

# small group rate tables

## **Region 7**

San Diego

Effective April 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 April 2010**

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

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

\*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 April 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, 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 April 2010**

Rating Region	County
I	San Luis Obispo.
II - IV	Not Applicable.
V	San Bernardino except zip codes: 91759, 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, 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
<b>Access+ HMO® Plan 40*</b>					<b>Access+ HMO® Plan 20*</b>				
0 to 29	224	543	531	821	0 to 29	274	666	653	1012
30 to 39	261	573	570	898	30 to 39	322	709	703	1100
40 to 49	313	711	585	968	40 to 49	384	871	719	1188
50 to 54	400	827	622	1114	50 to 54	490	1013	763	1368
55 to 59	522	1096	735	1271	55 to 59	639	1345	907	1556
60 to 64	676	1290	892	1532	60 to 64	829	1584	1093	1880
65+	897	1783	1145	2085	65+	1100	2192	1403	2556
65+**	504	1391	753	1692	65+**	618	1710	920	2074
<b>Access+ HMO® Plan 25*</b>					<b>Access+ HMO® Plan 15*</b>				
0 to 29	239	576	563	873	0 to 29	301	721	711	1099
30 to 39	277	609	607	948	30 to 39	350	768	765	1196
40 to 49	333	749	616	1025	40 to 49	419	947	778	1289
50 to 54	425	873	658	1177	50 to 54	535	1102	829	1485
55 to 59	551	1160	780	1342	55 to 59	693	1460	983	1693
60 to 64	715	1364	945	1619	60 to 64	901	1722	1191	2043
65+	948	1885	1211	2205	65+	1195	2379	1525	2777
65+**	533	1470	796	1791	65+**	675	1859	1005	2257
<b>Access+ HMO® Plan 30*</b>					<b>Access+ HMO® Plan 10*</b>				
0 to 29	253	606	592	920	0 to 29	321	772	758	1173
30 to 39	291	641	639	997	30 to 39	372	819	816	1278
40 to 49	351	791	649	1076	40 to 49	449	1014	836	1381
50 to 54	446	921	692	1240	50 to 54	573	1178	886	1589
55 to 59	580	1218	820	1413	55 to 59	743	1560	1053	1809
60 to 64	753	1435	993	1702	60 to 64	964	1840	1274	2179
65+	997	1984	1271	2321	65+	1278	2540	1630	2968
65+**	561	1548	836	1885	65+**	717	1980	1070	2407
<b>Access+ HMO® Plan 20 Value*</b>					<b>Access+ HMO® Plan 5*</b>				
0 to 29	255	613	600	931	0 to 29	365	870	853	1320
30 to 39	296	648	645	1010	30 to 39	420	919	915	1434
40 to 49	355	800	658	1090	40 to 49	501	1134	936	1553
50 to 54	454	933	700	1255	50 to 54	643	1322	993	1782
55 to 59	587	1235	829	1428	55 to 59	834	1755	1184	2031
60 to 64	764	1452	1007	1725	60 to 64	1085	2069	1431	2455
65+	1010	2009	1289	2349	65+	1434	2857	1832	3336
65+**	567	1566	846	1907	65+**	808	2231	1206	2709

\*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
<b>Local Access+ HMO® Plan 30***</b>				
0 to 29	224	535	522	811
30 to 39	257	565	562	880
40 to 49	310	696	574	949
50 to 54	394	811	611	1094
55 to 59	513	1075	721	1245
60 to 64	664	1266	875	1502
65+	880	1750	1121	2045
65+**	495	1366	737	1661
<b>Local Access+ HMO® Plan 20 Value***</b>				
0 to 29	224	540	527	818
30 to 39	260	569	567	887
40 to 49	311	702	579	957
50 to 54	397	819	614	1102
55 to 59	515	1084	729	1254
60 to 64	671	1276	883	1516
65+	887	1764	1132	2062
65+**	500	1377	745	1675
<b>Added Advantage POS(SM) Plan*</b>				
0 to 29	343	825	806	1251
30 to 39	397	872	866	1359
40 to 49	477	1079	886	1472
50 to 54	612	1252	944	1690
55 to 59	790	1664	1120	1926
60 to 64	1026	1962	1354	2325
65+	1359	2708	1737	3164
65+**	764	2113	1142	2569

\*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 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
<b>Shield Spectrum PPO(SM) Plan 2000 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 750 Value*</b>				
0 to 29	110	300	239	370	0 to 29	188	513	405	630
30 to 39	134	329	265	427	30 to 39	226	562	454	729
40 to 49	187	383	287	489	40 to 49	318	650	490	834
50 to 54	253	521	342	576	50 to 54	430	890	583	984
55 to 59	315	648	401	707	55 to 59	533	1108	679	1206
60 to 64	408	815	494	891	60 to 64	693	1386	843	1514
65+	504	1120	589	1156	65+	859	1910	1003	1965
65+**	241	856	325	892	65+**	411	1462	555	1517
<b>Shield Spectrum PPO(SM) Plan 1500 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 500 Value*</b>				
0 to 29	127	347	275	426	0 to 29	201	547	439	676
30 to 39	153	380	307	494	30 to 39	247	605	488	783
40 to 49	215	441	331	564	40 to 49	340	697	524	891
50 to 54	292	602	394	666	50 to 54	463	954	623	1055
55 to 59	361	749	462	816	55 to 59	573	1188	733	1293
60 to 64	469	941	569	1026	60 to 64	746	1490	902	1624
65+	584	1294	676	1334	65+	919	2051	1077	2113
65+**	279	989	371	1029	65+**	443	1575	601	1637
<b>Shield Spectrum PPO(SM) Plan 1000 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 1000</b>				
0 to 29	167	454	360	560	0 to 29	245	674	537	830
30 to 39	200	500	402	646	30 to 39	302	743	597	957
40 to 49	284	577	432	737	40 to 49	418	854	646	1093
50 to 54	384	788	518	874	50 to 54	569	1170	766	1294
55 to 59	473	981	603	1068	55 to 59	707	1460	896	1588
60 to 64	618	1230	747	1342	60 to 64	918	1828	1107	1993
65+	760	1694	891	1745	65+	1130	2516	1323	2595
65+**	364	1298	495	1349	65+**	542	1928	736	2007
<b>Shield Spectrum PPO(SM) Plan 3000* 1</b>					<b>Shield Spectrum PPO(SM) Plan 500 Standard*</b>				
0 to 29	189	514	406	633	0 to 29	259	706	565	871
30 to 39	225	567	454	729	30 to 39	314	776	626	1003
40 to 49	321	650	490	834	40 to 49	440	900	679	1149
50 to 54	432	891	585	987	50 to 54	596	1231	807	1359
55 to 59	536	1111	681	1208	55 to 59	740	1530	941	1668
60 to 64	699	1392	843	1517	60 to 64	964	1921	1167	2096
65+	858	1915	1004	1970	65+	1185	2644	1390	2724
65+**	412	1468	558	1523	65+**	571	2030	776	2110

\*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
<b>Shield Spectrum PPO(SM) Plan 500 Premier</b>					<b>Shield Savings(SM) QS 4800*</b>				
0 to 29	279	766	613	945	0 to 29	128	348	277	429
30 to 39	341	845	684	1089	30 to 39	153	383	310	496
40 to 49	477	973	734	1247	40 to 49	217	441	334	567
50 to 54	648	1333	876	1475	50 to 54	294	607	398	671
55 to 59	804	1663	1023	1809	55 to 59	364	756	463	821
60 to 64	1046	2085	1262	2270	60 to 64	474	945	571	1031
65+	1287	2866	1509	2955	65+	584	1300	684	1341
65+**	619	2198	841	2287	65+**	279	995	379	1035
<b>Shield Spectrum PPO(SM) Plan 250 Standard</b>					<b>Shield Savings(SM) QS 3000/6000</b>				
0 to 29	318	868	689	1069	0 to 29	139	373	298	461
30 to 39	386	954	770	1233	30 to 39	166	412	332	532
40 to 49	538	1104	832	1409	40 to 49	231	475	356	609
50 to 54	730	1504	987	1669	50 to 54	315	650	426	720
55 to 59	910	1880	1155	2047	55 to 59	391	811	496	881
60 to 64	1182	2358	1430	2573	60 to 64	509	1016	615	1108
65+	1458	3246	1706	3344	65+	628	1397	734	1439
65+**	700	2488	948	2586	65+**	302	1071	408	1113
<b>Shield Spectrum PPO(SM) Plan 250 Premier</b>					<b>Shield Savings(SM) 4800*</b>				
0 to 29	359	978	779	1205	0 to 29	144	387	307	477
30 to 39	436	1077	869	1391	30 to 39	171	427	346	552
40 to 49	608	1243	936	1588	40 to 49	242	491	372	630
50 to 54	826	1696	1114	1878	50 to 54	327	675	443	747
55 to 59	1024	2120	1304	2305	55 to 59	405	840	516	914
60 to 64	1333	2656	1609	2898	60 to 64	527	1051	636	1148
65+	1638	3656	1920	3764	65+	650	1447	762	1492
65+**	786	2804	1068	2912	65+**	310	1107	422	1152
<b>Shield Spectrum PPO(SM) Plan, Zero Deductible</b>					<b>Shield Savings(SM) 2500*</b>				
0 to 29	432	1173	938	1448	0 to 29	159	441	354	548
30 to 39	524	1293	1046	1669	30 to 39	199	486	393	630
40 to 49	730	1494	1125	1912	40 to 49	276	564	425	720
50 to 54	991	2040	1341	2260	50 to 54	373	768	508	855
55 to 59	1232	2544	1566	2771	55 to 59	465	963	594	1045
60 to 64	1605	3194	1933	3483	60 to 64	604	1206	728	1314
65+	1974	4394	2308	4528	65+	746	1658	872	1710
65+**	947	3367	1281	3501	65+**	357	1269	483	1321

\*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
<b>Shield Savings(SM) 3000/6000*</b>					<b>Shield Savings(SM) 1800/3600* <sup>1</sup></b>				
0 to 29	174	469	376	581	0 to 29	261	720	576	892
30 to 39	208	518	417	670	30 to 39	324	795	642	1026
40 to 49	290	597	449	766	40 to 49	448	918	694	1176
50 to 54	396	819	537	908	50 to 54	610	1257	827	1396
55 to 59	492	1021	624	1108	55 to 59	758	1571	964	1707
60 to 64	641	1278	775	1395	60 to 64	983	1970	1191	2144
65+	790	1759	924	1810	65+	1216	2707	1423	2789
65+**	380	1350	514	1401	65+**	580	2070	787	2152
<b>Shield Savings(SM) QS 2000/4000</b>					<b>Active Choice(SM) Plan 500 SG*</b>				
0 to 29	165	454	362	562	0 to 29	207	574	459	709
30 to 39	204	501	405	647	30 to 39	255	633	511	819
40 to 49	282	577	437	741	40 to 49	358	730	552	935
50 to 54	385	792	521	878	50 to 54	484	997	655	1106
55 to 59	477	989	608	1075	55 to 59	603	1246	765	1357
60 to 64	619	1240	749	1350	60 to 64	783	1560	946	1701
65+	765	1704	896	1755	65+	963	2148	1130	2214
65+**	366	1305	497	1357	65+**	462	1647	629	1712
<b>Shield Savings(SM) 2250/4500<sup>1</sup></b>					<b>Active Choice(SM) Plan 750 SG*</b>				
0 to 29	208	566	450	701	0 to 29	237	648	518	801
30 to 39	253	623	504	808	30 to 39	285	711	576	921
40 to 49	351	720	547	923	40 to 49	403	824	624	1054
50 to 54	480	988	649	1093	50 to 54	547	1125	741	1249
55 to 59	595	1231	759	1341	55 to 59	679	1403	863	1530
60 to 64	774	1541	936	1683	60 to 64	884	1761	1068	1919
65+	953	2124	1115	2188	65+	1089	2427	1275	2499
65+**	460	1631	622	1696	65+**	524	1862	710	1934
<b>Shield Savings(SM) 2000/4000*</b>									
0 to 29	242	668	533	827					
30 to 39	300	737	595	952					
40 to 49	415	850	643	1092					
50 to 54	566	1166	766	1293					
55 to 59	703	1456	895	1584					
60 to 64	911	1826	1103	1988					
65+	1126	2510	1319	2585					
65+**	538	1921	730	1997					

\*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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<sup>1</sup>The 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
<b>Access+ HMO® Plan 40*</b>					<b>Access+ HMO® Plan 20*</b>				
0 to 29	236	573	560	866	0 to 29	289	703	689	1068
30 to 39	275	604	601	947	30 to 39	339	748	742	1161
40 to 49	330	750	617	1021	40 to 49	405	919	758	1254
50 to 54	422	872	656	1175	50 to 54	517	1069	805	1444
55 to 59	550	1156	775	1341	55 to 59	674	1419	957	1642
60 to 64	713	1361	941	1617	60 to 64	875	1672	1153	1984
65+	946	1882	1208	2200	65+	1161	2313	1480	2698
65+**	532	1468	794	1786	65+**	652	1804	971	2189
<b>Access+ HMO® Plan 25*</b>					<b>Access+ HMO® Plan 15*</b>				
0 to 29	252	607	594	921	0 to 29	317	761	750	1160
30 to 39	292	642	640	1000	30 to 39	369	810	807	1262
40 to 49	352	790	650	1081	40 to 49	442	999	821	1360
50 to 54	448	922	694	1242	50 to 54	564	1163	875	1567
55 to 59	581	1224	823	1416	55 to 59	732	1541	1037	1787
60 to 64	754	1439	997	1708	60 to 64	951	1817	1257	2156
65+	1000	1989	1278	2328	65+	1261	2511	1609	2931
65+**	562	1551	840	1890	65+**	712	1962	1060	2382
<b>Access+ HMO® Plan 30*</b>					<b>Access+ HMO® Plan 10*</b>				
0 to 29	267	639	624	971	0 to 29	338	814	800	1238
30 to 39	307	676	674	1052	30 to 39	392	865	861	1348
40 to 49	370	834	685	1135	40 to 49	473	1070	882	1457
50 to 54	470	972	730	1308	50 to 54	604	1243	935	1677
55 to 59	612	1285	865	1491	55 to 59	784	1646	1111	1909
60 to 64	794	1514	1048	1796	60 to 64	1017	1942	1344	2300
65+	1052	2094	1341	2449	65+	1348	2681	1720	3132
65+**	592	1634	882	1989	65+**	756	2089	1129	2540
<b>Access+ HMO® Plan 20 Value*</b>					<b>Access+ HMO® Plan 5*</b>				
0 to 29	269	647	633	982	0 to 29	385	918	900	1393
30 to 39	312	683	680	1066	30 to 39	443	970	965	1513
40 to 49	374	844	694	1150	40 to 49	528	1197	987	1639
50 to 54	479	984	738	1324	50 to 54	678	1395	1048	1880
55 to 59	619	1303	875	1507	55 to 59	880	1853	1249	2143
60 to 64	806	1532	1062	1820	60 to 64	1145	2183	1510	2591
65+	1066	2120	1360	2480	65+	1513	3015	1933	3521
65+**	599	1653	893	2012	65+**	852	2354	1272	2860

\*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 0.95

Age	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
<b>Local Access+ HMO® Plan 30***</b>				
0 to 29	236	564	550	856
30 to 39	271	596	593	928
40 to 49	327	734	605	1001
50 to 54	415	856	644	1154
55 to 59	542	1134	761	1314
60 to 64	700	1336	923	1585
65+	928	1847	1183	2158
65+**	523	1441	777	1753
<b>Local Access+ HMO® Plan 20 Value***</b>				
0 to 29	236	569	556	863
30 to 39	274	600	598	936
40 to 49	328	740	611	1010
50 to 54	419	865	648	1163
55 to 59	543	1144	769	1323
60 to 64	708	1346	932	1600
65+	936	1861	1194	2176
65+**	527	1453	786	1768
<b>Added Advantage POS(SM) Plan*</b>				
0 to 29	362	870	850	1320
30 to 39	419	920	914	1435
40 to 49	503	1138	935	1553
50 to 54	645	1321	996	1783
55 to 59	833	1756	1182	2033
60 to 64	1083	2071	1429	2454
65+	1434	2858	1833	3339
65+**	806	2230	1205	2711

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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
<b>Shield Spectrum PPO(SM) Plan 2000 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 750 Value*</b>				
0 to 29	116	316	252	390	0 to 29	198	542	428	665
30 to 39	141	347	279	450	30 to 39	238	593	479	769
40 to 49	197	404	302	516	40 to 49	335	686	517	880
50 to 54	267	549	360	608	50 to 54	453	939	615	1038
55 to 59	332	684	423	746	55 to 59	562	1169	716	1272
60 to 64	430	860	521	940	60 to 64	731	1463	889	1598
65+	532	1182	621	1220	65+	906	2016	1058	2074
65+**	254	903	343	941	65+**	433	1543	585	1601
<b>Shield Spectrum PPO(SM) Plan 1500 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 500 Value*</b>				
0 to 29	134	366	290	449	0 to 29	212	577	463	713
30 to 39	161	401	324	521	30 to 39	260	638	515	826
40 to 49	226	466	349	595	40 to 49	358	735	553	941
50 to 54	308	635	415	703	50 to 54	488	1006	657	1113
55 to 59	381	790	487	861	55 to 59	604	1253	773	1364
60 to 64	495	993	600	1082	60 to 64	787	1572	952	1714
65+	616	1365	713	1408	65+	970	2164	1136	2230
65+**	294	1043	391	1086	65+**	467	1662	634	1727
<b>Shield Spectrum PPO(SM) Plan 1000 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 1000</b>				
0 to 29	176	479	379	591	0 to 29	258	711	566	876
30 to 39	211	527	424	681	30 to 39	318	784	630	1010
40 to 49	299	609	456	777	40 to 49	441	901	681	1153
50 to 54	405	831	546	922	50 to 54	600	1234	808	1365
55 to 59	499	1036	637	1127	55 to 59	746	1541	945	1676
60 to 64	652	1298	789	1416	60 to 64	968	1929	1169	2103
65+	802	1788	940	1841	65+	1192	2655	1397	2739
65+**	384	1370	522	1423	65+**	572	2035	776	2119
<b>Shield Spectrum PPO(SM) Plan 3000* 1</b>					<b>Shield Spectrum PPO(SM) Plan 500 Standard*</b>				
0 to 29	200	542	428	668	0 to 29	273	745	596	919
30 to 39	238	598	479	769	30 to 39	331	819	660	1058
40 to 49	338	686	517	880	40 to 49	464	949	716	1212
50 to 54	455	941	617	1041	50 to 54	629	1299	851	1435
55 to 59	565	1172	718	1275	55 to 59	781	1615	993	1760
60 to 64	737	1469	889	1601	60 to 64	1017	2027	1231	2212
65+	905	2021	1059	2079	65+	1250	2790	1467	2875
65+**	434	1549	588	1607	65+**	602	2142	819	2227

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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
<b>Shield Spectrum PPO(SM) Plan 500 Premier</b>					<b>Shield Savings(SM) QS 4800*</b>				
0 to 29	294	808	647	997	0 to 29	135	367	292	452
30 to 39	359	891	721	1150	30 to 39	162	404	327	523
40 to 49	503	1027	774	1316	40 to 49	229	466	352	598
50 to 54	683	1407	924	1556	50 to 54	310	640	420	708
55 to 59	848	1755	1079	1910	55 to 59	384	797	488	866
60 to 64	1104	2200	1332	2396	60 to 64	500	997	602	1088
65+	1358	3025	1592	3119	65+	616	1372	722	1415
65+**	653	2320	887	2414	65+**	294	1050	400	1093
<b>Shield Spectrum PPO(SM) Plan 250 Standard</b>					<b>Shield Savings(SM) QS 3000/6000</b>				
0 to 29	335	916	727	1128	0 to 29	146	393	314	486
30 to 39	407	1007	812	1301	30 to 39	175	434	350	561
40 to 49	567	1165	878	1487	40 to 49	243	501	375	642
50 to 54	770	1587	1041	1761	50 to 54	332	686	449	760
55 to 59	960	1984	1219	2160	55 to 59	412	856	523	929
60 to 64	1247	2489	1509	2715	60 to 64	537	1072	649	1169
65+	1538	3426	1800	3529	65+	662	1474	774	1518
65+**	738	2626	1000	2729	65+**	318	1131	430	1174
<b>Shield Spectrum PPO(SM) Plan 250 Premier</b>					<b>Shield Savings(SM) 4800*</b>				
0 to 29	378	1032	822	1271	0 to 29	151	409	324	504
30 to 39	460	1136	917	1468	30 to 39	180	450	365	582
40 to 49	641	1312	987	1676	40 to 49	255	518	392	665
50 to 54	871	1790	1175	1982	50 to 54	345	713	467	788
55 to 59	1080	2237	1376	2433	55 to 59	428	886	544	964
60 to 64	1407	2803	1698	3059	60 to 64	556	1109	671	1211
65+	1729	3859	2026	3973	65+	686	1527	804	1574
65+**	829	2959	1127	3073	65+**	327	1168	445	1215
<b>Shield Spectrum PPO(SM) Plan, Zero Deductible</b>					<b>Shield Savings(SM) 2500*</b>				
0 to 29	455	1238	990	1528	0 to 29	167	466	373	578
30 to 39	553	1364	1104	1761	30 to 39	210	513	414	665
40 to 49	770	1576	1187	2018	40 to 49	291	595	448	760
50 to 54	1046	2153	1415	2385	50 to 54	393	810	536	903
55 to 59	1300	2685	1652	2924	55 to 59	490	1017	626	1103
60 to 64	1694	3371	2040	3676	60 to 64	637	1273	768	1387
65+	2083	4638	2436	4779	65+	787	1750	920	1804
65+**	999	3554	1352	3696	65+**	376	1340	509	1394

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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
<b>Shield Savings(SM) 3000/6000*</b>					<b>Shield Savings(SM) 1800/3600* <sup>1</sup></b>				
0 to 29	183	495	396	613	0 to 29	276	760	607	941
30 to 39	219	546	440	707	30 to 39	341	839	677	1083
40 to 49	306	630	473	808	40 to 49	472	968	732	1241
50 to 54	418	864	566	958	50 to 54	643	1326	872	1473
55 to 59	519	1077	658	1169	55 to 59	800	1658	1017	1801
60 to 64	676	1348	818	1473	60 to 64	1037	2079	1257	2263
65+	833	1856	975	1910	65+	1283	2857	1502	2943
65+**	401	1424	542	1478	65+**	612	2185	830	2271
<b>Shield Savings(SM) QS 2000/4000</b>					<b>Active Choice(SM) Plan 500 SG*</b>				
0 to 29	174	479	382	593	0 to 29	219	605	484	748
30 to 39	215	528	428	682	30 to 39	269	668	539	865
40 to 49	297	609	461	782	40 to 49	377	770	582	986
50 to 54	406	835	549	926	50 to 54	510	1052	691	1167
55 to 59	504	1043	641	1134	55 to 59	637	1315	807	1432
60 to 64	653	1308	790	1424	60 to 64	826	1646	998	1796
65+	807	1798	945	1853	65+	1017	2267	1192	2336
65+**	386	1378	524	1432	65+**	487	1738	663	1807
<b>Shield Savings(SM) 2250/4500<sup>1</sup></b>					<b>Active Choice(SM) Plan 750 SG*</b>				
0 to 29	219	597	474	739	0 to 29	250	683	546	845
30 to 39	267	657	532	852	30 to 39	300	751	607	972
40 to 49	371	760	577	974	40 to 49	425	869	658	1112
50 to 54	506	1042	685	1153	50 to 54	577	1187	782	1318
55 to 59	628	1299	801	1415	55 to 59	716	1480	910	1615
60 to 64	816	1626	987	1776	60 to 64	933	1858	1127	2025
65+	1005	2241	1176	2309	65+	1150	2561	1345	2637
65+**	485	1721	656	1790	65+**	553	1965	749	2041
<b>Shield Savings(SM) 2000/4000*</b>									
0 to 29	255	705	562	872					
30 to 39	316	777	628	1004					
40 to 49	438	897	678	1152					
50 to 54	597	1230	808	1364					
55 to 59	742	1536	944	1671					
60 to 64	961	1927	1164	2098					
65+	1188	2649	1392	2728					
65+**	567	2027	770	2107					

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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
<b>Access+ HMO® Plan 40*</b>					<b>Access+ HMO® Plan 20*</b>				
0 to 29	248	603	589	912	0 to 29	304	740	725	1124
30 to 39	289	636	633	997	30 to 39	357	787	781	1222
40 to 49	347	789	649	1075	40 to 49	426	967	798	1320
50 to 54	444	918	691	1237	50 to 54	544	1125	847	1520
55 to 59	579	1217	816	1412	55 to 59	709	1494	1007	1728
60 to 64	751	1433	991	1702	60 to 64	921	1760	1214	2088
65+	996	1981	1272	2316	65+	1222	2435	1558	2840
65+**	560	1545	836	1880	65+**	686	1899	1022	2304
<b>Access+ HMO® Plan 25*</b>					<b>Access+ HMO® Plan 15*</b>				
0 to 29	265	639	625	969	0 to 29	334	801	789	1221
30 to 39	307	676	674	1053	30 to 39	388	853	849	1328
40 to 49	370	832	684	1138	40 to 49	465	1052	864	1432
50 to 54	472	970	731	1307	50 to 54	594	1224	921	1649
55 to 59	612	1288	866	1491	55 to 59	770	1622	1092	1881
60 to 64	794	1515	1049	1798	60 to 64	1001	1913	1323	2269
65+	1053	2094	1345	2450	65+	1327	2643	1694	3085
65+**	592	1633	884	1989	65+**	749	2065	1116	2507
<b>Access+ HMO® Plan 30*</b>					<b>Access+ HMO® Plan 10*</b>				
0 to 29	281	673	657	1022	0 to 29	356	857	842	1303
30 to 39	323	712	709	1107	30 to 39	413	910	906	1419
40 to 49	389	878	721	1195	40 to 49	498	1126	928	1534
50 to 54	495	1023	768	1377	50 to 54	636	1308	984	1765
55 to 59	644	1353	911	1569	55 to 59	825	1733	1169	2009
60 to 64	836	1594	1103	1891	60 to 64	1071	2044	1415	2421
65+	1107	2204	1412	2578	65+	1419	2822	1811	3297
65+**	623	1720	928	2094	65+**	796	2199	1188	2674
<b>Access+ HMO® Plan 20 Value*</b>					<b>Access+ HMO® Plan 5*</b>				
0 to 29	283	681	666	1034	0 to 29	405	966	947	1466
30 to 39	328	719	716	1122	30 to 39	466	1021	1016	1593
40 to 49	394	888	731	1211	40 to 49	556	1260	1039	1725
50 to 54	504	1036	777	1394	50 to 54	714	1468	1103	1979
55 to 59	652	1372	921	1586	55 to 59	926	1950	1315	2256
60 to 64	848	1613	1118	1916	60 to 64	1205	2298	1589	2727
65+	1122	2232	1432	2610	65+	1593	3174	2035	3706
65+**	630	1740	940	2118	65+**	897	2478	1339	3010

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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
<b>Local Access+ HMO® Plan 30***</b>				
0 to 29	248	594	579	901
30 to 39	285	627	624	977
40 to 49	344	773	637	1054
50 to 54	437	901	678	1215
55 to 59	570	1194	801	1383
60 to 64	737	1406	972	1668
65+	977	1944	1245	2272
65+**	550	1517	818	1845
<b>Local Access+ HMO® Plan 20 Value***</b>				
0 to 29	248	599	585	908
30 to 39	288	632	629	985
40 to 49	345	779	643	1063
50 to 54	441	910	682	1224
55 to 59	572	1204	809	1393
60 to 64	745	1417	981	1684
65+	985	1959	1257	2291
65+**	555	1529	827	1861
<b>Added Advantage POS(SM) Plan*</b>				
0 to 29	381	916	895	1389
30 to 39	441	968	962	1510
40 to 49	529	1198	984	1635
50 to 54	679	1391	1048	1877
55 to 59	877	1848	1244	2140
60 to 64	1140	2180	1504	2583
65+	1509	3008	1929	3515
65+**	848	2347	1268	2854

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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
<b>Shield Spectrum PPO(SM) Plan 2000 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 750 Value*</b>				
0 to 29	122	333	265	411	0 to 29	208	570	450	700
30 to 39	148	365	294	474	30 to 39	251	624	504	809
40 to 49	207	425	318	543	40 to 49	353	722	544	926
50 to 54	281	578	379	640	50 to 54	477	988	647	1093
55 to 59	349	720	445	785	55 to 59	592	1231	754	1339
60 to 64	453	905	548	989	60 to 64	769	1540	936	1682
65+	560	1244	654	1284	65+	954	2122	1114	2183
65+**	267	951	361	991	65+**	456	1624	616	1685
<b>Shield Spectrum PPO(SM) Plan 1500 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 500 Value*</b>				
0 to 29	141	385	305	473	0 to 29	223	607	487	751
30 to 39	169	422	341	548	30 to 39	274	672	542	869
40 to 49	238	490	367	626	40 to 49	377	774	582	990
50 to 54	324	668	437	740	50 to 54	514	1059	692	1172
55 to 59	401	832	513	906	55 to 59	636	1319	814	1436
60 to 64	521	1045	632	1139	60 to 64	828	1655	1002	1804
65+	648	1437	751	1482	65+	1021	2278	1196	2347
65+**	309	1098	412	1143	65+**	492	1749	667	1818
<b>Shield Spectrum PPO(SM) Plan 1000 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 1000</b>				
0 to 29	185	504	399	622	0 to 29	272	748	596	922
30 to 39	222	555	446	717	30 to 39	335	825	663	1063
40 to 49	315	641	480	818	40 to 49	464	948	717	1214
50 to 54	426	875	575	971	50 to 54	632	1299	851	1437
55 to 59	525	1090	670	1186	55 to 59	785	1622	995	1764
60 to 64	686	1366	830	1491	60 to 64	1019	2031	1230	2214
65+	844	1882	989	1938	65+	1255	2795	1470	2883
65+**	404	1442	549	1498	65+**	602	2142	817	2230
<b>Shield Spectrum PPO(SM) Plan 3000* 1</b>					<b>Shield Spectrum PPO(SM) Plan 500 Standard*</b>				
0 to 29	210	571	451	703	0 to 29	287	784	627	967
30 to 39	250	629	504	809	30 to 39	348	862	695	1114
40 to 49	356	722	544	926	40 to 49	488	999	754	1276
50 to 54	479	990	649	1096	50 to 54	662	1367	896	1510
55 to 59	595	1234	756	1342	55 to 59	822	1700	1045	1853
60 to 64	776	1546	936	1685	60 to 64	1071	2134	1296	2328
65+	953	2127	1115	2188	65+	1316	2937	1544	3026
65+**	457	1631	619	1692	65+**	634	2255	862	2344

\*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
<b>Shield Spectrum PPO(SM) Plan 500 Premier</b>					<b>Shield Savings(SM) QS 4800*</b>				
0 to 29	309	851	681	1049	0 to 29	142	386	307	476
30 to 39	378	938	759	1210	30 to 39	170	425	344	551
40 to 49	529	1081	815	1385	40 to 49	241	490	371	629
50 to 54	719	1481	973	1638	50 to 54	326	674	442	745
55 to 59	893	1847	1136	2010	55 to 59	404	839	514	912
60 to 64	1162	2316	1402	2522	60 to 64	526	1049	634	1145
65+	1429	3184	1676	3283	65+	648	1444	760	1489
65+**	687	2442	934	2541	65+**	309	1105	421	1150
<b>Shield Spectrum PPO(SM) Plan 250 Standard</b>					<b>Shield Savings(SM) QS 3000/6000</b>				
0 to 29	353	964	765	1187	0 to 29	154	414	331	512
30 to 39	428	1060	855	1369	30 to 39	184	457	368	591
40 to 49	597	1226	924	1565	40 to 49	256	527	395	676
50 to 54	811	1671	1096	1854	50 to 54	349	722	473	800
55 to 59	1011	2088	1283	2274	55 to 59	434	901	551	978
60 to 64	1313	2620	1588	2858	60 to 64	565	1128	683	1231
65+	1619	3606	1895	3715	65+	697	1552	815	1598
65+**	777	2764	1053	2873	65+**	335	1190	453	1236
<b>Shield Spectrum PPO(SM) Plan 250 Premier</b>					<b>Shield Savings(SM) 4800*</b>				
0 to 29	398	1086	865	1338	0 to 29	159	430	341	530
30 to 39	484	1196	965	1545	30 to 39	189	474	384	613
40 to 49	675	1381	1039	1764	40 to 49	268	545	413	700
50 to 54	917	1884	1237	2086	50 to 54	363	750	492	829
55 to 59	1137	2355	1448	2561	55 to 59	450	933	573	1015
60 to 64	1481	2951	1787	3220	60 to 64	585	1167	706	1275
65+	1820	4062	2133	4182	65+	722	1607	846	1657
65+**	873	3115	1186	3235	65+**	344	1229	468	1279
<b>Shield Spectrum PPO(SM) Plan, Zero Deductible</b>					<b>Shield Savings(SM) 2500*</b>				
0 to 29	479	1303	1042	1608	0 to 29	176	490	393	608
30 to 39	582	1436	1162	1854	30 to 39	221	540	436	700
40 to 49	811	1659	1249	2124	40 to 49	306	626	472	800
50 to 54	1101	2266	1489	2511	50 to 54	414	853	564	950
55 to 59	1368	2826	1739	3078	55 to 59	516	1070	659	1161
60 to 64	1783	3548	2147	3869	60 to 64	671	1340	808	1460
65+	2193	4882	2564	5031	65+	828	1842	968	1899
65+**	1052	3741	1423	3890	65+**	396	1410	536	1467

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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
<b>Shield Savings(SM) 3000/6000*</b>					<b>Shield Savings(SM) 1800/3600* <sup>1</sup></b>				
0 to 29	193	521	417	645	0 to 29	290	800	639	991
30 to 39	231	575	463	744	30 to 39	359	883	713	1140
40 to 49	322	663	498	851	40 to 49	497	1019	771	1306
50 to 54	440	909	596	1008	50 to 54	677	1396	918	1551
55 to 59	546	1134	693	1231	55 to 59	842	1745	1071	1896
60 to 64	712	1419	861	1550	60 to 64	1092	2188	1323	2382
65+	877	1954	1026	2011	65+	1351	3007	1581	3098
65+**	422	1499	571	1556	65+**	644	2300	874	2391
<b>Shield Savings(SM) QS 2000/4000</b>					<b>Active Choice(SM) Plan 500 SG*</b>				
0 to 29	183	504	402	624	0 to 29	230	637	509	787
30 to 39	226	556	450	718	30 to 39	283	703	567	910
40 to 49	313	641	485	823	40 to 49	397	811	613	1038
50 to 54	427	879	578	975	50 to 54	537	1107	727	1228
55 to 59	530	1098	675	1194	55 to 59	670	1384	849	1507
60 to 64	687	1377	832	1499	60 to 64	869	1733	1051	1890
65+	849	1893	995	1950	65+	1070	2386	1255	2459
65+**	406	1450	552	1507	65+**	513	1829	698	1902
<b>Shield Savings(SM) 2250/4500<sup>1</sup></b>					<b>Active Choice(SM) Plan 750 SG*</b>				
0 to 29	231	628	499	778	0 to 29	263	719	575	889
30 to 39	281	692	560	897	30 to 39	316	790	639	1023
40 to 49	390	800	607	1025	40 to 49	447	915	693	1171
50 to 54	533	1097	721	1214	50 to 54	607	1249	823	1387
55 to 59	661	1367	843	1489	55 to 59	754	1558	958	1700
60 to 64	859	1712	1039	1869	60 to 64	982	1956	1186	2132
65+	1058	2359	1238	2431	65+	1210	2696	1416	2776
65+**	511	1812	691	1884	65+**	582	2068	788	2148
<b>Shield Savings(SM) 2000/4000*</b>									
0 to 29	268	742	592	918					
30 to 39	333	818	661	1057					
40 to 49	461	944	714	1213					
50 to 54	628	1295	851	1436					
55 to 59	781	1617	994	1759					
60 to 64	1012	2028	1225	2208					
65+	1251	2788	1465	2872					
65+**	597	2134	811	2218					

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<sup>1</sup>The 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 1.05

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
<b>Access+ HMO® Plan 40*</b>					<b>Access+ HMO® Plan 20*</b>				
0 to 29	260	633	618	958	0 to 29	319	777	761	1180
30 to 39	303	668	665	1047	30 to 39	375	826	820	1283
40 to 49	364	828	681	1129	40 to 49	447	1015	838	1386
50 to 54	466	964	726	1299	50 to 54	571	1181	889	1596
55 to 59	608	1278	857	1483	55 to 59	744	1569	1057	1814
60 to 64	789	1505	1041	1787	60 to 64	967	1848	1275	2192
65+	1046	2080	1336	2432	65+	1283	2557	1636	2982
65+**	588	1622	878	1974	65+**	720	1994	1073	2419
<b>Access+ HMO® Plan 25*</b>					<b>Access+ HMO® Plan 15*</b>				
0 to 29	278	671	656	1017	0 to 29	351	841	828	1282
30 to 39	322	710	708	1106	30 to 39	407	896	891	1394
40 to 49	389	874	718	1195	40 to 49	488	1105	907	1504
50 to 54	496	1019	768	1372	50 to 54	624	1285	967	1731
55 to 59	643	1352	909	1566	55 to 59	809	1703	1147	1975
60 to 64	834	1591	1101	1888	60 to 64	1051	2009	1389	2382
65+	1106	2199	1412	2573	65+	1393	2775	1779	3239
65+**	622	1715	928	2088	65+**	786	2168	1172	2632
<b>Access+ HMO® Plan 30*</b>					<b>Access+ HMO® Plan 10*</b>				
0 to 29	295	707	690	1073	0 to 29	374	900	884	1368
30 to 39	339	748	744	1162	30 to 39	434	956	951	1490
40 to 49	408	922	757	1255	40 to 49	523	1182	974	1611
50 to 54	520	1074	806	1446	50 to 54	668	1373	1033	1853
55 to 59	676	1421	957	1647	55 to 59	866	1820	1227	2109
60 to 64	878	1674	1158	1986	60 to 64	1125	2146	1486	2542
65+	1162	2314	1483	2707	65+	1490	2963	1902	3462
65+**	654	1806	974	2199	65+**	836	2309	1247	2808
<b>Access+ HMO® Plan 20 Value*</b>					<b>Access+ HMO® Plan 5*</b>				
0 to 29	297	715	699	1086	0 to 29	425	1014	994	1539
30 to 39	344	755	752	1178	30 to 39	489	1072	1067	1673
40 to 49	414	932	768	1272	40 to 49	584	1323	1091	1811
50 to 54	529	1088	816	1464	50 to 54	750	1541	1158	2078
55 to 59	685	1441	967	1665	55 to 59	972	2048	1381	2369
60 to 64	890	1694	1174	2012	60 to 64	1265	2413	1668	2863
65+	1178	2344	1504	2741	65+	1673	3333	2137	3891
65+**	662	1827	987	2224	65+**	942	2602	1406	3161

\*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
<b>Local Access+ HMO® Plan 30***</b>				
0 to 29	260	624	608	946
30 to 39	299	658	655	1026
40 to 49	361	812	669	1107
50 to 54	459	946	712	1276
55 to 59	599	1254	841	1452
60 to 64	774	1476	1021	1751
65+	1026	2041	1307	2386
65+**	578	1593	859	1937
<b>Local Access+ HMO® Plan 20 Value***</b>				
0 to 29	260	629	614	953
30 to 39	302	664	660	1034
40 to 49	362	818	675	1116
50 to 54	463	956	716	1285
55 to 59	601	1264	849	1463
60 to 64	782	1488	1030	1768
65+	1034	2057	1320	2406
65+**	583	1605	868	1954
<b>Added Advantage POS(SM) Plan*</b>				
0 to 29	400	962	940	1458
30 to 39	463	1016	1010	1586
40 to 49	555	1258	1033	1717
50 to 54	713	1461	1100	1971
55 to 59	921	1940	1306	2247
60 to 64	1197	2289	1579	2712
65+	1584	3158	2025	3691
65+**	890	2464	1331	2997

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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
<b>Shield Spectrum PPO(SM) Plan 2000 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 750 Value*</b>				
0 to 29	128	350	278	432	0 to 29	218	599	473	735
30 to 39	155	383	309	498	30 to 39	264	655	529	849
40 to 49	217	446	334	570	40 to 49	371	758	571	972
50 to 54	295	607	398	672	50 to 54	501	1037	679	1148
55 to 59	366	756	467	824	55 to 59	622	1293	792	1406
60 to 64	476	950	575	1038	60 to 64	807	1617	983	1766
65+	588	1306	687	1348	65+	1002	2228	1170	2292
65+**	280	999	379	1041	65+**	479	1705	647	1769
<b>Shield Spectrum PPO(SM) Plan 1500 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 500 Value*</b>				
0 to 29	148	404	320	497	0 to 29	234	637	511	789
30 to 39	177	443	358	575	30 to 39	288	706	569	912
40 to 49	250	515	385	657	40 to 49	396	813	611	1040
50 to 54	340	701	459	777	50 to 54	540	1112	727	1231
55 to 59	421	874	539	951	55 to 59	668	1385	855	1508
60 to 64	547	1097	664	1196	60 to 64	869	1738	1052	1894
65+	680	1509	789	1556	65+	1072	2392	1256	2464
65+**	324	1153	433	1200	65+**	517	1836	700	1909
<b>Shield Spectrum PPO(SM) Plan 1000 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 1000</b>				
0 to 29	194	529	419	653	0 to 29	286	785	626	968
30 to 39	233	583	468	753	30 to 39	352	866	696	1116
40 to 49	331	673	504	859	40 to 49	487	995	753	1275
50 to 54	447	919	604	1020	50 to 54	664	1364	894	1509
55 to 59	551	1145	704	1245	55 to 59	824	1703	1045	1852
60 to 64	720	1434	872	1566	60 to 64	1070	2133	1292	2325
65+	886	1976	1038	2035	65+	1318	2935	1544	3027
65+**	424	1514	576	1573	65+**	632	2249	858	2342
<b>Shield Spectrum PPO(SM) Plan 3000* 1</b>					<b>Shield Spectrum PPO(SM) Plan 500 Standard*</b>				
0 to 29	221	600	474	738	0 to 29	301	823	658	1015
30 to 39	263	660	529	849	30 to 39	365	905	730	1170
40 to 49	374	758	571	972	40 to 49	512	1049	792	1340
50 to 54	503	1040	681	1151	50 to 54	695	1435	941	1586
55 to 59	625	1296	794	1409	55 to 59	863	1785	1097	1946
60 to 64	815	1623	983	1769	60 to 64	1125	2241	1361	2444
65+	1001	2233	1171	2297	65+	1382	3084	1621	3177
65+**	480	1713	650	1777	65+**	666	2368	905	2461

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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
<b>Shield Spectrum PPO(SM) Plan 500 Premier</b>					<b>Shield Savings(SM) QS 4800*</b>				
0 to 29	324	894	715	1101	0 to 29	149	405	322	500
30 to 39	397	985	797	1271	30 to 39	179	446	361	579
40 to 49	555	1135	856	1454	40 to 49	253	515	390	660
50 to 54	755	1555	1022	1720	50 to 54	342	708	464	782
55 to 59	938	1939	1193	2111	55 to 59	424	881	540	958
60 to 64	1220	2432	1472	2648	60 to 64	552	1101	666	1202
65+	1500	3343	1760	3447	65+	680	1516	798	1563
65+**	721	2564	981	2668	65+**	324	1160	442	1208
<b>Shield Spectrum PPO(SM) Plan 250 Standard</b>					<b>Shield Savings(SM) QS 3000/6000</b>				
0 to 29	371	1012	803	1246	0 to 29	162	435	348	538
30 to 39	449	1113	898	1437	30 to 39	193	480	386	621
40 to 49	627	1287	970	1643	40 to 49	269	553	415	710
50 to 54	852	1755	1151	1947	50 to 54	366	758	497	840
55 to 59	1062	2192	1347	2388	55 to 59	456	946	579	1027
60 to 64	1379	2751	1667	3001	60 to 64	593	1184	717	1293
65+	1700	3786	1990	3901	65+	732	1630	856	1678
65+**	816	2902	1106	3017	65+**	352	1250	476	1298
<b>Shield Spectrum PPO(SM) Plan 250 Premier</b>					<b>Shield Savings(SM) 4800*</b>				
0 to 29	418	1140	908	1405	0 to 29	167	452	358	557
30 to 39	508	1256	1013	1622	30 to 39	198	498	403	644
40 to 49	709	1450	1091	1852	40 to 49	281	572	434	735
50 to 54	963	1978	1299	2190	50 to 54	381	788	517	870
55 to 59	1194	2473	1520	2689	55 to 59	473	980	602	1066
60 to 64	1555	3099	1876	3381	60 to 64	614	1225	741	1339
65+	1911	4265	2240	4391	65+	758	1687	888	1740
65+**	917	3271	1245	3397	65+**	361	1290	491	1343
<b>Shield Spectrum PPO(SM) Plan, Zero Deductible</b>					<b>Shield Savings(SM) 2500*</b>				
0 to 29	503	1368	1094	1688	0 to 29	185	515	413	638
30 to 39	611	1508	1220	1947	30 to 39	232	567	458	735
40 to 49	852	1742	1311	2230	40 to 49	321	657	496	840
50 to 54	1156	2379	1563	2637	50 to 54	435	896	592	998
55 to 59	1436	2967	1826	3232	55 to 59	542	1124	692	1219
60 to 64	1872	3725	2254	4062	60 to 64	705	1407	848	1533
65+	2303	5126	2692	5283	65+	869	1934	1016	1994
65+**	1105	3928	1494	4085	65+**	416	1481	563	1540

\*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 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
<b>Shield Savings(SM) 3000/6000*</b>					<b>Shield Savings(SM) 1800/3600* <sup>1</sup></b>				
0 to 29	203	547	438	677	0 to 29	305	840	671	1041
30 to 39	243	604	486	781	30 to 39	377	927	749	1197
40 to 49	338	696	523	894	40 to 49	522	1070	810	1371
50 to 54	462	954	626	1058	50 to 54	711	1466	964	1629
55 to 59	573	1191	728	1293	55 to 59	884	1832	1125	1991
60 to 64	748	1490	904	1628	60 to 64	1147	2297	1389	2501
65+	921	2052	1077	2112	65+	1419	3157	1660	3253
65+**	443	1574	600	1634	65+**	676	2415	918	2511
<b>Shield Savings(SM) QS 2000/4000</b>					<b>Active Choice(SM) Plan 500 SG*</b>				
0 to 29	192	529	422	655	0 to 29	242	669	534	826
30 to 39	237	584	473	754	30 to 39	297	738	595	956
40 to 49	329	673	509	864	40 to 49	417	852	644	1090
50 to 54	448	923	607	1024	50 to 54	564	1162	763	1289
55 to 59	557	1153	709	1254	55 to 59	704	1453	891	1582
60 to 64	721	1446	874	1574	60 to 64	912	1820	1104	1985
65+	891	1988	1045	2048	65+	1124	2505	1318	2582
65+**	426	1523	580	1582	65+**	539	1920	733	1997
<b>Shield Savings(SM) 2250/4500<sup>1</sup></b>					<b>Active Choice(SM) Plan 750 SG*</b>				
0 to 29	243	659	524	817	0 to 29	276	755	604	933
30 to 39	295	727	588	942	30 to 39	332	830	671	1074
40 to 49	410	840	637	1076	40 to 49	469	961	728	1230
50 to 54	560	1152	757	1275	50 to 54	637	1311	864	1456
55 to 59	694	1435	885	1563	55 to 59	792	1636	1006	1785
60 to 64	902	1798	1091	1962	60 to 64	1031	2054	1245	2239
65+	1111	2477	1300	2553	65+	1271	2831	1487	2915
65+**	537	1903	726	1978	65+**	611	2171	827	2255
<b>Shield Savings(SM) 2000/4000*</b>									
0 to 29	281	779	622	964					
30 to 39	350	859	694	1110					
40 to 49	484	991	750	1274					
50 to 54	659	1360	894	1508					
55 to 59	820	1698	1044	1847					
60 to 64	1063	2129	1286	2318					
65+	1314	2927	1538	3016					
65+**	627	2241	852	2329					

\*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.

<sup>1</sup>The 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
<b>Access+ HMO® Plan 40*</b>					<b>Access+ HMO® Plan 20*</b>				
0 to 29	272	663	647	1003	0 to 29	334	814	797	1236
30 to 39	317	699	696	1096	30 to 39	392	865	859	1344
40 to 49	381	867	713	1182	40 to 49	468	1063	877	1452
50 to 54	488	1009	760	1360	50 to 54	598	1237	931	1672
55 to 59	636	1338	897	1553	55 to 59	779	1643	1107	1900
60 to 64	826	1576	1090	1872	60 to 64	1013	1936	1335	2296
65+	1095	2179	1399	2547	65+	1344	2678	1713	3124
65+**	616	1699	919	2068	65+**	754	2088	1124	2534
<b>Access+ HMO® Plan 25*</b>					<b>Access+ HMO® Plan 15*</b>				
0 to 29	291	702	687	1065	0 to 29	367	881	867	1343
30 to 39	337	743	741	1158	30 to 39	426	938	933	1460
40 to 49	407	915	752	1251	40 to 49	511	1157	950	1575
50 to 54	519	1067	804	1437	50 to 54	653	1346	1013	1813
55 to 59	673	1416	952	1640	55 to 59	847	1784	1201	2069
60 to 64	873	1666	1153	1977	60 to 64	1101	2104	1455	2495
65+	1158	2303	1479	2695	65+	1459	2907	1863	3393
65+**	651	1796	972	2187	65+**	823	2271	1227	2757
<b>Access+ HMO® Plan 30*</b>					<b>Access+ HMO® Plan 10*</b>				
0 to 29	309	740	722	1124	0 to 29	391	942	926	1433
30 to 39	355	783	779	1217	30 to 39	454	1001	996	1560
40 to 49	427	965	793	1314	40 to 49	547	1238	1020	1687
50 to 54	544	1125	844	1514	50 to 54	699	1438	1082	1941
55 to 59	708	1488	1002	1725	55 to 59	907	1906	1285	2209
60 to 64	919	1753	1213	2080	60 to 64	1178	2248	1556	2663
65+	1217	2424	1553	2835	65+	1560	3104	1992	3626
65+**	685	1892	1020	2303	65+**	875	2418	1306	2941
<b>Access+ HMO® Plan 20 Value*</b>					<b>Access+ HMO® Plan 5*</b>				
0 to 29	311	749	732	1137	0 to 29	445	1062	1041	1612
30 to 39	360	790	787	1234	30 to 39	512	1123	1117	1752
40 to 49	433	976	804	1332	40 to 49	611	1386	1142	1897
50 to 54	554	1139	854	1533	50 to 54	785	1614	1213	2176
55 to 59	717	1509	1013	1744	55 to 59	1018	2145	1446	2481
60 to 64	932	1774	1229	2107	60 to 64	1325	2527	1747	2999
65+	1234	2455	1575	2871	65+	1752	3491	2238	4076
65+**	693	1914	1034	2329	65+**	986	2725	1472	3311

\*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
<b>Local Access+ HMO® Plan 30***</b>				
0 to 29	272	653	636	991
30 to 39	313	689	686	1074
40 to 49	378	850	700	1159
50 to 54	480	991	745	1336
55 to 59	627	1313	881	1521
60 to 64	810	1546	1069	1834
65+	1074	2138	1369	2499
65+**	605	1668	899	2029
<b>Local Access+ HMO® Plan 20 Value***</b>				
0 to 29	272	658	643	998
30 to 39	316	695	691	1083
40 to 49	379	856	707	1169
50 to 54	485	1001	750	1346
55 to 59	629	1324	889	1532
60 to 64	819	1558	1079	1852
65+	1083	2154	1382	2520
65+**	610	1681	909	2047
<b>Added Advantage POS(SM) Plan*</b>				
0 to 29	419	1007	984	1527
30 to 39	485	1064	1058	1661
40 to 49	581	1317	1082	1798
50 to 54	746	1530	1152	2064
55 to 59	964	2032	1368	2354
60 to 64	1254	2398	1654	2841
65+	1659	3308	2121	3866
65+**	932	2581	1394	3139

\*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
<b>Shield Spectrum PPO(SM) Plan 2000 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 750 Value*</b>				
0 to 29	134	366	291	452	0 to 29	228	627	495	770
30 to 39	162	401	323	521	30 to 39	276	686	554	889
40 to 49	227	467	349	597	40 to 49	388	794	598	1018
50 to 54	309	635	416	704	50 to 54	524	1086	711	1202
55 to 59	383	792	489	863	55 to 59	651	1354	829	1472
60 to 64	498	995	602	1087	60 to 64	845	1694	1029	1850
65+	616	1368	719	1412	65+	1049	2334	1225	2401
65+**	293	1046	397	1090	65+**	501	1786	677	1853
<b>Shield Spectrum PPO(SM) Plan 1500 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 500 Value*</b>				
0 to 29	155	423	335	520	0 to 29	245	667	535	826
30 to 39	185	464	375	602	30 to 39	301	739	596	955
40 to 49	261	539	403	688	40 to 49	414	851	640	1089
50 to 54	356	734	480	814	50 to 54	565	1164	761	1289
55 to 59	441	915	564	996	55 to 59	699	1450	895	1579
60 to 64	573	1149	695	1252	60 to 64	910	1820	1102	1984
65+	712	1580	826	1630	65+	1123	2505	1315	2581
65+**	339	1207	453	1257	65+**	541	1923	733	1999
<b>Shield Spectrum PPO(SM) Plan 1000 Value*</b>					<b>Shield Spectrum PPO(SM) Plan 1000</b>				
0 to 29	203	554	438	684	0 to 29	299	822	655	1014
30 to 39	244	610	490	788	30 to 39	368	907	729	1169
40 to 49	346	705	528	899	40 to 49	510	1042	788	1335
50 to 54	468	962	632	1068	50 to 54	695	1428	936	1580
55 to 59	577	1199	737	1304	55 to 59	863	1784	1094	1940
60 to 64	754	1502	913	1640	60 to 64	1120	2234	1353	2435
65+	928	2070	1087	2131	65+	1380	3074	1617	3171
65+**	444	1586	603	1647	65+**	662	2356	898	2453
<b>Shield Spectrum PPO(SM) Plan 3000* 1</b>					<b>Shield Spectrum PPO(SM) Plan 500 Standard*</b>				
0 to 29	231	628	496	773	0 to 29	315	862	689	1063
30 to 39	275	691	554	889	30 to 39	382	948	764	1225
40 to 49	391	794	598	1018	40 to 49	536	1098	829	1403
50 to 54	526	1089	713	1205	50 to 54	728	1503	985	1661
55 to 59	654	1357	831	1476	55 to 59	904	1870	1149	2038
60 to 64	853	1700	1029	1853	60 to 64	1178	2347	1425	2560
65+	1048	2339	1226	2406	65+	1447	3230	1698	3328
65+**	502	1794	680	1861	65+**	697	2480	948	2578

\*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
<b>Shield Spectrum PPO(SM) Plan 500 Premier</b>					<b>Shield Savings(SM) QS 4800*</b>				
0 to 29	339	936	749	1153	0 to 29	156	424	337	523
30 to 39	415	1031	834	1331	30 to 39	187	467	378	606
40 to 49	581	1189	896	1523	40 to 49	265	539	408	691
50 to 54	790	1629	1070	1801	50 to 54	358	741	486	819
55 to 59	982	2031	1249	2211	55 to 59	444	922	565	1003
60 to 64	1278	2547	1542	2774	60 to 64	578	1153	697	1259
65+	1571	3502	1843	3611	65+	712	1588	836	1637
65+**	755	2686	1027	2795	65+**	339	1215	463	1265
<b>Shield Spectrum PPO(SM) Plan 250 Standard</b>					<b>Shield Savings(SM) QS 3000/6000</b>				
0 to 29	388	1060	841	1305	0 to 29	169	455	364	563
30 to 39	470	1166	940	1505	30 to 39	202	502	404	650
40 to 49	656	1348	1016	1721	40 to 49	281	579	434	743
50 to 54	892	1838	1205	2039	50 to 54	383	794	520	880
55 to 59	1112	2296	1411	2501	55 to 59	477	991	606	1075
60 to 64	1444	2882	1746	3143	60 to 64	621	1240	751	1354
65+	1780	3966	2084	4086	65+	766	1707	896	1757
65+**	854	3040	1158	3160	65+**	368	1309	498	1359
<b>Shield Spectrum PPO(SM) Plan 250 Premier</b>					<b>Shield Savings(SM) 4800*</b>				
0 to 29	437	1194	951	1471	0 to 29	174	473	375	583
30 to 39	532	1315	1061	1699	30 to 39	207	521	422	674
40 to 49	742	1519	1142	1940	40 to 49	294	599	454	770
50 to 54	1008	2072	1360	2294	50 to 54	399	825	541	911
55 to 59	1250	2590	1592	2817	55 to 59	495	1026	630	1116
60 to 64	1629	3246	1965	3542	60 to 64	643	1283	776	1402
65+	2002	4468	2346	4600	65+	794	1767	930	1822
65+**	960	3426	1304	3558	65+**	378	1351	514	1406
<b>Shield Spectrum PPO(SM) Plan, Zero Deductible</b>					<b>Shield Savings(SM) 2500*</b>				
0 to 29	526	1433	1146	1768	0 to 29	193	539	432	668
30 to 39	640	1579	1278	2039	30 to 39	243	594	479	770
40 to 49	892	1824	1373	2336	40 to 49	336	688	519	880
50 to 54	1211	2492	1637	2762	50 to 54	455	938	620	1045
55 to 59	1504	3108	1912	3385	55 to 59	567	1177	724	1277
60 to 64	1961	3902	2361	4255	60 to 64	738	1474	888	1606
65+	2412	5370	2820	5534	65+	910	2026	1064	2088
65+**	1157	4115	1565	4279	65+**	435	1551	589	1613

\*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 1.10

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
<b>Shield Savings(SM) 3000/6000*</b>					<b>Shield Savings(SM) 1800/3600* <sup>1</sup></b>				
0 to 29	212	573	458	709	0 to 29	319	880	702	1090
30 to 39	254	632	509	818	30 to 39	394	971	784	1254
40 to 49	354	729	547	936	40 to 49	546	1120	848	1436
50 to 54	484	999	655	1108	50 to 54	744	1535	1009	1706
55 to 59	600	1247	762	1354	55 to 59	926	1919	1178	2085
60 to 64	783	1560	947	1705	60 to 64	1201	2406	1455	2620
65+	964	2149	1128	2212	65+	1486	3307	1739	3407
65+**	464	1648	628	1711	65+**	708	2530	961	2630
<b>Shield Savings(SM) QS 2000/4000</b>					<b>Active Choice(SM) Plan 500 SG*</b>				
0 to 29	201	554	442	686	0 to 29	253	700	559	865
30 to 39	248	611	495	789	30 to 39	311	773	623	1001
40 to 49	344	705	533	905	40 to 49	436	892	674	1141
50 to 54	469	966	635	1072	50 to 54	590	1217	799	1350
55 to 59	583	1207	742	1313	55 to 59	737	1522	933	1657
60 to 64	755	1514	915	1648	60 to 64	955	1906	1156	2079
65+	933	2082	1094	2145	65+	1177	2624	1380	2704
65+**	446	1595	607	1657	65+**	564	2011	767	2092
<b>Shield Savings(SM) 2250/4500<sup>1</sup></b>					<b>Active Choice(SM) Plan 750 SG*</b>				
0 to 29	254	690	548	855	0 to 29	289	790	632	977
30 to 39	309	761	616	986	30 to 39	347	869	702	1125
40 to 49	429	880	667	1127	40 to 49	491	1006	762	1288
50 to 54	586	1206	793	1335	50 to 54	667	1373	905	1525
55 to 59	727	1503	927	1637	55 to 59	829	1713	1053	1870
60 to 64	944	1883	1142	2055	60 to 64	1080	2151	1304	2345
65+	1163	2594	1361	2674	65+	1331	2965	1557	3053
65+**	562	1993	760	2072	65+**	640	2274	866	2362
<b>Shield Savings(SM) 2000/4000*</b>									
0 to 29	294	816	651	1009					
30 to 39	366	899	727	1162					
40 to 49	507	1038	785	1334					
50 to 54	690	1424	936	1579					
55 to 59	859	1778	1093	1934					
60 to 64	1113	2230	1347	2428					
65+	1376	3066	1611	3159					
65+**	656	2347	892	2439					

\*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.

<sup>1</sup>The 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 Benefits<sup>1</sup> and Optional Products

	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
<b><u>SPECIALTY BENEFITS</u></b>				
<b>DENTAL PPO PLANS</b>				
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

<b>DENTAL HMO PLANS</b>				
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**

	Employee	Empl and Spouse or Dmstc Prtnr	Empl and Dependent	Empl and Family
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.

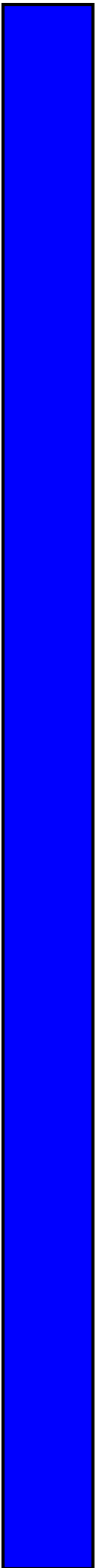
\*The Chiropractic and Chiropractic and Acupuncture options are applicable to HMO/POS only. (Chiropractic and Acupuncture are covered benefits in many of the PPO and Shield Savings plans.) Rates/Premium shown are for employees with HMO/POS plans.

\*\*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.

<sup>1</sup>Effective 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 April 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	152	365	356	551	0 to 29	193	463	453	708
30 to 39	174	388	383	601	30 to 39	225	493	491	769
40 to 49	213	477	392	650	40 to 49	268	610	501	831
50 to 54	269	551	414	745	50 to 54	346	709	534	959
55 to 59	349	735	497	850	55 to 59	447	941	635	1089
60 to 64	452	865	597	1026	60 to 64	580	1109	768	1315
65+	598	1194	767	1394	65+	770	1533	984	1794

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<sup>1,2</sup>



<sup>1</sup> Counties where Access+ HMO is available.

<sup>2</sup> Counties where Dental HMO is available.

