



Small Group Monthly Rates

Effective May 1, 2007

Medical, Dental, Life and Vision Plans

Offered by Blue Cross of California (BCC) or BC Life & Health Insurance Company (BCL&H):

Medical Plans

Hospital BeneFits.....	BCL&H
Hospital BeneFits Plus	BCL&H
Hospital BeneFits Preferred	BCL&H
Lumenos® HSA 3000 (HSA-Compatible)	BCL&H
PPO: \$35 Copay GenRx Plan.....	BCL&H
HMO: Power Select HMO Plan.....	BCC

Dental Options

Dental BeneFits PPO Plan.....	BCL&H
Dental Net HMO Plan	BCC
Dental Blue® BeneFits.....	BCL&H

Life Options

Basic Term Life and AD&D coverage.....	BCL&H
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Vision Options

Blue View.....	BCL&H
Blue View Plus	BCL&H

Medical Rating Area Definitions

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

Alameda	95304, 95377, 95391 all other Alameda ZIPs	Area 2 Area 3
Alpine		Area 2
Amador		Area 2
Butte		Area 3
Calaveras		Area 2
Colusa		Area 3
Contra Costa		Area 3
Del Norte		Area 1
El Dorado		Area 2
Fresno	93245, 93618 all other Fresno ZIPs	Area 7 Area 2
Glenn		Area 3
Humboldt		Area 3
Imperial		Area 6
Inyo	93527 all other Inyo ZIPs	Area 7 Area 2
Kern	93536 93558 all other Kern ZIPs	Area 9 Area 6 Area 7
Kings	93242, 93631, 93656 all other Kings ZIPs	Area 2 Area 7
Lake		Area 3
Lassen		Area 1
Los Angeles	ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560 90623, 90630, 90631 91709 93243, 93560 all other Los Angeles ZIPs	Area 9 Area 4 Area 6 Area 7 Area 5
Madera		Area 2
Marin		Area 2
Mariposa		Area 2
Mendocino		Area 3
Merced		Area 2

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

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

Power Select HMO Medical Rating Area Definition

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

Alameda	95304, 95377, 95391 all other Alameda ZIPs	Area 2 Area 3
Contra Costa		Area 3
Fresno	93245, 93618 all other Fresno ZIPs	Area 7 Area 2
Imperial		Area 6
Kern	93536 93558 all other Kern ZIPs	Area 9 Area 6 Area 7
Los Angeles	ZIP codes beginning with 906-912, 915, 917, 918 & 935 (except 90623, 90630, 90631, 91709, 93560) 90623, 90630, 90631 91709 93243, 93560 all other Los Angeles ZIPs	Area 9 Area 4 Area 6 Area 7 Area 5
Merced		Area 2
Nevada	95977 all other Nevada ZIPs (except 95728, 96111, 96160, 96161 & 96162)	Area 3 Area 2
Orange	90638 all other Orange ZIPs	Area 9 Area 4
Placer	95668, 95692 all other Placer ZIPs (except 95715, 95724, 96140, 96141, 96142, 96143, 96145, 96146, 96148 & 96161)	Area 3 Area 2
Riverside	92883 all other Riverside ZIPs (except 92225, 92226, 92239)	Area 4 Area 6
Sacramento	94571 all other Sacramento ZIPs	Area 3 Area 2
San Bernardino	91766, 91792 93516, 93555 all other San Bernardino ZIPs (except 92363, 92364, 92365)	Area 9 Area 7 Area 6
San Diego	San Diego (except 91901, 91905, 91906, 91916, 91917, 91934, 91935, 91948, 91962, 91963, 91980, 92004, 92036, 92059, 92061, 92066 & 92086)	Area 6
San Francisco		Area 3
San Joaquin	94514 all other San Joaquin ZIPs	Area 3 Area 2
San Mateo		Area 2
Santa Clara	94303, 95023 all other Santa Clara ZIPs	Area 2 Area 3
Santa Cruz		Area 3
Stanislaus		Area 2
Tulare	93631, 93641, 93646, 93654 all other Tulare ZIPs	Area 2 Area 7
Yolo		Area 3

Calculating Your Group's Rates

This rate guide includes the Standard Employee Risk Rates (SERR) or 1.00 Risk Adjustment Factor (RAF) Rates for all rating areas, as well as Small Group Dental Monthly Rates, Small Group Basic Term Life and AD&D and Vision Monthly Rates. The following calculations are provided to assist you in obtaining the monthly rates for RAFs other than 1.00.

To obtain 0.90 RAF rates, multiply the 1.00 Standard Rates by 0.90. If the result is not a whole dollar amount, round up to the next higher whole dollar amount.

Example: 1.00 Standard Rate is \$206.00

$\$206.00 \times 0.90 = \185.40 . The .90 RAF rate would be \$186.00.

To obtain 1.10 RAF rates, multiply the 1.00 Standard Rates by 1.10. If the result is not a whole dollar amount, round down to the next lower whole dollar amount.

Example: 1.00 Standard Rate is \$206.00

$\$206.00 \times 1.10 = \226.60 . The 1.10 RAF rate would be \$226.00.

To obtain all other RAF rates, multiply the 1.00 Standard Rates by the particular RAF. If the result is not a whole dollar amount, round to the nearest whole dollar amount (amounts with 50 cents or more, round up; amounts with 49 cents or less, round down).

.93 RAF Example: 1.00 Standard Rate is \$206.00

$\$206.00 \times 0.93 = \191.58 . The 0.93 RAF rate would be \$192.00.

1.05 RAF Example: 1.00 Standard Rate is \$206.00

$\$206.00 \times 1.05 = \216.30 . The 1.05 RAF rate would be \$216.00.

BeneFits from Blue Cross

Small Business Solutions. A Package that Fits.

AREA 1		Hospital PPO Coverage			Consumer Driven	Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$90	\$107	\$127	\$153	\$199	n/a
	30 - 39	111	132	155	205	248	n/a
	40 - 49	152	180	206	297	333	n/a
	50 - 54	202	238	268	356	449	n/a
	55 - 59	246	292	329	455	552	n/a
	60 - 64	322	382	424	569	707	n/a
	65+ PRIMARY	371	442	491	740	828	n/a
	65+ SECONDARY	152	180	206	421	347	n/a
EMPLOYEE & SPOUSE	AGE - under 30	265	315	360	315	592	n/a
	30 - 39	307	365	415	423	690	n/a
	40 - 49	298	355	405	608	680	n/a
	50 - 54	415	493	554	740	935	n/a
	55 - 59	511	606	678	940	1,159	n/a
	60 - 64	613	729	811	1,148	1,390	n/a
	65+ PRIMARY	864	1,027	1,133	1,413	1,956	n/a
	65+ SECONDARY	401	476	537	842	917	n/a
EMPLOYEE & CHILD(REN)	AGE - under 30	202	238	285	278	439	n/a
	30 - 39	219	259	309	356	484	n/a
	40 - 49	222	264	312	464	490	n/a
	50 - 54	264	314	366	510	583	n/a
	55 - 59	312	370	429	583	693	n/a
	60 - 64	383	455	521	678	855	n/a
	65+ PRIMARY	429	509	579	852	950	n/a
	65+ SECONDARY	170	202	245	585	378	n/a
FAMILY	AGE - under 30	298	354	424	432	666	n/a
	30 - 39	347	413	490	574	765	n/a
	40 - 49	374	444	523	737	842	n/a
	50 - 54	449	534	621	771	998	n/a
	55 - 59	549	652	750	978	1,213	n/a
	60 - 64	685	815	925	1,154	1,526	n/a
	65+ PRIMARY	874	1,039	1,168	1,463	1,959	n/a
	65+ SECONDARY	406	481	564	862	923	n/a

Area 1 (except for Power Select HMO Plan): Del Norte, Lassen, Modoc, Monterey (except 93451, 95076), Plumas (except ZIP code 95981), San Benito (93930, 95004 only), San Luis Obispo (93426 only), Shasta, Sierra (except 95922, 95960), Siskiyou, Tehama (except 95963, 95973), Trinity (except ZIP code 95526)

AREA 2		Hospital PPO Coverage			Consumer Driven	Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$83	\$100	\$119	\$124	\$160	\$256
	30 - 39	105	126	147	166	201	328
	40 - 49	144	170	195	241	274	350
	50 - 54	191	226	256	290	366	448
	55 - 59	233	276	312	370	447	567
	60 - 64	301	358	398	463	578	741
	65+ PRIMARY	383	455	504	602	739	895
	65+ SECONDARY	155	185	212	342	308	631
EMPLOYEE & SPOUSE	AGE - under 30	246	293	337	256	477	643
	30 - 39	286	339	389	343	562	757
	40 - 49	290	343	392	494	560	818
	50 - 54	392	467	525	602	757	858
	55 - 59	481	572	641	764	940	1,217
	60 - 64	591	702	781	933	1,155	1,299
	65+ PRIMARY	886	1,053	1,162	1,149	1,729	1,811
	65+ SECONDARY	412	491	552	684	813	1,501
EMPLOYEE & CHILD(REN)	AGE - under 30	180	213	260	226	355	600
	30 - 39	204	243	291	289	392	664
	40 - 49	204	243	291	377	402	653
	50 - 54	241	285	336	415	471	657
	55 - 59	286	339	396	474	561	772
	60 - 64	357	423	487	551	693	951
	65+ PRIMARY	439	521	593	693	857	1,094
	65+ SECONDARY	171	203	247	475	341	742
FAMILY	AGE - under 30	275	326	396	351	538	855
	30 - 39	321	381	456	467	623	994
	40 - 49	353	419	497	599	683	1,047
	50 - 54	412	491	573	627	813	1,197
	55 - 59	502	597	689	795	985	1,325
	60 - 64	634	753	858	938	1,245	1,587
	65+ PRIMARY	894	1,062	1,194	1,189	1,748	2,084
	65+ SECONDARY	416	495	579	701	818	1,675

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

BeneFits from Blue Cross

Small Business Solutions. A Package that Fits.

AREA 3		Hospital PPO Coverage			Consumer Driven	Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$80	\$95	\$116	\$115	\$152	\$229
	30 - 39	96	114	136	154	185	284
	40 - 49	132	158	183	224	253	312
	50 - 54	176	210	240	268	333	390
	55 - 59	215	256	289	342	413	496
	60 - 64	284	336	376	428	538	665
	65+ PRIMARY	349	414	461	557	666	859
	65+ SECONDARY	154	183	211	317	299	623
EMPLOYEE & SPOUSE	AGE - under 30	232	276	320	237	439	584
	30 - 39	266	316	365	318	518	695
	40 - 49	269	320	369	458	517	762
	50 - 54	363	432	490	557	700	787
	55 - 59	445	529	596	708	865	1,113
	60 - 64	558	664	741	864	1,072	1,217
	65+ PRIMARY	810	961	1,066	1,064	1,557	1,754
	65+ SECONDARY	403	478	541	634	791	1,493
EMPLOYEE & CHILD(REN)	AGE - under 30	173	205	252	209	324	525
	30 - 39	187	221	270	268	361	588
	40 - 49	192	228	277	349	371	586
	50 - 54	225	268	321	384	436	581
	55 - 59	269	320	377	439	518	673
	60 - 64	336	400	464	510	648	845
	65+ PRIMARY	404	481	550	641	771	1,055
	65+ SECONDARY	173	205	252	440	330	733
FAMILY	AGE - under 30	257	305	379	325	493	748
	30 - 39	299	354	432	432	569	874
	40 - 49	330	390	471	555	633	930
	50 - 54	386	459	543	581	748	1,057
	55 - 59	470	558	653	736	902	1,167
	60 - 64	600	712	819	868	1,157	1,416
	65+ PRIMARY	819	972	1,102	1,101	1,578	2,014
	65+ SECONDARY	404	481	571	649	795	1,670

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

AREA 4		Hospital PPO Coverage			Consumer Driven	Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$85	\$101	\$122	\$132	\$169	\$170
	30 - 39	108	129	153	177	211	209
	40 - 49	147	174	201	257	285	234
	50 - 54	200	239	272	308	386	292
	55 - 59	240	286	323	393	477	372
	60 - 64	315	375	420	492	623	498
	65+ PRIMARY	418	497	552	640	822	660
	65+ SECONDARY	187	221	253	364	363	489
EMPLOYEE & SPOUSE	AGE - under 30	257	305	355	272	511	434
	30 - 39	301	357	411	365	601	518
	40 - 49	304	360	414	526	602	570
	50 - 54	410	488	552	640	817	591
	55 - 59	505	599	675	813	1,009	833
	60 - 64	631	751	838	992	1,255	913
	65+ PRIMARY	972	1,155	1,277	1,222	1,929	1,345
	65+ SECONDARY	490	582	654	728	977	1,159
EMPLOYEE & CHILD(REN)	AGE - under 30	192	228	280	240	377	390
	30 - 39	211	250	305	308	416	441
	40 - 49	212	251	306	401	429	440
	50 - 54	255	302	361	441	505	438
	55 - 59	299	354	419	504	599	506
	60 - 64	378	449	521	586	756	635
	65+ PRIMARY	482	572	654	736	955	813
	65+ SECONDARY	204	242	296	505	405	571
FAMILY	AGE - under 30	287	342	422	373	570	560
	30 - 39	331	394	479	496	664	656
	40 - 49	368	437	525	637	738	702
	50 - 54	437	519	614	667	869	790
	55 - 59	528	628	731	845	1,051	870
	60 - 64	677	804	924	997	1,351	1,061
	65+ PRIMARY	981	1,165	1,316	1,264	1,949	1,545
	65+ SECONDARY	499	593	694	745	985	1,299

Area 4: Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)

BeneFits from Blue Cross

Small Business Solutions. A Package that Fits.

AREA 5		Hospital PPO Coverage			Consumer Driven	Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$98	\$117	\$139	\$147	\$190	\$180
	30 - 39	123	146	171	197	239	222
	40 - 49	164	195	226	286	318	244
	50 - 54	219	259	295	343	430	305
	55 - 59	273	324	365	438	529	386
	60 - 64	359	426	476	548	698	519
	65+ PRIMARY	436	518	574	713	839	656
	65+ SECONDARY	195	232	265	406	371	493
EMPLOYEE & SPOUSE	AGE - under 30	288	343	396	304	567	457
	30 - 39	344	409	468	407	668	539
	40 - 49	344	409	468	586	668	596
	50 - 54	469	557	630	713	911	614
	55 - 59	571	678	759	906	1,125	862
	60 - 64	715	849	945	1,106	1,395	951
	65+ PRIMARY	1,008	1,198	1,322	1,362	1,970	1,332
	65+ SECONDARY	511	607	682	811	997	1,159
EMPLOYEE & CHILD(REN)	AGE - under 30	215	256	310	267	420	411
	30 - 39	240	284	342	343	462	454
	40 - 49	243	290	347	447	477	456
	50 - 54	292	348	409	491	569	450
	55 - 59	341	404	472	562	668	523
	60 - 64	432	512	589	653	843	664
	65+ PRIMARY	500	594	678	821	976	807
	65+ SECONDARY	209	247	300	563	408	575
FAMILY	AGE - under 30	327	388	472	416	636	586
	30 - 39	381	453	543	553	740	680
	40 - 49	423	500	594	710	822	731
	50 - 54	493	587	689	743	974	824
	55 - 59	601	714	826	943	1,176	909
	60 - 64	774	919	1,049	1,112	1,509	1,107
	65+ PRIMARY	1,019	1,212	1,365	1,409	1,991	1,534
	65+ SECONDARY	514	610	714	831	1,009	1,300

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

AREA 6		Hospital PPO Coverage			Consumer Driven	Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$85	\$101	\$121	\$117	\$152	\$207
	30 - 39	104	124	147	157	187	264
	40 - 49	147	174	200	228	254	284
	50 - 54	195	232	264	274	341	365
	55 - 59	240	286	322	349	423	457
	60 - 64	317	378	421	437	552	613
	65+ PRIMARY	422	499	553	568	731	761
	65+ SECONDARY	182	215	247	323	320	567
EMPLOYEE & SPOUSE	AGE - under 30	259	307	356	242	448	536
	30 - 39	304	360	412	324	528	645
	40 - 49	299	354	408	467	532	697
	50 - 54	414	490	555	568	724	726
	55 - 59	510	606	679	722	898	1,019
	60 - 64	631	751	836	881	1,113	1,116
	65+ PRIMARY	970	1,153	1,272	1,085	1,706	1,543
	65+ SECONDARY	470	558	629	646	864	1,332
EMPLOYEE & CHILD(REN)	AGE - under 30	192	228	277	213	340	489
	30 - 39	214	255	306	273	370	540
	40 - 49	212	251	303	356	379	538
	50 - 54	255	302	358	391	449	536
	55 - 59	301	357	417	448	532	623
	60 - 64	378	449	518	520	668	780
	65+ PRIMARY	481	571	650	654	846	934
	65+ SECONDARY	197	234	285	449	359	655
FAMILY	AGE - under 30	288	343	419	331	506	687
	30 - 39	335	398	478	441	585	805
	40 - 49	375	445	529	566	655	868
	50 - 54	443	525	616	592	774	969
	55 - 59	533	631	733	751	931	1,077
	60 - 64	677	804	920	886	1,193	1,302
	65+ PRIMARY	985	1,168	1,315	1,123	1,726	1,777
	65+ SECONDARY	477	566	661	662	867	1,486

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

BeneFits from Blue Cross

Small Business Solutions. A Package that Fits.

AREA 7		Hospital PPO Coverage			Consumer Driven	Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$75	\$89	\$108	\$110	\$144	\$233
	30 - 39	95	112	134	147	177	296
	40 - 49	127	151	175	214	243	315
	50 - 54	169	202	228	256	322	403
	55 - 59	206	246	277	327	397	511
	60 - 64	262	313	350	409	511	676
	65+ PRIMARY	341	404	449	533	655	809
	65+ SECONDARY	138	163	189	303	274	576
EMPLOYEE & SPOUSE	AGE - under 30	219	259	303	227	423	582
	30 - 39	253	301	345	304	497	687
	40 - 49	255	302	348	437	493	743
	50 - 54	344	409	464	533	672	773
	55 - 59	426	507	570	676	833	1,098
	60 - 64	524	621	694	826	1,022	1,175
	65+ PRIMARY	787	934	1,033	1,017	1,531	1,642
	65+ SECONDARY	364	433	489	606	720	1,360
EMPLOYEE & CHILD(REN)	AGE - under 30	161	192	235	200	315	546
	30 - 39	180	214	259	256	344	599
	40 - 49	182	215	262	334	354	591
	50 - 54	212	251	300	367	420	597
	55 - 59	253	301	352	419	497	702
	60 - 64	316	376	435	488	614	862
	65+ PRIMARY	388	461	526	613	757	995
	65+ SECONDARY	148	177	219	421	302	675
FAMILY	AGE - under 30	242	288	355	310	477	776
	30 - 39	284	336	406	413	549	904
	40 - 49	312	370	443	530	603	950
	50 - 54	367	436	515	555	720	1,084
	55 - 59	445	527	615	704	869	1,203
	60 - 64	558	665	763	830	1,101	1,440
	65+ PRIMARY	791	939	1,062	1,052	1,547	1,890
	65+ SECONDARY	371	440	519	620	726	1,517

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

AREA 8		Hospital PPO Coverage			Consumer Driven	Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$75	\$89	\$109	\$113	\$147	n/a
	30 - 39	95	112	135	152	184	n/a
	40 - 49	127	151	176	220	248	n/a
	50 - 54	169	202	229	264	332	n/a
	55 - 59	206	246	278	337	407	n/a
	60 - 64	262	313	351	422	525	n/a
	65+ PRIMARY	341	404	450	548	672	n/a
	65+ SECONDARY	138	163	190	312	280	n/a
EMPLOYEE & SPOUSE	AGE - under 30	219	259	305	234	436	n/a
	30 - 39	253	301	347	313	513	n/a
	40 - 49	255	302	350	450	507	n/a
	50 - 54	344	409	466	548	691	n/a
	55 - 59	426	507	572	697	856	n/a
	60 - 64	524	621	696	850	1,051	n/a
	65+ PRIMARY	787	934	1,035	1,047	1,574	n/a
	65+ SECONDARY	364	433	491	624	741	n/a
EMPLOYEE & CHILD(REN)	AGE - under 30	161	192	238	206	324	n/a
	30 - 39	180	214	262	264	355	n/a
	40 - 49	182	215	265	343	363	n/a
	50 - 54	212	251	303	378	429	n/a
	55 - 59	253	301	355	432	511	n/a
	60 - 64	316	376	438	502	632	n/a
	65+ PRIMARY	388	461	529	631	779	n/a
	65+ SECONDARY	148	177	222	433	310	n/a
FAMILY	AGE - under 30	242	288	360	320	488	n/a
	30 - 39	284	336	411	425	567	n/a
	40 - 49	312	370	448	546	622	n/a
	50 - 54	367	436	520	571	740	n/a
	55 - 59	445	527	620	725	891	n/a
	60 - 64	558	665	768	855	1,131	n/a
	65+ PRIMARY	791	939	1,067	1,084	1,590	n/a
	65+ SECONDARY	371	440	524	639	745	n/a

Area 8 (except for Power Select HMO Plan): Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)

BenefIts from Blue Cross

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AREA 9		Hospital PPO Coverage			Consumer Driven	Comprehensive Coverage	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000	PPO \$35 Copay GenRx	Power Select HMO
EMPLOYEE ONLY	AGE - under 30	\$76	\$89	\$111	\$115	\$149	\$173
	30 - 39	97	116	139	154	186	214
	40 - 49	131	155	181	223	248	237
	50 - 54	173	205	236	267	334	297
	55 - 59	215	256	290	341	413	372
	60 - 64	280	334	374	427	543	502
	65+ PRIMARY	339	403	450	556	652	633
	65+ SECONDARY	155	184	213	316	291	474
	EMPLOYEE & SPOUSE	AGE - under 30	227	269	317	237	439
30 - 39		270	321	371	317	517	522
40 - 49		270	321	371	456	518	573
50 - 54		367	436	497	555	709	593
55 - 59		448	532	601	705	874	837
60 - 64		560	665	746	861	1,085	919
65+ PRIMARY		788	936	1,040	1,061	1,529	1,287
65+ SECONDARY		407	483	549	632	783	1,120
EMPLOYEE & CHILD (REN)		AGE - under 30	169	200	250	208	331
	30 - 39	187	221	274	267	359	439
	40 - 49	192	228	281	348	369	440
	50 - 54	229	272	328	383	440	434
	55 - 59	268	317	378	437	518	509
	60 - 64	338	402	468	509	654	641
	65+ PRIMARY	393	466	539	639	757	780
	65+ SECONDARY	163	193	244	439	323	555
	FAMILY	AGE - under 30	258	306	383	324	493
30 - 39		299	354	436	431	574	656
40 - 49		329	392	477	553	637	704
50 - 54		390	462	553	579	756	795
55 - 59		470	558	657	734	913	877
60 - 64		607	722	833	866	1,172	1,070
65+ PRIMARY		799	950	1,081	1,098	1,544	1,478
65+ SECONDARY		410	487	581	647	792	1,256

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

Dental BeneFits (included in Hospital BeneFits Preferred Plan)	PPO coverage from BC Life & Health		
	Areas 1, 2 & 7	Areas 3, 6 & 8	Areas 4, 5 & 9
Subscriber	\$12	\$13	\$14
Subscriber & Spouse	22	24	26
Subscriber & Child	29	32	35
Subscriber & Children	29	32	35
Family	45	50	54

Dental Net	HMO coverage from Blue Cross of CA		
	Areas 1, 2, 3 & 7	Areas 4, 5, 6, & 9	Area 8
Subscriber	\$20	\$15	\$18
Subscriber & Spouse	32	24	29
Subscriber & Child	32	24	29
Subscriber & Children	48	37	43
Family	48	37	43

Dental Blue® BeneFits	PPO coverage from BC Life & Health		
	Areas 1, 2 & 7	Areas 3, 6 & 8	Areas 4, 5 & 9
Subscriber	\$11	\$13	\$15
Subscriber & Spouse	21	24	29
Subscriber & Child	28	32	38
Subscriber & Children	28	32	38
Family	43	51	58

BC Life & Health Term Life and AD&D Rate per \$1,000 of Coverage		
Age	Less than \$25,000	\$25,000 or More*
Under 30	\$0.20	\$0.16
30-39	0.25	0.20
40-44	0.41	0.33
45-49	0.58	0.46
50-54	0.86	0.69
55-59	1.53	1.22
60-64	2.27	1.82
65-69	3.77	3.02
70-74	5.36	4.29
75-79	8.44	6.75
80-84	12.12	9.70
85-89	18.14	14.51

* Rates apply to groups offering at least \$25,000 of Basic Life coverage to all enrolled employees. Monthly rates for optional dependent life insurance coverage \$2 or \$4 per family. Life and AD&D benefits reduce by 35% at age 65 and further reduce to 50% at age 70. Benefits terminate upon retirement. Availability of Group Life Insurance is subject to underwriting.

Effective May 1, 2007

BeneFits from Blue Cross

Small Business Solutions. A Package that Fits.

Blue View VisionSM

Blue View

	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	FAMILY
RATE	\$7.00	\$11.00	\$12.00	\$18.00

Blue View Plus

	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	FAMILY
RATE	\$13.00	\$23.00	\$24.00	\$36.00



BlueCross
of California



BC Life & Health
Insurance Company

Solutions Small Business Health Care Plans **at Work**

Insurance coverage underwritten by Blue Cross of California (BCC) or BC Life & Health Insurance Company (BCL&H).

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