	483	815	50 to 54	524	1079	709	1193
55 to 59	442	918	563	998	55 to 59	650	1343	828	1463
60 to 64	576	1146	694	1252	60 to 64	845	1682	1021	1836
65+	710	1579	831	1628	65+	1040	2318	1216	2388
65+**	339	1208	460	1257	65+**	502	1780	678	1850
Shield Savings(SM) 2500*					Shield Savings(SM) 2000/4000*				
0 to 29	182	508	426	658	0 to 29	283	783	657	1018
30 to 39	230	559	472	758	30 to 39	352	864	733	1172
40 to 49	317	648	489	828	40 to 49	487	998	754	1281
50 to 54	428	884	585	985	50 to 54	663	1368	899	1516
55 to 59	533	1107	683	1203	55 to 59	825	1708	1050	1857
60 to 64	694	1387	837	1512	60 to 64	1069	2141	1294	2331
65+	858	1907	1002	1966	65+	1322	2943	1548	3033
65+**	411	1459	555	1519	65+**	631	2253	857	2342
Shield Savings(SM) 3000/6000*					Shield Savings(SM) 1800/3600* ¹				
0 to 29	207	554	465	719	0 to 29	326	898	754	1168
30 to 39	245	612	516	828	30 to 39	404	992	840	1342
40 to 49	343	706	531	906	40 to 49	558	1143	865	1466
50 to 54	468	967	634	1073	50 to 54	760	1567	1031	1740
55 to 59	582	1207	738	1310	55 to 59	945	1959	1203	2128
60 to 64	758	1510	917	1648	60 to 64	1225	2456	1485	2673
65+	934	2079	1092	2140	65+	1516	3374	1774	3477
65+**	450	1595	608	1656	65+**	723	2581	981	2684

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Base PPO 50, PPO 40, PPO 30; 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.

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).

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Region VII Risk Adjustment Factor 0.90

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Active Choice® Plan 500 SG*				
0 to 29	234	648	544	841
30 to 39	288	717	605	972
40 to 49	405	827	624	1057
50 to 54	536	1106	741	1251
55 to 59	669	1382	865	1535
60 to 64	868	1730	1070	1925
65+	1069	2382	1278	2504
65+**	513	1826	721	1948
Active Choice® Plan 750 SG*				
0 to 29	268	729	611	945
30 to 39	321	801	679	1087
40 to 49	453	927	702	1186
50 to 54	603	1240	834	1405
55 to 59	750	1548	971	1723
60 to 64	976	1944	1202	2160
65+	1202	2677	1434	2812
65+**	577	2052	810	2187

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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
Access+ HMO® Plan 40*					Access+ HMO® Plan 20*				
0 to 29	264	643	628	973	0 to 29	319	778	762	1182
30 to 39	308	678	675	1063	30 to 39	375	827	821	1284
40 to 49	370	841	692	1146	40 to 49	447	1017	839	1387
50 to 54	473	979	737	1319	50 to 54	572	1183	890	1598
55 to 59	618	1298	870	1506	55 to 59	746	1570	1058	1815
60 to 64	801	1528	1056	1815	60 to 64	969	1851	1277	2195
65+	1062	2113	1357	2468	65+	1284	2559	1637	2985
65+**	598	1648	892	2004	65+**	722	1997	1074	2423
Access+ HMO® Plan 25*					Access+ HMO® Plan 15*				
0 to 29	291	699	685	1059	0 to 29	351	841	828	1282
30 to 39	336	739	737	1153	30 to 39	407	896	892	1394
40 to 49	404	910	750	1245	40 to 49	487	1104	906	1503
50 to 54	517	1062	800	1430	50 to 54	624	1284	967	1730
55 to 59	670	1410	948	1632	55 to 59	808	1702	1146	1974
60 to 64	868	1659	1149	1969	60 to 64	1051	2007	1388	2381
65+	1153	2292	1473	2683	65+	1393	2773	1777	3237
65+**	649	1788	968	2178	65+**	786	2166	1170	2630
Access+ HMO® Plan 30*					Access+ HMO® Plan 10*				
0 to 29	306	731	714	1110	0 to 29	364	876	860	1332
30 to 39	351	774	770	1203	30 to 39	422	930	925	1451
40 to 49	424	954	783	1298	40 to 49	509	1150	949	1568
50 to 54	538	1111	835	1496	50 to 54	650	1338	1006	1804
55 to 59	700	1470	989	1705	55 to 59	844	1772	1195	2053
60 to 64	908	1732	1198	2055	60 to 64	1094	2090	1446	2475
65+	1203	2394	1533	2801	65+	1451	2884	1852	3370
65+**	677	1869	1008	2275	65+**	813	2247	1214	2732
Access+ HMO® Plan 20 Value*					Access+ HMO® Plan 5*				
0 to 29	321	774	756	1175	0 to 29	423	1008	989	1530
30 to 39	373	817	813	1276	30 to 39	486	1066	1061	1663
40 to 49	448	1009	830	1377	40 to 49	580	1316	1086	1801
50 to 54	573	1178	884	1585	50 to 54	745	1532	1152	2067
55 to 59	740	1559	1048	1803	55 to 59	967	2036	1373	2356
60 to 64	963	1834	1270	2178	60 to 64	1258	2400	1660	2848
65+	1276	2536	1627	2966	65+	1663	3315	2125	3869
65+**	716	1976	1068	2406	65+**	937	2588	1398	3143

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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
Local Access+ HMO® Plan 40*					Local Access+ HMO® Plan 20*				
0 to 29	248	604	590	915	0 to 29	300	732	716	1111
30 to 39	290	637	634	999	30 to 39	352	777	771	1207
40 to 49	348	790	650	1077	40 to 49	421	956	789	1303
50 to 54	445	921	693	1240	50 to 54	538	1112	837	1502
55 to 59	580	1220	818	1416	55 to 59	701	1476	995	1706
60 to 64	752	1436	993	1705	60 to 64	911	1739	1200	2062
65+	998	1986	1275	2320	65+	1207	2405	1539	2805
65+**	561	1549	838	1883	65+**	678	1876	1010	2276
Local Access+ HMO® Plan 25*					Local Access+ HMO® Plan 15*				
0 to 29	274	657	643	997	0 to 29	330	790	779	1205
30 to 39	316	695	694	1084	30 to 39	382	842	839	1310
40 to 49	380	855	705	1170	40 to 49	458	1037	852	1413
50 to 54	486	998	751	1343	50 to 54	587	1207	909	1626
55 to 59	629	1325	892	1534	55 to 59	759	1600	1077	1855
60 to 64	817	1559	1079	1852	60 to 64	988	1887	1304	2238
65+	1084	2154	1384	2522	65+	1309	2607	1671	3043
65+**	609	1679	909	2047	65+**	738	2036	1100	2472
Local Access+ HMO® Plan 30*					Local Access+ HMO® Plan 10*				
0 to 29	288	687	672	1043	0 to 29	342	824	808	1252
30 to 39	330	728	723	1131	30 to 39	396	874	870	1363
40 to 49	398	897	736	1220	40 to 49	479	1081	892	1474
50 to 54	505	1044	785	1407	50 to 54	611	1258	945	1696
55 to 59	658	1381	930	1603	55 to 59	793	1665	1124	1929
60 to 64	854	1628	1126	1931	60 to 64	1029	1965	1359	2327
65+	1131	2251	1441	2632	65+	1363	2711	1740	3167
65+**	637	1757	947	2138	65+**	765	2113	1142	2569
Local Access+ HMO® Plan 20 Value*					Local Access+ HMO® Plan 5*				
0 to 29	302	728	711	1104	0 to 29	397	947	930	1437
30 to 39	351	768	764	1199	30 to 39	457	1002	998	1564
40 to 49	422	948	780	1294	40 to 49	545	1237	1020	1693
50 to 54	539	1107	830	1489	50 to 54	700	1440	1083	1943
55 to 59	695	1466	985	1695	55 to 59	909	1913	1290	2214
60 to 64	905	1723	1193	2048	60 to 64	1183	2255	1560	2677
65+	1199	2384	1530	2788	65+	1564	3116	1998	3638
65+**	675	1859	1005	2264	65+**	881	2433	1315	2955

*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, Riverside, San Mateo, Sacramento, Kern, and Ventura counties, as well as in all of San Luis Obispo, Santa Clara, Santa Cruz, and Yolo counties. Please review the Benefit Summary Guide for detailed information regarding the Local Access+ HMO service area. Local Access+ HMO products are offered as standalone, Dual Choice, as part of our Suite Deal package and with PlanSelect. Local Access+ HMO plans may not be offered alongside any Blue Shield full network HMO or POS product (except Access Baja HMO).

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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
Added Advantage POS(SM) Plan*				
0 to 29	387	932	909	1412
30 to 39	448	983	978	1535
40 to 49	538	1218	1000	1663
50 to 54	690	1414	1066	1908
55 to 59	892	1878	1264	2175
60 to 64	1158	2215	1530	2626
65+	1534	3057	1960	3573
65+**	861	2384	1286	2899

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Base PPO 50*					Shield Spectrum PPO(SM) Plan 1500 Value*				
0 to 29	145	396	333	513	0 to 29	160	437	363	562
30 to 39	179	438	371	594	30 to 39	192	479	405	651
40 to 49	246	504	379	646	40 to 49	270	556	416	711
50 to 54	329	677	451	765	50 to 54	360	743	496	839
55 to 59	407	844	531	937	55 to 59	446	924	581	1027
60 to 64	529	1058	653	1176	60 to 64	580	1162	716	1291
65+	653	1456	780	1530	65+	720	1598	852	1680
65+**	314	1118	442	1192	65+**	343	1221	475	1302
Base PPO 40*					Shield Spectrum PPO(SM) Plan 1000 Value*				
0 to 29	163	444	373	575	0 to 29	200	546	452	705
30 to 39	200	490	415	665	30 to 39	240	600	505	813
40 to 49	275	565	425	723	40 to 49	340	694	519	885
50 to 54	367	758	505	855	50 to 54	452	929	622	1051
55 to 59	455	944	594	1048	55 to 59	558	1157	725	1283
60 to 64	593	1186	732	1317	60 to 64	728	1451	898	1613
65+	732	1630	874	1714	65+	896	1999	1071	2098
65+**	352	1251	495	1335	65+**	429	1532	604	1631
Base PPO 30*					Shield Spectrum PPO(SM) Plan 3000* ¹				
0 to 29	186	506	427	656	0 to 29	220	598	494	771
30 to 39	229	561	474	759	30 to 39	261	658	553	888
40 to 49	314	645	485	827	40 to 49	372	755	569	970
50 to 54	420	866	578	978	50 to 54	491	1017	680	1148
55 to 59	520	1079	678	1198	55 to 59	611	1267	792	1405
60 to 64	677	1355	836	1505	60 to 64	797	1587	980	1765
65+	836	1863	998	1957	65+	979	2184	1169	2291
65+**	403	1430	564	1524	65+**	469	1675	659	1782
Shield Spectrum PPO(SM) Plan 2000 Value*					Shield Spectrum PPO(SM) Plan 750 Value*				
0 to 29	124	337	282	438	0 to 29	221	607	503	782
30 to 39	150	370	314	504	30 to 39	267	664	562	903
40 to 49	209	431	322	551	40 to 49	376	770	580	987
50 to 54	279	575	385	649	50 to 54	498	1033	690	1164
55 to 59	347	714	451	795	55 to 59	619	1285	803	1426
60 to 64	449	900	556	1003	60 to 64	804	1608	997	1792
65+	557	1237	662	1302	65+	997	2215	1187	2326
65+**	265	945	371	1010	65+**	476	1695	666	1805

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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 Value*					Shield Spectrum PPO(SM) Plan 250 Standard				
0 to 29	226	615	519	798	0 to 29	356	974	812	1260
30 to 39	277	680	576	923	30 to 39	432	1072	906	1452
40 to 49	382	784	589	1003	40 to 49	602	1238	933	1580
50 to 54	509	1051	701	1187	50 to 54	803	1654	1107	1872
55 to 59	631	1310	824	1454	55 to 59	1000	2068	1297	2296
60 to 64	822	1644	1015	1827	60 to 64	1301	2594	1604	2887
65+	1014	2261	1211	2377	65+	1604	3569	1914	3752
65+**	489	1737	687	1853	65+**	769	2734	1079	2917
Shield Spectrum PPO(SM) Plan 1000					Shield Spectrum PPO(SM) Plan 250 Premier				
0 to 29	279	766	641	992	0 to 29	400	1093	915	1414
30 to 39	344	845	713	1143	30 to 39	487	1204	1020	1632
40 to 49	476	971	735	1244	40 to 49	679	1390	1045	1775
50 to 54	634	1303	872	1473	50 to 54	904	1857	1245	2099
55 to 59	789	1628	1019	1806	55 to 59	1121	2323	1457	2576
60 to 64	1023	2039	1260	2269	60 to 64	1461	2910	1797	3240
65+	1260	2806	1506	2954	65+	1795	4004	2146	4208
65+**	604	2151	850	2298	65+**	862	3071	1213	3275
Shield Spectrum PPO(SM) Plan 500 Standard*					Shield Spectrum PPO(SM) Plan, Zero Deductible				
0 to 29	288	788	660	1019	0 to 29	487	1322	1110	1715
30 to 39	350	865	732	1172	30 to 39	592	1457	1238	1975
40 to 49	489	1003	757	1282	40 to 49	823	1683	1267	2156
50 to 54	652	1346	900	1516	50 to 54	1095	2255	1511	2549
55 to 59	809	1673	1049	1860	55 to 59	1361	2813	1766	3126
60 to 64	1054	2100	1302	2337	60 to 64	1775	3530	2179	3928
65+	1295	2890	1550	3037	65+	2183	4858	2604	5107
65+**	623	2218	879	2366	65+**	1046	3721	1467	3970
Shield Spectrum PPO(SM) Plan 500 Premier					Shield Savings(SM) QS 4800*				
0 to 29	314	865	726	1120	0 to 29	143	388	324	503
30 to 39	385	953	810	1293	30 to 39	171	428	363	581
40 to 49	537	1099	828	1408	40 to 49	242	493	373	633
50 to 54	716	1475	989	1665	50 to 54	329	677	445	749
55 to 59	890	1840	1155	2043	55 to 59	407	845	517	918
60 to 64	1157	2307	1426	2564	60 to 64	529	1055	637	1151
65+	1423	3172	1703	3336	65+	651	1453	765	1497
65+**	683	2432	963	2596	65+**	311	1112	425	1157

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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) QS 3000/6000					Shield Savings(SM) QS 2000/4000				
0 to 29	171	457	384	594	0 to 29	211	581	485	754
30 to 39	203	505	427	686	30 to 39	260	640	542	866
40 to 49	284	582	437	747	40 to 49	360	739	559	948
50 to 54	385	797	523	885	50 to 54	494	1014	667	1124
55 to 59	481	997	609	1080	55 to 59	611	1267	777	1376
60 to 64	625	1246	754	1360	60 to 64	791	1587	959	1727
65+	771	1716	901	1767	65+	979	2182	1148	2249
65+**	370	1314	499	1365	65+**	468	1671	637	1738
Shield Savings(SM) 4800*					Shield Savings(SM) 2250/4500¹				
0 to 29	164	446	372	577	0 to 29	239	652	543	846
30 to 39	196	491	418	666	30 to 39	291	718	611	978
40 to 49	278	565	428	726	40 to 49	405	829	629	1063
50 to 54	376	778	509	860	50 to 54	553	1138	748	1259
55 to 59	466	968	594	1053	55 to 59	686	1417	874	1544
60 to 64	607	1209	732	1321	60 to 64	891	1775	1077	1938
65+	749	1666	877	1718	65+	1097	2446	1283	2520
65+**	357	1275	485	1326	65+**	529	1878	715	1952
Shield Savings(SM) 2500*					Shield Savings(SM) 2000/4000*				
0 to 29	192	536	449	694	0 to 29	298	827	694	1074
30 to 39	242	590	498	800	30 to 39	371	912	773	1237
40 to 49	334	684	516	874	40 to 49	514	1053	795	1352
50 to 54	451	933	617	1039	50 to 54	699	1443	948	1600
55 to 59	562	1169	720	1269	55 to 59	870	1802	1108	1960
60 to 64	732	1464	883	1596	60 to 64	1128	2259	1365	2461
65+	905	2012	1057	2075	65+	1395	3107	1633	3201
65+**	433	1540	585	1603	65+**	666	2378	904	2472
Shield Savings(SM) 3000/6000*					Shield Savings(SM) 1800/3600* ¹				
0 to 29	218	584	490	758	0 to 29	344	947	795	1232
30 to 39	258	645	544	873	30 to 39	426	1047	886	1416
40 to 49	362	745	560	956	40 to 49	588	1207	913	1547
50 to 54	494	1020	669	1132	50 to 54	802	1654	1088	1836
55 to 59	614	1274	778	1382	55 to 59	998	2067	1269	2246
60 to 64	800	1593	967	1739	60 to 64	1293	2592	1568	2822
65+	985	2195	1152	2258	65+	1600	3561	1872	3670
65+**	474	1683	641	1747	65+**	763	2724	1036	2833

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Base PPO 50, PPO 40, PPO 30; 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).

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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
Active Choice® Plan 500 SG*				
0 to 29	247	684	574	887
30 to 39	304	756	638	1026
40 to 49	428	872	658	1115
50 to 54	565	1167	782	1320
55 to 59	706	1458	913	1620
60 to 64	916	1826	1129	2031
65+	1128	2514	1348	2643
65+**	541	1927	761	2056
Active Choice® Plan 750 SG*				
0 to 29	282	769	644	997
30 to 39	338	845	716	1147
40 to 49	478	978	740	1251
50 to 54	637	1308	880	1483
55 to 59	791	1634	1024	1818
60 to 64	1030	2051	1268	2279
65+	1268	2825	1513	2968
65+**	609	2166	854	2309

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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	278	677	661	1024	0 to 29	336	819	802	1244
30 to 39	324	714	710	1119	30 to 39	395	870	864	1352
40 to 49	389	885	728	1206	40 to 49	471	1070	883	1460
50 to 54	498	1031	776	1388	50 to 54	602	1245	937	1682
55 to 59	650	1366	916	1585	55 to 59	785	1653	1114	1911
60 to 64	843	1608	1112	1910	60 to 64	1020	1948	1344	2310
65+	1118	2224	1428	2598	65+	1352	2694	1723	3142
65+**	629	1735	939	2109	65+**	760	2102	1131	2550
Access+ HMO® Plan 25*					Access+ HMO® Plan 15*				
0 to 29	306	736	721	1115	0 to 29	369	885	872	1349
30 to 39	354	778	776	1214	30 to 39	428	943	939	1467
40 to 49	425	958	789	1311	40 to 49	513	1162	954	1582
50 to 54	544	1118	842	1505	50 to 54	657	1352	1018	1821
55 to 59	705	1484	998	1718	55 to 59	850	1792	1206	2078
60 to 64	914	1746	1209	2073	60 to 64	1106	2113	1461	2506
65+	1214	2413	1550	2824	65+	1466	2919	1871	3407
65+**	683	1882	1019	2293	65+**	827	2280	1232	2768
Access+ HMO® Plan 30*					Access+ HMO® Plan 10*				
0 to 29	322	769	752	1168	0 to 29	383	922	905	1402
30 to 39	369	815	810	1266	30 to 39	444	979	974	1527
40 to 49	446	1004	824	1366	40 to 49	536	1211	999	1651
50 to 54	566	1169	879	1575	50 to 54	684	1408	1059	1899
55 to 59	737	1547	1041	1795	55 to 59	888	1865	1258	2161
60 to 64	956	1823	1261	2163	60 to 64	1152	2200	1522	2605
65+	1266	2520	1614	2948	65+	1527	3036	1949	3547
65+**	713	1967	1061	2395	65+**	856	2365	1278	2876
Access+ HMO® Plan 20 Value*					Access+ HMO® Plan 5*				
0 to 29	338	815	796	1237	0 to 29	445	1061	1041	1610
30 to 39	393	860	856	1343	30 to 39	512	1122	1117	1751
40 to 49	472	1062	874	1449	40 to 49	611	1385	1143	1896
50 to 54	603	1240	930	1668	50 to 54	784	1613	1213	2176
55 to 59	779	1641	1103	1898	55 to 59	1018	2143	1445	2480
60 to 64	1014	1930	1337	2293	60 to 64	1324	2526	1747	2998
65+	1343	2669	1713	3122	65+	1751	3489	2237	4073
65+**	754	2080	1124	2533	65+**	986	2724	1472	3308

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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
Local Access+ HMO® Plan 40*					Local Access+ HMO® Plan 20*				
0 to 29	261	636	621	963	0 to 29	316	770	754	1169
30 to 39	305	671	667	1052	30 to 39	371	818	812	1271
40 to 49	366	832	684	1134	40 to 49	443	1006	830	1372
50 to 54	468	969	729	1305	50 to 54	566	1170	881	1581
55 to 59	611	1284	861	1490	55 to 59	738	1554	1047	1796
60 to 64	792	1512	1045	1795	60 to 64	959	1831	1263	2171
65+	1051	2091	1342	2442	65+	1271	2532	1620	2953
65+**	591	1631	882	1982	65+**	714	1975	1063	2396
Local Access+ HMO® Plan 25*					Local Access+ HMO® Plan 15*				
0 to 29	288	692	677	1049	0 to 29	347	832	820	1268
30 to 39	333	732	730	1141	30 to 39	402	886	883	1379
40 to 49	400	900	742	1232	40 to 49	482	1092	897	1487
50 to 54	512	1051	791	1414	50 to 54	618	1271	957	1712
55 to 59	662	1395	939	1615	55 to 59	799	1684	1134	1953
60 to 64	860	1641	1136	1949	60 to 64	1040	1986	1373	2356
65+	1141	2267	1457	2655	65+	1378	2744	1759	3203
65+**	641	1767	957	2155	65+**	777	2143	1158	2602
Local Access+ HMO® Plan 30*					Local Access+ HMO® Plan 10*				
0 to 29	303	723	707	1098	0 to 29	360	867	851	1318
30 to 39	347	766	761	1190	30 to 39	417	920	916	1435
40 to 49	419	944	775	1284	40 to 49	504	1138	939	1552
50 to 54	532	1099	826	1481	50 to 54	643	1324	995	1785
55 to 59	693	1454	979	1687	55 to 59	835	1753	1183	2031
60 to 64	899	1714	1185	2033	60 to 64	1083	2068	1431	2449
65+	1190	2369	1517	2771	65+	1435	2854	1832	3334
65+**	670	1849	997	2251	65+**	805	2224	1202	2704
Local Access+ HMO® Plan 20 Value*					Local Access+ HMO® Plan 5*				
0 to 29	318	766	748	1162	0 to 29	418	997	979	1513
30 to 39	369	808	804	1262	30 to 39	481	1055	1050	1646
40 to 49	444	998	821	1362	40 to 49	574	1302	1074	1782
50 to 54	567	1165	874	1567	50 to 54	737	1516	1140	2045
55 to 59	732	1543	1037	1784	55 to 59	957	2014	1358	2331
60 to 64	953	1814	1256	2156	60 to 64	1245	2374	1642	2818
65+	1262	2509	1610	2935	65+	1646	3280	2103	3829
65+**	710	1957	1058	2383	65+**	927	2561	1384	3110

*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, Riverside, San Mateo, Sacramento, Kern, and Ventura counties, as well as in all of San Luis Obispo, Santa Clara, Santa Cruz, and Yolo counties. Please review the Benefit Summary Guide for detailed information regarding the Local Access+ HMO service area. Local Access+ HMO products are offered as standalone, Dual Choice, as part of our Suite Deal package and with PlanSelect. Local Access+ HMO plans may not be offered alongside any Blue Shield full network HMO or POS product (except Access Baja HMO).

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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
Added Advantage POS(SM) Plan*				
0 to 29	407	981	957	1486
30 to 39	472	1035	1029	1616
40 to 49	566	1282	1053	1750
50 to 54	726	1488	1122	2008
55 to 59	939	1977	1331	2289
60 to 64	1219	2332	1610	2764
65+	1615	3218	2063	3761
65+**	906	2509	1354	3052

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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
Base PPO 50*						Shield Spectrum PPO(SM) Plan 1500 Value*					
	0 to 29	153	417	351	540		0 to 29	168	460	382	592
	30 to 39	188	461	390	625		30 to 39	202	504	426	685
	40 to 49	259	531	399	680		40 to 49	284	585	438	748
	50 to 54	346	713	475	805		50 to 54	379	782	522	883
	55 to 59	428	888	559	986		55 to 59	469	973	612	1081
	60 to 64	557	1114	687	1238		60 to 64	610	1223	754	1359
	65+	687	1533	821	1611		65+	758	1682	897	1768
	65+**	331	1177	465	1255		65+**	361	1285	500	1371
Base PPO 40*						Shield Spectrum PPO(SM) Plan 1000 Value*					
	0 to 29	172	467	393	605		0 to 29	210	575	476	742
	30 to 39	210	516	437	700		30 to 39	253	632	532	856
	40 to 49	289	595	447	761		40 to 49	358	730	546	932
	50 to 54	386	798	532	900		50 to 54	476	978	655	1106
	55 to 59	479	994	625	1103		55 to 59	587	1218	763	1351
	60 to 64	624	1248	770	1386		60 to 64	766	1527	945	1698
	65+	770	1716	920	1804		65+	943	2104	1127	2208
	65+**	371	1317	521	1405		65+**	452	1613	636	1717
Base PPO 30*						Shield Spectrum PPO(SM) Plan 3000* 1					
	0 to 29	196	533	449	691		0 to 29	232	629	520	812
	30 to 39	241	590	499	799		30 to 39	275	693	582	935
	40 to 49	331	679	510	870		40 to 49	392	795	599	1021
	50 to 54	442	912	608	1029		50 to 54	517	1070	716	1208
	55 to 59	547	1136	714	1261		55 to 59	643	1334	834	1479
	60 to 64	713	1426	880	1584		60 to 64	839	1671	1032	1858
	65+	880	1961	1050	2060		65+	1030	2299	1230	2412
	65+**	424	1505	594	1604		65+**	494	1763	694	1876
Shield Spectrum PPO(SM) Plan 2000 Value*						Shield Spectrum PPO(SM) Plan 750 Value*					
	0 to 29	131	355	297	461		0 to 29	233	639	529	823
	30 to 39	158	389	330	531		30 to 39	281	699	592	951
	40 to 49	220	454	339	580		40 to 49	396	810	610	1039
	50 to 54	294	605	405	683		50 to 54	524	1087	726	1225
	55 to 59	365	752	475	837		55 to 59	652	1353	845	1501
	60 to 64	473	947	585	1056		60 to 64	846	1693	1049	1886
	65+	586	1302	697	1370		65+	1049	2332	1249	2448
	65+**	279	995	390	1063		65+**	501	1784	701	1900

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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 Value*					Shield Spectrum PPO(SM) Plan 250 Standard				
0 to 29	238	647	546	840	0 to 29	375	1025	855	1326
30 to 39	292	716	606	972	30 to 39	455	1128	954	1528
40 to 49	402	825	620	1056	40 to 49	634	1303	982	1663
50 to 54	536	1106	738	1249	50 to 54	845	1741	1165	1971
55 to 59	664	1379	867	1531	55 to 59	1053	2177	1365	2417
60 to 64	865	1730	1068	1923	60 to 64	1369	2730	1688	3039
65+	1067	2380	1275	2502	65+	1688	3757	2015	3949
65+**	515	1828	723	1950	65+**	809	2878	1136	3070
Shield Spectrum PPO(SM) Plan 1000					Shield Spectrum PPO(SM) Plan 250 Premier				
0 to 29	294	806	675	1044	0 to 29	421	1151	963	1488
30 to 39	362	889	751	1203	30 to 39	513	1267	1074	1718
40 to 49	501	1022	774	1309	40 to 49	715	1463	1100	1868
50 to 54	667	1372	918	1550	50 to 54	952	1955	1310	2209
55 to 59	830	1714	1073	1901	55 to 59	1180	2445	1534	2712
60 to 64	1077	2146	1326	2388	60 to 64	1538	3063	1892	3410
65+	1326	2954	1585	3109	65+	1889	4215	2259	4429
65+**	636	2264	895	2419	65+**	907	3233	1277	3447
Shield Spectrum PPO(SM) Plan 500 Standard*					Shield Spectrum PPO(SM) Plan, Zero Deductible				
0 to 29	303	829	695	1073	0 to 29	513	1392	1168	1805
30 to 39	368	911	770	1234	30 to 39	623	1534	1303	2079
40 to 49	515	1056	797	1349	40 to 49	866	1772	1334	2269
50 to 54	686	1417	947	1596	50 to 54	1153	2374	1591	2683
55 to 59	852	1761	1104	1958	55 to 59	1433	2961	1859	3290
60 to 64	1109	2211	1370	2460	60 to 64	1868	3716	2294	4135
65+	1363	3042	1632	3197	65+	2298	5114	2741	5376
65+**	656	2335	925	2490	65+**	1101	3917	1544	4179
Shield Spectrum PPO(SM) Plan 500 Premier					Shield Savings(SM) QS 4800*				
0 to 29	331	911	764	1179	0 to 29	150	408	341	529
30 to 39	405	1003	853	1361	30 to 39	180	450	382	612
40 to 49	565	1157	872	1482	40 to 49	255	519	393	666
50 to 54	754	1553	1041	1753	50 to 54	346	713	468	788
55 to 59	937	1937	1216	2151	55 to 59	428	889	544	966
60 to 64	1218	2428	1501	2699	60 to 64	557	1110	671	1212
65+	1498	3339	1793	3512	65+	685	1529	805	1576
65+**	719	2560	1014	2733	65+**	327	1171	447	1218

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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) QS 3000/6000					Shield Savings(SM) QS 2000/4000				
0 to 29	180	481	404	625	0 to 29	222	612	511	794
30 to 39	214	532	449	722	30 to 39	274	674	571	912
40 to 49	299	613	460	786	40 to 49	379	778	588	998
50 to 54	405	839	551	932	50 to 54	520	1067	702	1183
55 to 59	506	1049	641	1137	55 to 59	643	1334	818	1448
60 to 64	658	1312	794	1432	60 to 64	833	1671	1009	1818
65+	812	1806	948	1860	65+	1031	2297	1208	2367
65+**	389	1383	525	1437	65+**	493	1759	670	1829
Shield Savings(SM) 4800*					Shield Savings(SM) 2250/4500¹				
0 to 29	173	469	392	607	0 to 29	252	686	572	891
30 to 39	206	517	440	701	30 to 39	306	756	643	1029
40 to 49	293	595	450	764	40 to 49	426	873	662	1119
50 to 54	396	819	536	905	50 to 54	582	1198	787	1325
55 to 59	491	1019	625	1108	55 to 59	722	1492	920	1625
60 to 64	639	1273	771	1391	60 to 64	938	1868	1134	2040
65+	788	1754	923	1808	65+	1155	2575	1351	2653
65+**	376	1342	511	1396	65+**	557	1977	753	2055
Shield Savings(SM) 2500*					Shield Savings(SM) 2000/4000*				
0 to 29	202	564	473	731	0 to 29	314	870	730	1131
30 to 39	255	621	524	842	30 to 39	391	960	814	1302
40 to 49	352	720	543	920	40 to 49	541	1108	837	1423
50 to 54	475	982	649	1094	50 to 54	736	1519	998	1684
55 to 59	592	1230	758	1336	55 to 59	916	1897	1166	2063
60 to 64	771	1541	929	1680	60 to 64	1187	2378	1437	2590
65+	953	2118	1113	2184	65+	1468	3270	1719	3369
65+**	456	1621	616	1687	65+**	701	2503	952	2602
Shield Savings(SM) 3000/6000*					Shield Savings(SM) 1800/3600* ¹				
0 to 29	229	615	516	798	0 to 29	362	997	837	1297
30 to 39	272	679	573	919	30 to 39	448	1102	933	1491
40 to 49	381	784	589	1006	40 to 49	619	1270	961	1628
50 to 54	520	1074	704	1192	50 to 54	844	1741	1145	1933
55 to 59	646	1341	819	1455	55 to 59	1050	2176	1336	2364
60 to 64	842	1677	1018	1831	60 to 64	1361	2728	1650	2970
65+	1037	2310	1213	2377	65+	1684	3748	1971	3863
65+**	499	1772	675	1839	65+**	803	2867	1090	2982

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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
Active Choice® Plan 500 SG*				
0 to 29	260	720	604	934
30 to 39	320	796	672	1080
40 to 49	450	918	693	1174
50 to 54	595	1228	823	1389
55 to 59	743	1535	961	1705
60 to 64	964	1922	1188	2138
65+	1187	2646	1419	2782
65+**	569	2028	801	2164
Active Choice® Plan 750 SG*				
0 to 29	297	809	678	1049
30 to 39	356	889	754	1207
40 to 49	503	1029	779	1317
50 to 54	670	1377	926	1561
55 to 59	833	1720	1078	1914
60 to 64	1084	2159	1335	2399
65+	1335	2974	1593	3124
65+**	641	2280	899	2430

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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	292	711	694	1075	0 to 29	353	860	842	1306
30 to 39	340	750	746	1175	30 to 39	415	914	907	1420
40 to 49	408	929	764	1266	40 to 49	495	1124	927	1533
50 to 54	523	1083	815	1457	50 to 54	632	1307	984	1766
55 to 59	683	1434	962	1664	55 to 59	824	1736	1170	2007
60 to 64	885	1688	1168	2006	60 to 64	1071	2045	1411	2426
65+	1174	2335	1499	2728	65+	1420	2829	1809	3299
65+**	660	1822	986	2214	65+**	798	2207	1188	2678
Access+ HMO® Plan 25*					Access+ HMO® Plan 15*				
0 to 29	321	773	757	1171	0 to 29	387	929	916	1416
30 to 39	372	817	815	1275	30 to 39	449	990	986	1540
40 to 49	446	1006	828	1377	40 to 49	539	1220	1002	1661
50 to 54	571	1174	884	1580	50 to 54	690	1420	1069	1912
55 to 59	740	1558	1048	1804	55 to 59	893	1882	1266	2182
60 to 64	960	1833	1269	2177	60 to 64	1161	2219	1534	2631
65+	1275	2534	1628	2965	65+	1539	3065	1965	3577
65+**	717	1976	1070	2408	65+**	868	2394	1294	2906
Access+ HMO® Plan 30*					Access+ HMO® Plan 10*				
0 to 29	338	807	790	1226	0 to 29	402	968	950	1472
30 to 39	387	856	851	1329	30 to 39	466	1028	1023	1603
40 to 49	468	1054	865	1434	40 to 49	563	1272	1049	1734
50 to 54	594	1227	923	1654	50 to 54	718	1478	1112	1994
55 to 59	774	1624	1093	1885	55 to 59	932	1958	1321	2269
60 to 64	1004	1914	1324	2271	60 to 64	1210	2310	1598	2735
65+	1329	2646	1695	3095	65+	1603	3188	2046	3724
65+**	749	2065	1114	2515	65+**	899	2483	1342	3020
Access+ HMO® Plan 20 Value*					Access+ HMO® Plan 5*				
0 to 29	355	856	836	1299	0 to 29	467	1114	1093	1691
30 to 39	413	903	899	1410	30 to 39	538	1178	1173	1839
40 to 49	496	1115	918	1521	40 to 49	642	1454	1200	1991
50 to 54	633	1302	977	1751	50 to 54	823	1694	1274	2285
55 to 59	818	1723	1158	1993	55 to 59	1069	2250	1517	2604
60 to 64	1065	2027	1404	2408	60 to 64	1390	2652	1834	3148
65+	1410	2802	1799	3278	65+	1839	3663	2349	4277
65+**	792	2184	1180	2660	65+**	1035	2860	1546	3473

*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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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
Local Access+ HMO® Plan 40*					Local Access+ HMO® Plan 20*				
0 to 29	274	668	652	1011	0 to 29	332	809	792	1227
30 to 39	320	705	700	1105	30 to 39	390	859	853	1335
40 to 49	384	874	718	1191	40 to 49	465	1056	872	1441
50 to 54	491	1017	765	1370	50 to 54	594	1229	925	1660
55 to 59	642	1348	904	1565	55 to 59	775	1632	1099	1886
60 to 64	832	1588	1097	1885	60 to 64	1007	1923	1326	2280
65+	1104	2196	1409	2564	65+	1335	2659	1701	3101
65+**	621	1713	926	2081	65+**	750	2074	1116	2516
Local Access+ HMO® Plan 25*					Local Access+ HMO® Plan 15*				
0 to 29	302	727	711	1101	0 to 29	364	874	861	1331
30 to 39	350	769	767	1198	30 to 39	422	930	927	1448
40 to 49	420	945	779	1294	40 to 49	506	1147	942	1561
50 to 54	538	1104	831	1485	50 to 54	649	1335	1005	1798
55 to 59	695	1465	986	1696	55 to 59	839	1768	1191	2051
60 to 64	903	1723	1193	2046	60 to 64	1092	2085	1442	2474
65+	1198	2380	1530	2788	65+	1447	2881	1847	3363
65+**	673	1855	1005	2263	65+**	816	2250	1216	2732
Local Access+ HMO® Plan 30*					Local Access+ HMO® Plan 10*				
0 to 29	318	759	742	1153	0 to 29	378	910	894	1384
30 to 39	364	804	799	1250	30 to 39	438	966	962	1507
40 to 49	440	991	814	1348	40 to 49	529	1195	986	1630
50 to 54	559	1154	867	1555	50 to 54	675	1390	1045	1874
55 to 59	728	1527	1028	1771	55 to 59	877	1841	1242	2133
60 to 64	944	1800	1244	2135	60 to 64	1137	2171	1503	2571
65+	1250	2487	1593	2910	65+	1507	2997	1924	3501
65+**	704	1941	1047	2364	65+**	845	2335	1262	2839
Local Access+ HMO® Plan 20 Value*					Local Access+ HMO® Plan 5*				
0 to 29	334	804	785	1220	0 to 29	439	1047	1028	1589
30 to 39	387	848	844	1325	30 to 39	505	1108	1103	1728
40 to 49	466	1048	862	1430	40 to 49	603	1367	1128	1871
50 to 54	595	1223	918	1645	50 to 54	774	1592	1197	2147
55 to 59	769	1620	1089	1873	55 to 59	1005	2115	1426	2448
60 to 64	1001	1905	1319	2264	60 to 64	1307	2493	1724	2959
65+	1325	2634	1691	3082	65+	1728	3444	2208	4020
65+**	746	2055	1111	2502	65+**	973	2689	1453	3266

*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, Riverside, San Mateo, Sacramento, Kern, and Ventura counties, as well as in all of San Luis Obispo, Santa Clara, Santa Cruz, and Yolo counties. Please review the Benefit Summary Guide for detailed information regarding the Local Access+ HMO service area. Local Access+ HMO products are offered as standalone, Dual Choice, as part of our Suite Deal package and with PlanSelect. Local Access+ HMO plans may not be offered alongside any Blue Shield full network HMO or POS 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
Added Advantage POS(SM) Plan*				
0 to 29	427	1030	1005	1560
30 to 39	496	1087	1080	1697
40 to 49	594	1346	1106	1838
50 to 54	762	1562	1178	2108
55 to 59	986	2076	1398	2403
60 to 64	1280	2449	1691	2902
65+	1696	3379	2166	3949
65+**	951	2634	1422	3205

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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
Base PPO 50*					Shield Spectrum PPO(SM) Plan 1500 Value*				
0 to 29	161	438	369	567	0 to 29	176	483	401	622
30 to 39	197	484	410	656	30 to 39	212	529	447	719
40 to 49	272	558	419	714	40 to 49	298	614	460	785
50 to 54	363	749	499	845	50 to 54	398	821	548	927
55 to 59	449	932	587	1035	55 to 59	492	1022	643	1135
60 to 64	585	1170	721	1300	60 to 64	641	1284	792	1427
65+	721	1610	862	1692	65+	796	1766	942	1856
65+**	348	1236	488	1318	65+**	379	1349	525	1440
Base PPO 40*					Shield Spectrum PPO(SM) Plan 1000 Value*				
0 to 29	181	490	413	635	0 to 29	221	604	500	779
30 to 39	221	542	459	735	30 to 39	266	664	559	899
40 to 49	303	625	469	799	40 to 49	376	767	573	979
50 to 54	405	838	559	945	50 to 54	500	1027	688	1161
55 to 59	503	1044	656	1158	55 to 59	616	1279	801	1419
60 to 64	655	1310	809	1455	60 to 64	804	1603	992	1783
65+	809	1802	966	1894	65+	990	2209	1183	2318
65+**	390	1383	547	1475	65+**	475	1694	668	1803
Base PPO 30*					Shield Spectrum PPO(SM) Plan 3000* ¹				
0 to 29	206	560	471	726	0 to 29	244	660	546	853
30 to 39	253	620	524	839	30 to 39	289	728	611	982
40 to 49	348	713	536	914	40 to 49	412	835	629	1072
50 to 54	464	958	638	1080	50 to 54	543	1124	752	1268
55 to 59	574	1193	750	1324	55 to 59	675	1401	876	1553
60 to 64	749	1497	924	1663	60 to 64	881	1755	1084	1951
65+	924	2059	1103	2163	65+	1082	2414	1292	2533
65+**	445	1580	624	1684	65+**	519	1851	729	1970
Shield Spectrum PPO(SM) Plan 2000 Value*					Shield Spectrum PPO(SM) Plan 750 Value*				
0 to 29	138	373	312	484	0 to 29	245	671	555	864
30 to 39	166	408	347	558	30 to 39	295	734	622	999
40 to 49	231	477	356	609	40 to 49	416	851	641	1091
50 to 54	309	635	425	717	50 to 54	550	1141	762	1286
55 to 59	383	790	499	879	55 to 59	685	1421	887	1576
60 to 64	497	994	614	1109	60 to 64	888	1778	1101	1980
65+	615	1367	732	1439	65+	1101	2449	1311	2570
65+**	293	1045	410	1116	65+**	526	1873	736	1995

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Base PPO 50, PPO 40, PPO 30; 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).

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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 Value*					Shield Spectrum PPO(SM) Plan 250 Standard				
0 to 29	250	679	573	882	0 to 29	394	1076	898	1392
30 to 39	307	752	636	1021	30 to 39	478	1184	1002	1604
40 to 49	422	866	651	1109	40 to 49	666	1368	1031	1746
50 to 54	563	1161	775	1311	50 to 54	887	1828	1223	2070
55 to 59	697	1448	910	1608	55 to 59	1106	2286	1433	2538
60 to 64	908	1817	1121	2019	60 to 64	1437	2867	1772	3191
65+	1120	2499	1339	2627	65+	1772	3945	2116	4146
65+**	541	1919	759	2048	65+**	849	3022	1193	3224
Shield Spectrum PPO(SM) Plan 1000					Shield Spectrum PPO(SM) Plan 250 Premier				
0 to 29	309	846	709	1096	0 to 29	442	1209	1011	1562
30 to 39	380	933	789	1263	30 to 39	539	1330	1128	1804
40 to 49	526	1073	813	1374	40 to 49	751	1536	1155	1961
50 to 54	700	1441	964	1628	50 to 54	1000	2053	1376	2319
55 to 59	872	1800	1127	1996	55 to 59	1239	2567	1611	2848
60 to 64	1131	2253	1392	2507	60 to 64	1615	3216	1987	3581
65+	1392	3102	1664	3264	65+	1983	4426	2372	4650
65+**	668	2377	940	2540	65+**	952	3395	1341	3619
Shield Spectrum PPO(SM) Plan 500 Standard*					Shield Spectrum PPO(SM) Plan, Zero Deductible				
0 to 29	318	870	730	1127	0 to 29	539	1462	1226	1895
30 to 39	386	957	809	1296	30 to 39	654	1611	1368	2183
40 to 49	541	1109	837	1416	40 to 49	909	1861	1401	2382
50 to 54	720	1488	994	1676	50 to 54	1211	2493	1671	2817
55 to 59	895	1849	1159	2056	55 to 59	1505	3109	1952	3455
60 to 64	1164	2322	1439	2583	60 to 64	1961	3902	2409	4342
65+	1431	3194	1714	3357	65+	2413	5370	2878	5645
65+**	689	2452	971	2615	65+**	1156	4113	1621	4388
Shield Spectrum PPO(SM) Plan 500 Premier					Shield Savings(SM) QS 4800*				
0 to 29	348	957	802	1238	0 to 29	158	428	358	555
30 to 39	425	1053	896	1429	30 to 39	189	473	401	643
40 to 49	593	1215	916	1556	40 to 49	268	545	413	699
50 to 54	792	1631	1093	1841	50 to 54	363	749	491	827
55 to 59	984	2034	1277	2259	55 to 59	449	933	571	1014
60 to 64	1279	2549	1576	2834	60 to 64	585	1166	705	1273
65+	1573	3506	1883	3688	65+	719	1605	845	1655
65+**	755	2688	1065	2870	65+**	343	1230	469	1279

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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 Savings(SM) QS 3000/6000					Shield Savings(SM) QS 2000/4000				
0 to 29	189	505	424	656	0 to 29	233	643	537	834
30 to 39	225	559	471	758	30 to 39	288	708	600	958
40 to 49	314	644	483	825	40 to 49	398	817	617	1048
50 to 54	425	881	579	979	50 to 54	546	1120	737	1242
55 to 59	531	1101	673	1194	55 to 59	675	1401	859	1520
60 to 64	691	1378	834	1504	60 to 64	875	1755	1059	1909
65+	853	1896	995	1953	65+	1083	2412	1268	2485
65+**	408	1452	551	1509	65+**	518	1847	704	1920
Shield Savings(SM) 4800*					Shield Savings(SM) 2250/4500¹				
0 to 29	182	492	412	637	0 to 29	265	720	601	936
30 to 39	216	543	462	736	30 to 39	321	794	675	1080
40 to 49	308	625	473	802	40 to 49	447	917	695	1175
50 to 54	416	860	563	950	50 to 54	611	1258	826	1391
55 to 59	516	1070	656	1163	55 to 59	758	1567	966	1706
60 to 64	671	1337	810	1461	60 to 64	985	1961	1191	2142
65+	827	1842	969	1898	65+	1213	2704	1419	2786
65+**	395	1409	537	1466	65+**	585	2076	791	2158
Shield Savings(SM) 2500*					Shield Savings(SM) 2000/4000*				
0 to 29	212	592	497	768	0 to 29	330	914	767	1188
30 to 39	268	652	550	884	30 to 39	411	1008	855	1367
40 to 49	370	756	570	966	40 to 49	568	1163	879	1494
50 to 54	499	1031	681	1149	50 to 54	773	1595	1048	1768
55 to 59	622	1292	796	1403	55 to 59	962	1992	1224	2166
60 to 64	810	1618	975	1764	60 to 64	1246	2497	1509	2720
65+	1001	2224	1169	2293	65+	1541	3434	1805	3537
65+**	479	1702	647	1771	65+**	736	2628	1000	2732
Shield Savings(SM) 3000/6000*					Shield Savings(SM) 1800/3600* ¹				
0 to 29	240	646	542	838	0 to 29	380	1047	879	1362
30 to 39	286	713	602	965	30 to 39	470	1157	980	1566
40 to 49	400	823	618	1056	40 to 49	650	1334	1009	1709
50 to 54	546	1128	739	1252	50 to 54	886	1828	1202	2030
55 to 59	678	1408	860	1528	55 to 59	1103	2285	1403	2482
60 to 64	884	1761	1069	1923	60 to 64	1429	2864	1733	3119
65+	1089	2426	1274	2496	65+	1768	3935	2070	4056
65+**	524	1861	709	1931	65+**	843	3010	1145	3131

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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
Active Choice® Plan 500 SG*				
0 to 29	273	756	634	981
30 to 39	336	836	706	1134
40 to 49	473	964	728	1233
50 to 54	625	1289	864	1458
55 to 59	780	1612	1009	1790
60 to 64	1012	2018	1247	2245
65+	1246	2778	1490	2921
65+**	597	2129	841	2272
Active Choice® Plan 750 SG*				
0 to 29	312	849	712	1101
30 to 39	374	933	792	1267
40 to 49	528	1080	818	1383
50 to 54	704	1446	972	1639
55 to 59	875	1806	1132	2010
60 to 64	1138	2267	1402	2519
65+	1402	3123	1673	3280
65+**	673	2394	944	2552

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Base PPO 50, PPO 40, PPO 30; 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 1.10

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	305	744	727	1126	0 to 29	369	900	882	1368
30 to 39	356	785	781	1230	30 to 39	434	957	950	1487
40 to 49	427	973	800	1326	40 to 49	518	1177	971	1606
50 to 54	547	1134	853	1526	50 to 54	662	1369	1030	1850
55 to 59	715	1502	1007	1743	55 to 59	863	1818	1225	2102
60 to 64	927	1768	1223	2101	60 to 64	1122	2142	1478	2541
65+	1229	2446	1570	2857	65+	1487	2963	1895	3456
65+**	691	1908	1032	2319	65+**	836	2312	1244	2805
Access+ HMO® Plan 25*					Access+ HMO® Plan 15*				
0 to 29	336	809	793	1226	0 to 29	405	973	959	1483
30 to 39	389	855	853	1335	30 to 39	470	1037	1032	1613
40 to 49	467	1053	867	1442	40 to 49	564	1278	1049	1740
50 to 54	598	1229	926	1655	50 to 54	722	1487	1119	2003
55 to 59	775	1632	1097	1889	55 to 59	935	1971	1326	2285
60 to 64	1005	1920	1329	2280	60 to 64	1216	2324	1607	2756
65+	1335	2654	1705	3106	65+	1612	3210	2058	3747
65+**	751	2070	1120	2522	65+**	909	2508	1355	3044
Access+ HMO® Plan 30*					Access+ HMO® Plan 10*				
0 to 29	354	845	827	1284	0 to 29	421	1014	995	1542
30 to 39	405	896	891	1392	30 to 39	488	1076	1071	1679
40 to 49	490	1104	906	1502	40 to 49	589	1332	1098	1816
50 to 54	622	1285	966	1732	50 to 54	752	1548	1164	2088
55 to 59	810	1701	1145	1974	55 to 59	976	2051	1383	2377
60 to 64	1051	2005	1387	2379	60 to 64	1267	2420	1674	2865
65+	1392	2772	1775	3242	65+	1679	3339	2143	3901
65+**	784	2163	1167	2634	65+**	941	2601	1405	3163
Access+ HMO® Plan 20 Value*					Access+ HMO® Plan 5*				
0 to 29	371	896	875	1360	0 to 29	489	1167	1145	1771
30 to 39	432	946	941	1477	30 to 39	563	1234	1228	1926
40 to 49	519	1168	961	1593	40 to 49	672	1523	1257	2085
50 to 54	663	1364	1023	1834	50 to 54	862	1774	1334	2393
55 to 59	856	1805	1213	2087	55 to 59	1119	2357	1589	2728
60 to 64	1115	2123	1470	2522	60 to 64	1456	2778	1921	3297
65+	1477	2935	1884	3434	65+	1926	3837	2460	4480
65+**	829	2288	1236	2786	65+**	1084	2996	1619	3638

*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	Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
Local Access+ HMO® Plan 40*					Local Access+ HMO® Plan 20*				
0 to 29	287	699	683	1059	0 to 29	347	847	829	1285
30 to 39	335	738	733	1157	30 to 39	408	899	893	1398
40 to 49	402	915	752	1247	40 to 49	487	1106	913	1509
50 to 54	514	1065	801	1435	50 to 54	622	1287	969	1739
55 to 59	672	1412	947	1639	55 to 59	811	1709	1151	1975
60 to 64	871	1663	1149	1974	60 to 64	1054	2014	1389	2388
65+	1156	2300	1476	2686	65+	1398	2785	1782	3248
65+**	650	1794	970	2180	65+**	785	2172	1169	2635
Local Access+ HMO® Plan 25*					Local Access+ HMO® Plan 15*				
0 to 29	316	761	744	1153	0 to 29	381	915	902	1394
30 to 39	366	805	803	1255	30 to 39	442	974	971	1516
40 to 49	440	990	816	1355	40 to 49	530	1201	986	1635
50 to 54	563	1156	870	1555	50 to 54	679	1398	1052	1883
55 to 59	728	1534	1032	1776	55 to 59	878	1852	1247	2148
60 to 64	946	1805	1249	2143	60 to 64	1144	2184	1510	2591
65+	1255	2493	1602	2920	65+	1515	3018	1934	3523
65+**	705	1943	1052	2370	65+**	854	2357	1273	2862
Local Access+ HMO® Plan 30*					Local Access+ HMO® Plan 10*				
0 to 29	333	795	777	1207	0 to 29	396	953	936	1449
30 to 39	381	842	837	1309	30 to 39	458	1012	1007	1578
40 to 49	460	1038	852	1412	40 to 49	554	1251	1032	1707
50 to 54	585	1208	908	1629	50 to 54	707	1456	1094	1963
55 to 59	762	1599	1076	1855	55 to 59	918	1928	1301	2234
60 to 64	988	1885	1303	2236	60 to 64	1191	2274	1574	2693
65+	1309	2605	1668	3048	65+	1578	3139	2015	3667
65+**	737	2033	1096	2476	65+**	885	2446	1322	2974
Local Access+ HMO® Plan 20 Value*					Local Access+ HMO® Plan 5*				
0 to 29	349	842	822	1278	0 to 29	459	1096	1076	1664
30 to 39	405	888	884	1388	30 to 39	529	1160	1155	1810
40 to 49	488	1097	903	1498	40 to 49	631	1432	1181	1960
50 to 54	623	1281	961	1723	50 to 54	810	1667	1254	2249
55 to 59	805	1697	1140	1962	55 to 59	1052	2215	1493	2564
60 to 64	1048	1995	1381	2371	60 to 64	1369	2611	1806	3099
65+	1388	2759	1771	3228	65+	1810	3608	2313	4211
65+**	781	2152	1163	2621	65+**	1019	2817	1522	3421

*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, Riverside, San Mateo, Sacramento, Kern, and Ventura counties, as well as in all of San Luis Obispo, Santa Clara, Santa Cruz, and Yolo counties. Please review the Benefit Summary Guide for detailed information regarding the Local Access+ HMO service area. Local Access+ HMO products are offered as standalone, Dual Choice, as part of our Suite Deal package and with PlanSelect. Local Access+ HMO plans may not be offered alongside any Blue Shield full network HMO or POS product (except Access Baja HMO).

**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
Added Advantage POS(SM) Plan*				
0 to 29	447	1079	1052	1634
30 to 39	519	1138	1131	1777
40 to 49	622	1410	1158	1925
50 to 54	798	1636	1234	2208
55 to 59	1032	2174	1464	2517
60 to 64	1340	2565	1771	3040
65+	1776	3539	2269	4137
65+**	996	2759	1489	3357

*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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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
Base PPO 50*					Shield Spectrum PPO(SM) Plan 1500 Value*				
0 to 29	168	458	386	594	0 to 29	184	506	420	651
30 to 39	206	507	429	687	30 to 39	222	554	468	753
40 to 49	284	584	438	748	40 to 49	312	643	481	822
50 to 54	380	784	522	885	50 to 54	416	860	574	971
55 to 59	470	976	614	1084	55 to 59	515	1070	673	1189
60 to 64	612	1225	755	1361	60 to 64	671	1345	829	1494
65+	755	1686	903	1772	65+	833	1850	986	1944
65+**	364	1294	511	1380	65+**	397	1413	550	1508
Base PPO 40*					Shield Spectrum PPO(SM) Plan 1000 Value*				
0 to 29	189	513	432	665	0 to 29	231	632	523	816
30 to 39	231	567	480	770	30 to 39	278	695	585	941
40 to 49	317	654	491	837	40 to 49	393	803	600	1025
50 to 54	424	877	585	990	50 to 54	523	1075	720	1216
55 to 59	526	1093	687	1213	55 to 59	645	1339	839	1486
60 to 64	686	1372	847	1524	60 to 64	842	1679	1039	1867
65+	847	1887	1012	1984	65+	1037	2314	1239	2428
65+**	408	1448	573	1545	65+**	497	1774	699	1888
Base PPO 30*					Shield Spectrum PPO(SM) Plan 3000* ¹				
0 to 29	215	586	493	760	0 to 29	255	691	572	893
30 to 39	265	649	548	878	30 to 39	302	762	640	1028
40 to 49	364	746	561	957	40 to 49	431	874	658	1123
50 to 54	486	1003	668	1131	50 to 54	568	1177	787	1328
55 to 59	601	1249	785	1387	55 to 59	707	1467	917	1626
60 to 64	784	1568	968	1742	60 to 64	922	1838	1135	2043
65+	968	2157	1155	2266	65+	1133	2528	1353	2653
65+**	466	1655	653	1764	65+**	543	1939	763	2063
Shield Spectrum PPO(SM) Plan 2000 Value*					Shield Spectrum PPO(SM) Plan 750 Value*				
0 to 29	144	390	326	507	0 to 29	256	702	581	905
30 to 39	173	427	363	584	30 to 39	309	768	651	1046
40 to 49	242	499	372	638	40 to 49	435	891	671	1142
50 to 54	323	665	445	751	50 to 54	576	1195	798	1347
55 to 59	401	827	522	920	55 to 59	717	1488	929	1651
60 to 64	520	1041	643	1161	60 to 64	930	1862	1153	2074
65+	644	1432	766	1507	65+	1153	2565	1373	2692
65+**	306	1094	429	1169	65+**	551	1962	771	2090

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Base PPO 50, PPO 40, PPO 30; 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.

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).

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 500 Value*					Shield Spectrum PPO(SM) Plan 250 Standard				
0 to 29	261	711	600	924	0 to 29	412	1127	940	1458
30 to 39	321	787	666	1069	30 to 39	500	1240	1049	1680
40 to 49	442	907	682	1161	40 to 49	697	1433	1080	1829
50 to 54	589	1216	811	1373	50 to 54	929	1915	1281	2168
55 to 59	730	1516	953	1684	55 to 59	1158	2394	1501	2658
60 to 64	951	1903	1174	2115	60 to 64	1505	3003	1856	3342
65+	1173	2618	1402	2752	65+	1856	4132	2216	4343
65+**	566	2010	795	2145	65+**	889	3165	1249	3377
Shield Spectrum PPO(SM) Plan 1000					Shield Spectrum PPO(SM) Plan 250 Premier				
0 to 29	323	886	742	1148	0 to 29	463	1266	1059	1636
30 to 39	398	977	826	1323	30 to 39	564	1393	1181	1889
40 to 49	551	1124	851	1439	40 to 49	786	1609	1210	2054
50 to 54	733	1509	1009	1705	50 to 54	1047	2150	1441	2429
55 to 59	913	1885	1180	2091	55 to 59	1298	2689	1687	2983
60 to 64	1184	2360	1458	2626	60 to 64	1691	3369	2081	3751
65+	1458	3249	1743	3419	65+	2077	4636	2484	4871
65+**	699	2490	984	2660	65+**	997	3556	1404	3791
Shield Spectrum PPO(SM) Plan 500 Standard*					Shield Spectrum PPO(SM) Plan, Zero Deductible				
0 to 29	333	911	764	1180	0 to 29	564	1531	1284	1985
30 to 39	404	1002	847	1357	30 to 39	685	1687	1433	2286
40 to 49	566	1161	876	1483	40 to 49	952	1949	1467	2495
50 to 54	754	1558	1041	1755	50 to 54	1268	2611	1750	2951
55 to 59	937	1937	1214	2153	55 to 59	1576	3257	2044	3619
60 to 64	1219	2432	1507	2706	60 to 64	2054	4087	2523	4548
65+	1499	3346	1795	3516	65+	2527	5625	3015	5913
65+**	721	2568	1017	2739	65+**	1211	4308	1698	4596
Shield Spectrum PPO(SM) Plan 500 Premier					Shield Savings(SM) QS 4800*				
0 to 29	364	1002	840	1296	0 to 29	165	448	375	581
30 to 39	445	1103	938	1497	30 to 39	198	495	420	673
40 to 49	621	1272	959	1630	40 to 49	280	570	432	732
50 to 54	829	1708	1145	1928	50 to 54	380	784	514	866
55 to 59	1030	2130	1337	2366	55 to 59	470	977	598	1062
60 to 64	1339	2670	1651	2968	60 to 64	612	1221	738	1333
65+	1647	3672	1972	3863	65+	753	1681	885	1733
65+**	790	2816	1115	3006	65+**	359	1288	491	1339

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Base PPO 50, PPO 40, PPO 30; 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.

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) QS 3000/6000					Shield Savings(SM) QS 2000/4000				
0 to 29	198	529	444	687	0 to 29	244	673	562	873
30 to 39	235	585	493	794	30 to 39	301	741	628	1003
40 to 49	328	674	506	864	40 to 49	416	855	646	1097
50 to 54	445	922	606	1025	50 to 54	572	1173	772	1301
55 to 59	556	1153	705	1250	55 to 59	707	1467	899	1592
60 to 64	723	1443	873	1575	60 to 64	916	1838	1109	1999
65+	893	1986	1042	2046	65+	1134	2526	1328	2603
65+**	427	1521	577	1580	65+**	542	1934	737	2011
Shield Savings(SM) 4800*					Shield Savings(SM) 2250/4500¹				
0 to 29	190	515	431	667	0 to 29	277	754	629	980
30 to 39	226	568	484	771	30 to 39	336	831	707	1131
40 to 49	322	654	495	840	40 to 49	468	960	728	1230
50 to 54	435	900	589	995	50 to 54	640	1317	865	1457
55 to 59	540	1120	687	1218	55 to 59	794	1641	1012	1787
60 to 64	702	1400	848	1530	60 to 64	1031	2054	1247	2244
65+	866	1929	1015	1988	65+	1270	2832	1486	2918
65+**	413	1476	562	1535	65+**	612	2174	828	2260
Shield Savings(SM) 2500*					Shield Savings(SM) 2000/4000*				
0 to 29	222	620	520	804	0 to 29	345	957	803	1244
30 to 39	280	683	576	926	30 to 39	430	1056	895	1432
40 to 49	387	792	597	1012	40 to 49	595	1218	920	1565
50 to 54	522	1080	713	1203	50 to 54	809	1670	1097	1852
55 to 59	651	1353	833	1469	55 to 59	1007	2086	1282	2269
60 to 64	848	1695	1021	1848	60 to 64	1305	2615	1580	2849
65+	1048	2329	1224	2402	65+	1614	3597	1890	3705
65+**	501	1783	677	1855	65+**	771	2753	1047	2862
Shield Savings(SM) 3000/6000*					Shield Savings(SM) 1800/3600* ¹				
0 to 29	251	676	567	877	0 to 29	398	1096	920	1426
30 to 39	299	746	630	1010	30 to 39	492	1212	1026	1640
40 to 49	419	862	647	1106	40 to 49	680	1397	1057	1790
50 to 54	572	1181	774	1311	50 to 54	928	1915	1259	2126
55 to 59	710	1475	900	1600	55 to 59	1155	2393	1469	2600
60 to 64	926	1844	1119	2014	60 to 64	1497	3000	1815	3267
65+	1140	2541	1334	2614	65+	1852	4122	2168	4249
65+**	548	1949	742	2022	65+**	883	3153	1199	3280

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Base PPO 50, PPO 40, PPO 30; 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.

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).

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
Active Choice® Plan 500 SG*				
0 to 29	286	792	664	1027
30 to 39	352	875	739	1188
40 to 49	495	1009	762	1291
50 to 54	654	1350	905	1527
55 to 59	817	1688	1057	1875
60 to 64	1060	2114	1306	2351
65+	1305	2910	1560	3060
65+**	625	2230	881	2380
Active Choice® Plan 750 SG*				
0 to 29	326	889	745	1153
30 to 39	391	977	829	1327
40 to 49	553	1131	856	1448
50 to 54	737	1514	1018	1717
55 to 59	916	1892	1185	2105
60 to 64	1192	2374	1468	2638
65+	1468	3271	1752	3436
65+**	705	2508	988	2673

*Underwritten by Blue Shield of California Life & Health Insurance Company. The following plans are pending regulatory approval: Base PPO 50, PPO 40, PPO 30; 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.

Region VII Specialty Benefits and Optional Products

	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
<u>SPECIALTY BENEFITS</u>				
DENTAL PPO PLANS				
Smile(SM) Basic	28.00	56.00	72.00	97.00
Smile(SM) Value	37.00	74.00	95.00	111.00
Smile(SM)	45.00	89.00	113.00	132.00
Smile(SM) Basic Vol.	49.00	98.00	124.00	166.00
Smile(SM) Plus	49.00	98.00	124.00	144.00
Smile(SM) Deluxe	52.00	104.00	132.00	176.00
Smile(SM) Dlx 2000	54.00	109.00	137.00	184.00
Smile(SM) Plus Gold	56.00	113.00	142.00	191.00
Smile(SM) Dlx Pls2000	62.00	124.00	156.00	210.00
Smile(SM) Deluxe Gold	69.00	137.00	172.00	232.00
DENTAL HMO PLANS				
HMO Basic	12.00	25.00	32.00	40.00
HMO Plus	15.00	32.00	38.00	48.00
HMO Voluntary	18.00	36.00	42.00	54.00
HMO Deluxe	21.00	42.00	49.00	63.00
<u>OPTIONAL PRODUCTS</u>				
INFERTILITY**				
Access+ HMO® & POS	16	28	20	40
All Other plans	21	38	28	53
INPATIENT SUBSTANCE ABUSE**				
All Plans	5	7	7	10
OPTIONAL BENEFITS				
Chiropractic*	5	8	8	13
Chiro & Acupuncture*	6	10	12	17

	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
<u>SPECIALTY BENEFITS</u>				
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	15.00	28.90	25.40	37.00
Vision Basic+ 0/15/120	11.80	22.40	21.20	29.40
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	15.00	28.90	25.40	37.00
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	16.70	31.60	28.30	41.60
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	18.80	34.80	31.10	47.00

LIFE INSURANCE RATES

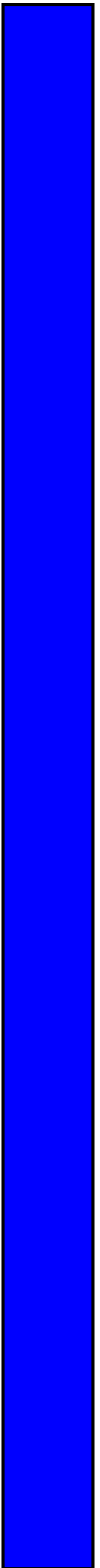
See page 2.

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 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 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.

ACCESS BAJA® HMO RATES



Access Baja® HMO Rate Table Effective July 2011

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	162	391	381	590	0 to 29	208	498	488	763
30 to 39	187	415	410	644	30 to 39	243	531	529	828
40 to 49	228	511	420	696	40 to 49	289	658	540	896
50 to 54	288	590	443	798	50 to 54	374	764	576	1034
55 to 59	374	788	532	910	55 to 59	482	1014	684	1173
60 to 64	484	926	639	1098	60 to 64	625	1196	827	1418
65+	640	1278	821	1492	65+	829	1652	1061	1934

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.

