

monthly rates for individuals and families

Effective February 1, 2007

Blue Shield Rate Guarantee¹

Our rate guarantee program offers new IFP members a rate guarantee for the first consecutive six months of coverage from the member's original effective date.

To find the rates that apply to you:

- 1. Decide which plan is best for you and/or your family.** *(Remember, a family deductible is only twice the amount of an individual deductible – no matter how many people are covered by your plan.)*
- 2. Locate your county of residence in one of the Blue Shield Rating Regions, then find the rating chart for your region.**
- 3. On the chart you'll see that rates are listed separately for single, party of two, family and YouthCareSM coverage. Locate the category that applies to you.** *(If you have dependent children, you may want to consider covering them separately with YouthCare rates. This may cost less per month, especially if you are a single parent.)*
- 4. Under the type of coverage you've selected ("family," for example), find the age range of the person who will be the primary applicant. The rates that apply to you for each Blue Shield plan are in this row.** *(If you're married, or applying with your domestic partner, use the younger spouse or partner as the primary applicant. It may lower your monthly rate!)*

Monthly Individual Term Life Premiums and Dental Coverage Rates for all regions can be found on the back page.

Blue Shield Rating Regions

The rates in this brochure are Blue Shield's "Tier 1" rates, and are offered to individuals and families in good health. Other rates may apply depending on underwriting determination.

Please Note: The rating regions and rates are subject to change. Call Blue Shield to verify which rating region you are in.

Active StartSM plans,* EssentialSM plans,* BalanceSM plans,* Shield Spectrum PPOSM plans, Shield Spectrum PPOSM Savings plans and Vital ShieldSM 2900* Rating Regions

Region 1: Alpine, Butte, Del Norte, Imperial, Inyo, Kern, Plumas, San Luis Obispo, Sonoma, Stanislaus, Trinity, Yolo and the following Santa Barbara zip codes: 93254, 93427, 93429, 93434, 93436-38, 93440-41, 93454-58, 93460, 93463-64

Region 2: Colusa, Kings, Madera, Mendocino, Merced, San Benito, San Joaquin, Siskiyou, Tulare

Region 3: Amador, Calaveras, Glenn, Modoc, Nevada, Placer, Sacramento, Shasta, Sierra, Tuolumne

Region 4: Alameda, Contra Costa, Santa Clara

Region 5: Marin, San Francisco, San Mateo

Region 6: El Dorado, Fresno, Humboldt, Lake, Lassen, Mariposa, Mono, Monterey, Napa, Santa Cruz, Solano, Sutter, Tehama, Yuba

Region 7: San Bernardino, San Diego, Santa Barbara except the zip codes listed in Rating Region 1

Region 8: Orange, Riverside, Ventura and the following Los Angeles zip codes: 91023, 91301, 91310, 91321-22, 91350-51, 91354-55, 91376-77, 91380-87, 91390, 91711, 91750, 91765-69, 91773, 91788-89, 91795, 91797, 91799, 93510, 93532, 93534-36, 93539, 93543-44, 93550-53, 93563, 93584, 93586, 93590-91, 93599

Region 9: Los Angeles except the zip codes listed in Rating Region 8

Access+ HMO[®] and Access+ Value HMOSM Rating Regions

Region 1: Butte, Kern,** Sonoma, San Luis Obispo, Stanislaus, Yolo and the following Santa Barbara zip codes: 93254, 93427, 93429, 93434, 93436-38, 93440-41, 93454-58, 93460, 93463-64

Region 2: Kings, Madera, Merced, San Joaquin, Tulare

Region 3: Nevada,** Placer,** Sacramento

Region 4: Alameda, Contra Costa, Santa Clara

Region 5: Marin, San Francisco, San Mateo

Region 6: El Dorado,** Fresno, Santa Cruz, Solano

Region 7: San Bernardino,** San Diego,** Santa Barbara except the zip codes listed in Rating Region 1

Region 8: Orange, Riverside, Ventura and the following Los Angeles zip codes: 91023, 91301, 91310, 91321-22, 91350-51, 91354-55, 91376-77, 91380-87, 91390, 91711, 91750, 91765-69, 91773, 91788-89, 91795, 91797, 91799, 93510, 93532, 93534-36, 93539, 93543-44, 93550-53, 93563, 93584, 93586, 93590-91, 93599

Region 9: Los Angeles except the zip codes listed in Rating Region 8

To learn about current rates for Guaranteed Issue plans, call (800) 431-2809.

¹ Does not apply to Guaranteed Issue plans, rate actions based on age-band changes, rate actions based on a change in location to another rating region, or to plan transfers within the first six months of enrollment.

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Shield Spectrum PPO Plan 5000 and PPO Savings Plan 4000/8000 are also underwritten by Blue Shield Life. Blue Shield of California and Blue Shield Life each offer the PPO Plan 2000 and 1500. Rates for Vital Shield 2900 have been filed with the Department of Insurance and are currently pending regulatory approval.

** Portions of these counties may not be in Blue Shield's approved HMO service area. Contact Blue Shield at (800) 431-2809 for more information.

Region 1

Alpine, Butte, Del Norte, Imperial, Inyo, Kern, Plumas, San Luis Obispo, Sonoma, Stanislaus, Trinity, Yolo and the following Santa Barbara zip codes: 93254, 93427, 93429, 93434, 93436-38, 93440-41, 93454-58, 93460, 93463-64;
HMO Rating Region 1: Butte, Kern*, Sonoma, San Luis Obispo, Stanislaus, Yolo and the following Santa Barbara zip codes: 93254, 93427, 93429, 93434, 93436-38, 93440-41, 93454-58, 93460, 93463-64

Age Range	Individual Only PPO Plans								PPO Plans										HMO Plans		
	Vital Shield 2900†	Essential Plan Family			Active Start Plan Family				Balance Plan Family			Shield Spectrum Plan Family							Access+ Value HMO	Access+ HMO	
		Essential Plan 4500	Essential Plan 3000	Essential Plan 1750	Active Start Plan 35 Generic Rx	Active Start Plan 35	Active Start Plan 25 Generic Rx	Active Start Plan 25	Balance Plan 2500	Balance Plan 1700	Balance Plan 1000	PPO Plan 5000	PPO Plan 2000 and Blue Shield Life PPO 2000**	PPO Plan 1500 and Blue Shield Life PPO 1500**	PPO Plan 750	PPO Plan 500	PPO Savings Plan 4000/8000	PPO Savings Plan 2400/4800			
YouthCare – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
Under 1	\$ 80	\$ 119	\$ 132	\$ 140	\$ 160	\$ 174	\$ 180	\$ 196	\$ 177	\$ 186	\$ 198	\$ 95	\$ 174	\$ 314	\$ 330	\$ 488	\$ 127	\$ 153	\$ 298	\$ 376	
1 to 18	37	83	90	96	90	98	101	110	70	74	80	42	80	114	122	178	43	54	171	216	
Single – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
19 to 29	\$ 45	\$ 91	\$ 98	\$ 105	\$ 97	\$ 106	\$ 110	\$ 120	\$ 81	\$ 86	\$ 93	\$ 53	\$ 95	\$ 175	\$ 184	\$ 275	\$ 48	\$ 84	\$ 294	\$ 372	
30 to 34	52	100	113	121	120	131	137	149	99	108	119	74	141	237	248	371	66	114	370	468	
35 to 39	63	112	127	136	136	148	152	166	117	127	139	88	164	260	274	406	85	124	395	499	
40 to 44	89	126	148	158	188	205	212	231	149	161	176	122	240	329	346	517	119	159	427	539	
45 to 49	115	170	188	200	241	263	272	296	180	194	213	143	268	396	421	626	158	192	467	589	
50 to 54	154	214	239	254	307	335	348	379	235	254	278	188	360	521	547	816	210	253	511	646	
55 to 59	203	298	336	357	461	503	522	568	302	326	358	236	440	667	707	1047	269	326	631	798	
60 to 64	268	391	444	473	589	643	667	726	391	422	463	271	481	866	912	1357	349	422	812	1025	
Party of two – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 158	\$ 168	\$ 181	\$ 103	\$ 188	\$ 341	\$ 358	\$ 534	\$ 92	\$ 166	\$ 576	\$ 727	
30 to 34									195	212	232	145	272	461	485	722	135	224	722	912	
35 to 39									229	247	271	175	318	508	535	794	176	247	768	970	
40 to 44									290	313	343	239	472	641	676	1005	239	312	832	1051	
45 to 49									352	379	416	278	520	778	817	1219	311	378	910	1149	
50 to 54									457	495	542	365	704	1013	1068	1589	404	490	995	1258	
55 to 59									589	636	698	460	860	1304	1376	1946	523	634	1231	1555	
60 to 64									763	824	904	528	941	1688	1779	2495	678	823	1584	2001	
Family – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 260	\$ 275	\$ 298	\$ 172	\$ 311	\$ 558	\$ 592	\$ 878	\$ 146	\$ 273	\$ 894	\$ 1130	
30 to 34									303	328	360	227	422	716	753	1120	206	349	1091	1378	
35 to 39									356	384	421	271	499	786	828	1234	269	383	1174	1483	
40 to 44									416	450	494	342	678	921	973	1444	341	449	1238	1565	
45 to 49									468	504	553	371	693	1035	1090	1618	415	503	1281	1618	
50 to 54									551	596	654	442	847	1221	1287	1916	490	595	1299	1640	
55 to 59									659	713	783	515	964	1462	1542	2293	586	711	1462	1847	
60 to 64									824	890	977	569	1016	1825	1924	2824	732	888	1783	2251	

* Portions of these counties may not be in Blue Shield's approved HMO service area. Contact Blue Shield for more information.

** Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

† Rates effective June 1, 2007.

Region 2

Colusa, Kings, Madera, Mendocino, Merced, San Benito, San Joaquin, Siskiyou, Tulare;

HMO Rating Region 2: Kings, Madera, Merced, San Joaquin, Tulare

Age Range	Individual Only PPO Plans								PPO Plans										HMO Plans		
	Vital Shield 2900†	Essential Plan Family			Active Start Plan Family				Balance Plan Family			Shield Spectrum Plan Family							Access+ Value HMO	Access+ HMO	
		Essential Plan 4500	Essential Plan 3000	Essential Plan 1750	Active Start Plan 35 Generic Rx	Active Start Plan 35	Active Start Plan 25 Generic Rx	Active Start Plan 25	Balance Plan 2500	Balance Plan 1700	Balance Plan 1000	PPO Plan 5000	PPO Plan 2000 and Blue Shield Life PPO 2000**	PPO Plan 1500 and Blue Shield Life PPO 1500**	PPO Plan 750	PPO Plan 500	PPO Savings Plan 4000/8000	PPO Savings Plan 2400/4800			
YouthCare – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
Under 1	\$ 80	\$ 123	\$ 136	\$ 147	\$ 166	\$ 181	\$ 188	\$ 205	\$ 188	\$ 198	\$ 211	\$ 101	\$ 181	\$ 331	\$ 351	\$ 518	\$ 127	\$ 160	\$ 331	\$ 418	
1 to 18	40	86	92	100	93	101	106	115	74	79	85	45	86	121	128	191	46	58	190	240	
Single – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
19 to 29	\$ 44	\$ 94	\$ 101	\$ 110	\$ 100	\$ 109	\$ 113	\$ 123	\$ 86	\$ 92	\$ 99	\$ 57	\$ 103	\$ 186	\$ 196	\$ 290	\$ 47	\$ 91	\$ 329	\$ 415	
30 to 34	54	104	117	127	124	135	141	153	106	116	126	80	150	251	266	393	68	122	414	523	
35 to 39	65	116	131	142	140	153	159	173	125	135	148	95	174	277	292	433	88	134	441	556	
40 to 44	90	130	152	165	196	214	221	241	158	171	188	129	255	351	371	546	120	169	476	601	
45 to 49	118	175	193	210	248	270	280	305	192	207	227	152	286	425	447	661	161	204	521	658	
50 to 54	154	221	246	267	319	348	361	393	250	270	296	201	385	552	582	863	210	266	570	721	
55 to 59	205	307	346	375	479	523	542	590	322	347	381	250	470	712	752	1110	272	344	705	890	
60 to 64	268	403	457	495	610	665	690	751	417	450	494	287	504	922	974	1440	349	443	906	1144	
Party of two – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 168	\$ 179	\$ 193	\$ 109	\$ 198	\$ 364	\$ 383	\$ 566	\$ 94	\$ 174	\$ 644	\$ 813	
30 to 34									207	225	247	153	293	491	516	767	136	237	805	1016	
35 to 39									244	263	289	182	340	538	570	841	177	260	858	1084	
40 to 44									309	334	366	254	502	686	720	1067	242	329	929	1174	
45 to 49									375	404	443	295	559	827	873	1290	313	397	1016	1282	
50 to 54									487	527	578	389	751	1079	1139	1684	409	519	1112	1405	
55 to 59									627	678	744	489	915	1391	1464	2167	528	668	1373	1735	
60 to 64									813	878	963	562	987	1799	1896	2808	685	866	1767	2232	
Family – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 277	\$ 293	\$ 318	\$ 181	\$ 325	\$ 599	\$ 629	\$ 934	\$ 149	\$ 289	\$ 998	\$ 1261	
30 to 34									322	350	383	238	456	762	804	1190	209	369	1217	1537	
35 to 39									379	409	448	283	526	839	883	1308	272	403	1311	1656	
40 to 44									444	479	526	367	723	981	1036	1535	345	472	1382	1746	
45 to 49									499	537	589	395	745	1101	1162	1719	419	531	1431	1808	
50 to 54									587	635	696	469	905	1299	1373	2029	496	627	1449	1831	
55 to 59									703	760	834	547	1026	1559	1643	2430	594	751	1631	2061	
60 to 64									878	949	1040	608	1065	1946	2052	3034	740	938	1988	2512	

** Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

† Rates effective June 1, 2007.

Region 3

Amador, Calaveras, Glenn, Modoc, Nevada, Placer, Sacramento, Shasta, Sierra, Tuolumne;

HMO Rating Region 3: Nevada*, Placer*, Sacramento

Age Range	Individual Only PPO Plans								PPO Plans										HMO Plans		
	Vital Shield 2900†	Essential Plan Family			Active Start Plan Family				Balance Plan Family			Shield Spectrum Plan Family							Access+ Value HMO	Access+ HMO	
		Essential Plan 4500	Essential Plan 3000	Essential Plan 1750	Active Start Plan 35 Generic Rx	Active Start Plan 35	Active Start Plan 25 Generic Rx	Active Start Plan 25	Balance Plan 2500	Balance Plan 1700	Balance Plan 1000	PPO Plan 5000	PPO Plan 2000 and Blue Shield Life PPO 2000**	PPO Plan 1500 and Blue Shield Life PPO 1500**	PPO Plan 750	PPO Plan 500	PPO Savings Plan 4000/8000	PPO Savings Plan 2400/4800			
YouthCare – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
Under 1	\$ 80	\$ 123	\$ 136	\$ 148	\$ 165	\$ 180	\$ 187	\$ 204	\$ 189	\$ 199	\$ 212	\$ 101	\$ 188	\$ 334	\$ 352	\$ 536	\$ 127	\$ 160	\$ 348	\$ 440	
1 to 18	40	86	93	101	94	103	107	116	75	79	85	45	86	122	129	197	46	59	201	254	
Single – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
19 to 29	\$ 43	\$ 94	\$ 102	\$ 110	\$ 100	\$ 109	\$ 113	\$ 123	\$ 86	\$ 92	\$ 99	\$ 57	\$ 102	\$ 186	\$ 197	\$ 300	\$ 46	\$ 89	\$ 348	\$ 438	
30 to 34	52	104	117	128	123	134	139	151	106	116	127	80	150	254	266	408	66	122	436	550	
35 to 39	65	116	132	143	140	153	159	173	126	136	149	95	174	279	295	446	87	133	462	584	
40 to 44	91	131	153	166	197	215	223	243	159	172	188	132	256	351	372	568	122	170	501	633	
45 to 49	118	176	194	211	248	271	281	306	192	208	228	152	285	426	451	685	162	205	549	693	
50 to 54	156	221	247	268	319	348	361	393	251	271	297	202	384	556	585	892	213	269	601	759	
55 to 59	206	309	347	377	479	523	542	590	323	349	383	251	470	714	754	1149	273	345	743	938	
60 to 64	270	405	459	499	612	668	693	754	418	452	495	290	522	927	977	1491	352	446	955	1206	
Party of two – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 169	\$ 179	\$ 194	\$ 109	\$ 198	\$ 364	\$ 383	\$ 584	\$ 94	\$ 176	\$ 676	\$ 854	
30 to 34									208	226	248	154	291	492	521	794	136	236	848	1071	
35 to 39									245	264	290	185	340	542	572	874	179	262	904	1142	
40 to 44									310	335	367	254	502	687	725	1104	241	331	979	1236	
45 to 49									376	405	445	295	559	833	876	1336	316	400	1070	1353	
50 to 54									489	529	580	390	749	1086	1141	1743	411	522	1171	1480	
55 to 59									630	680	747	492	920	1395	1469	2244	532	673	1448	1828	
60 to 64									816	881	967	563	1015	1806	1903	2905	687	871	1862	2352	
Family – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 278	\$ 294	\$ 319	\$ 182	\$ 327	\$ 597	\$ 633	\$ 966	\$ 148	\$ 290	\$ 1050	\$ 1327	
30 to 34									324	351	385	241	457	763	807	1230	210	368	1283	1621	
35 to 39									381	411	450	286	529	843	886	1354	273	406	1381	1745	
40 to 44									445	481	528	367	721	985	1038	1587	347	476	1457	1841	
45 to 49									501	539	592	395	745	1105	1166	1778	421	532	1505	1901	
50 to 54									589	637	699	470	902	1308	1377	2101	497	629	1527	1929	
55 to 59									705	763	837	549	1032	1564	1650	2516	594	751	1717	2169	
60 to 64									881	952	1045	609	1098	1950	2058	3138	743	942	2093	2644	

* Portions of these counties may not be in Blue Shield's approved HMO service area. Contact Blue Shield for more information.

** Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

† Rates effective June 1, 2007.

Region 4

Alameda, Contra Costa, Santa Clara;

HMO Rating Region 4: Alameda, Contra Costa, Santa Clara

Age Range	Individual Only PPO Plans								PPO Plans										HMO Plans		
	Vital Shield 2900†	Essential Plan Family			Active Start Plan Family				Balance Plan Family			Shield Spectrum Plan Family							Access+ Value HMO	Access+ HMO	
		Essential Plan 4500	Essential Plan 3000	Essential Plan 1750	Active Start Plan 35 Generic Rx	Active Start Plan 35	Active Start Plan 25 Generic Rx	Active Start Plan 25	Balance Plan 2500	Balance Plan 1700	Balance Plan 1000	PPO Plan 5000	PPO Plan 2000 and Blue Shield Life PPO 2000**	PPO Plan 1500 and Blue Shield Life PPO 1500**	PPO Plan 750	PPO Plan 500	PPO Savings Plan 4000/8000	PPO Savings Plan 2400/4800			
YouthCare – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
Under 1	\$ 76	\$ 121	\$ 135	\$ 144	\$ 148	\$ 161	\$ 168	\$ 183	\$ 179	\$ 188	\$ 200	\$ 106	\$ 185	\$ 316	\$ 334	\$ 494	\$ 121	\$ 159	\$ 294	\$ 371	
1 to 18	39	85	92	98	86	94	97	106	72	76	81	44	101	117	122	181	45	60	169	213	
Single – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
19 to 29	\$ 42	\$ 94	\$ 102	\$ 108	\$ 93	\$ 101	\$ 106	\$ 115	\$ 82	\$ 88	\$ 95	\$ 57	\$ 102	\$ 176	\$ 188	\$ 277	\$ 45	\$ 89	\$ 289	\$ 366	
30 to 34	51	104	116	124	116	126	131	143	102	110	120	80	142	239	255	376	64	120	367	463	
35 to 39	62	116	132	140	131	143	148	161	119	129	141	87	156	266	278	412	84	133	388	491	
40 to 44	85	130	152	163	183	200	208	226	151	163	178	124	233	336	352	523	114	167	422	533	
45 to 49	114	174	193	206	233	254	263	286	183	197	216	148	262	405	428	631	156	203	460	580	
50 to 54	157	217	244	261	298	325	338	368	238	257	281	206	363	529	556	825	214	266	506	639	
55 to 59	197	305	345	367	446	486	505	550	306	331	362	251	444	679	718	1059	261	341	623	786	
60 to 64	259	400	455	484	567	619	642	699	397	428	469	299	511	880	928	1373	337	441	801	1013	
Party of two – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 160	\$ 170	\$ 183	\$ 112	\$ 202	\$ 347	\$ 363	\$ 540	\$ 90	\$ 174	\$ 569	\$ 718	
30 to 34									197	214	234	157	277	469	494	730	132	235	711	897	
35 to 39									233	250	274	171	306	514	544	803	168	257	760	959	
40 to 44									294	318	348	242	455	653	687	1019	231	326	822	1038	
45 to 49									357	384	421	283	512	789	833	1233	300	393	899	1135	
50 to 54									464	501	549	402	710	1031	1086	1606	415	515	982	1241	
55 to 59									597	645	707	485	869	1325	1399	2067	507	662	1217	1537	
60 to 64									774	835	915	582	998	1716	1811	2679	656	858	1562	1973	
Family – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 263	\$ 279	\$ 302	\$ 184	\$ 332	\$ 569	\$ 601	\$ 889	\$ 141	\$ 285	\$ 882	\$ 1115	
30 to 34									307	333	364	242	431	728	766	1135	199	362	1076	1360	
35 to 39									361	389	426	264	476	800	843	1247	259	400	1160	1465	
40 to 44									422	456	500	347	654	937	988	1463	330	469	1224	1546	
45 to 49									475	511	560	378	683	1051	1107	1641	401	524	1266	1598	
50 to 54									559	604	662	484	854	1242	1311	1938	502	620	1281	1618	
55 to 59									669	723	792	543	972	1487	1568	2321	566	741	1443	1823	
60 to 64									836	902	989	629	1078	1854	1957	2896	710	929	1759	2222	

** Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

† Rates effective June 1, 2007.

Region 5

Marin, San Francisco, San Mateo;

HMO Rating Region 5: Marin, San Francisco, San Mateo

Age Range	Individual Only PPO Plans								PPO Plans										HMO Plans		
	Vital Shield 2900†	Essential Plan Family			Active Start Plan Family				Balance Plan Family			Shield Spectrum Plan Family							Access+ Value HMO	Access+ HMO	
		Essential Plan 4500	Essential Plan 3000	Essential Plan 1750	Active Start Plan 35 Generic Rx	Active Start Plan 35	Active Start Plan 25 Generic Rx	Active Start Plan 25	Balance Plan 2500	Balance Plan 1700	Balance Plan 1000	PPO Plan 5000	PPO Plan 2000 and Blue Shield Life PPO 2000**	PPO Plan 1500 and Blue Shield Life PPO 1500**	PPO Plan 750	PPO Plan 500	PPO Savings Plan 4000/8000	PPO Savings Plan 2400/4800			
YouthCare – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
Under 1	\$ 88	\$ 136	\$ 152	\$ 165	\$ 159	\$ 173	\$ 179	\$ 195	\$ 210	\$ 222	\$ 236	\$ 118	\$ 215	\$ 371	\$ 392	\$ 549	\$ 140	\$ 179	\$ 327	\$ 413	
1 to 18	45	95	103	111	93	101	106	115	83	88	95	49	117	136	143	203	52	67	188	238	
Single – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
19 to 29	\$ 49	\$ 105	\$ 113	\$ 123	\$ 100	\$ 109	\$ 113	\$ 123	\$ 96	\$ 102	\$ 111	\$ 64	\$ 120	\$ 208	\$ 221	\$ 309	\$ 52	\$ 101	\$ 325	\$ 410	
30 to 34	58	116	129	140	124	135	141	153	118	129	141	90	166	282	296	418	73	133	407	514	
35 to 39	71	130	147	160	140	153	159	173	140	151	166	98	185	311	325	459	96	150	435	548	
40 to 44	100	146	170	184	196	214	221	241	177	191	210	140	285	392	412	581	134	188	469	593	
45 to 49	131	196	217	236	250	273	283	308	214	232	254	163	323	476	500	703	180	227	512	647	
50 to 54	175	245	275	299	319	348	361	393	279	302	331	232	426	619	653	918	239	300	561	708	
55 to 59	227	344	388	421	478	521	541	589	359	388	426	280	521	796	841	1179	301	382	694	877	
60 to 64	302	451	510	554	608	663	688	749	465	503	551	337	585	1029	1086	1528	393	496	892	1126	
Party of two – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 188	\$ 200	\$ 216	\$ 127	\$ 238	\$ 406	\$ 426	\$ 601	\$ 104	\$ 197	\$ 631	\$ 796	
30 to 34									232	252	276	178	324	550	578	814	151	265	793	1001	
35 to 39									273	294	323	194	361	603	635	894	197	291	844	1066	
40 to 44									345	373	409	273	553	762	804	1134	269	368	914	1156	
45 to 49									419	451	495	323	631	924	974	1371	353	447	999	1262	
50 to 54									545	589	646	453	832	1205	1271	1790	464	579	1097	1385	
55 to 59									701	757	831	548	1016	1551	1637	2300	588	747	1353	1709	
60 to 64									908	981	1076	656	1140	2008	2119	2979	763	967	1741	2199	
Family – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 309	\$ 328	\$ 355	\$ 208	\$ 389	\$ 667	\$ 701	\$ 990	\$ 164	\$ 321	\$ 982	\$ 1240	
30 to 34									360	391	428	274	503	850	899	1263	230	410	1198	1514	
35 to 39									424	457	501	296	557	936	985	1389	303	451	1292	1631	
40 to 44									496	535	588	391	796	1096	1158	1626	386	529	1362	1721	
45 to 49									557	600	659	430	840	1229	1297	1823	469	592	1407	1778	
50 to 54									656	710	778	547	1000	1449	1532	2154	564	700	1428	1803	
55 to 59									785	849	932	615	1137	1739	1833	2580	661	838	1609	2031	
60 to 64									981	1060	1163	709	1233	2171	2290	3221	826	1047	1957	2472	

** Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

† Rates effective June 1, 2007.

Region 6

El Dorado, Fresno, Humboldt, Lake, Lassen, Mariposa, Mono, Monterey, Napa, Santa Cruz, Solano, Sutter, Tehama, Yuba;
HMO Rating Region 6: El Dorado*, Fresno, Santa Cruz, Solano

Age Range	Individual Only PPO Plans								PPO Plans										HMO Plans		
	Vital Shield 2900†	Essential Plan Family			Active Start Plan Family				Balance Plan Family			Shield Spectrum Plan Family							Access+ Value HMO	Access+ HMO	
		Essential Plan 4500	Essential Plan 3000	Essential Plan 1750	Active Start Plan 35 Generic Rx	Active Start Plan 35	Active Start Plan 25 Generic Rx	Active Start Plan 25	Balance Plan 2500	Balance Plan 1700	Balance Plan 1000	PPO Plan 5000	PPO Plan 2000 and Blue Shield Life PPO 2000**	PPO Plan 1500 and Blue Shield Life PPO 1500**	PPO Plan 750	PPO Plan 500	PPO Savings Plan 4000/8000	PPO Savings Plan 2400/4800			
YouthCare – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
Under 1	\$ 87	\$ 134	\$ 149	\$ 162	\$ 186	\$ 203	\$ 210	\$ 229	\$ 206	\$ 217	\$ 231	\$ 111	\$ 195	\$ 362	\$ 385	\$ 567	\$ 138	\$ 175	\$ 370	\$ 468	
1 to 18	45	93	99	108	104	113	118	128	81	86	93	50	96	134	141	209	52	65	213	268	
Single – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
19 to 29	\$ 47	\$ 102	\$ 111	\$ 119	\$ 111	\$ 121	\$ 127	\$ 138	\$ 94	\$ 100	\$ 108	\$ 61	\$ 113	\$ 203	\$ 214	\$ 319	\$ 50	\$ 97	\$ 367	\$ 463	
30 to 34	57	112	127	137	140	153	159	173	116	126	138	86	164	273	290	429	72	132	461	582	
35 to 39	71	127	143	156	159	173	179	195	137	148	162	104	191	303	320	474	95	147	492	621	
40 to 44	99	143	166	180	219	239	248	270	173	187	205	142	282	382	405	597	132	184	531	671	
45 to 49	130	192	212	230	278	303	313	341	210	226	248	165	314	464	488	725	178	223	581	734	
50 to 54	168	241	269	291	358	390	405	441	273	295	324	217	421	604	637	942	230	292	636	803	
55 to 59	222	337	380	411	536	585	607	661	352	380	417	275	516	780	820	1212	295	374	785	991	
60 to 64	295	442	502	544	684	746	775	844	455	492	539	315	540	1008	1063	1573	384	488	1008	1275	
Party of two – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 184	\$ 195	\$ 211	\$ 122	\$ 221	\$ 397	\$ 421	\$ 618	\$ 101	\$ 191	\$ 715	\$ 904	
30 to 34									227	246	270	168	323	537	565	837	147	257	896	1133	
35 to 39									267	288	316	201	373	589	624	919	194	286	956	1208	
40 to 44									337	365	400	281	549	748	789	1165	264	362	1035	1307	
45 to 49									410	442	484	325	611	904	955	1409	347	437	1130	1428	
50 to 54									533	576	632	426	817	1181	1245	1840	451	569	1241	1567	
55 to 59									686	741	813	537	1002	1515	1602	2367	579	735	1532	1936	
60 to 64									888	960	1052	614	1053	1969	2076	3067	751	949	1969	2488	
Family – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 302	\$ 321	\$ 347	\$ 199	\$ 363	\$ 653	\$ 690	\$ 1018	\$ 162	\$ 316	\$ 1112	\$ 1405	
30 to 34									352	383	419	265	499	833	880	1300	227	402	1356	1713	
35 to 39									415	447	490	310	577	914	967	1427	295	440	1461	1846	
40 to 44									485	524	575	400	793	1074	1133	1672	377	516	1541	1946	
45 to 49									545	587	644	431	810	1205	1271	1877	458	580	1592	2011	
50 to 54									642	694	761	513	985	1423	1501	2216	542	684	1614	2039	
55 to 59									768	831	912	599	1127	1700	1797	2653	647	820	1818	2296	
60 to 64									960	1037	1137	664	1136	2125	2243	3314	809	1025	2217	2800	

* Portions of these counties may not be in Blue Shield's approved HMO service area. Contact Blue Shield for more information.

** Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

† Rates effective June 1, 2007.

Region 7

San Bernardino, San Diego, Santa Barbara except the zip codes listed in Rating Region 1;

HMO Rating Region 7: San Bernardino*, San Diego*, Santa Barbara except the zip codes listed in Rating Region 1

Age Range	Individual Only PPO Plans								PPO Plans										HMO Plans		
	Vital Shield 2900†	Essential Plan Family			Active Start Plan Family				Balance Plan Family			Shield Spectrum Plan Family							Access+ Value HMO	Access+ HMO	
		Essential Plan 4500	Essential Plan 3000	Essential Plan 1750	Active Start Plan 35 Generic Rx	Active Start Plan 35	Active Start Plan 25 Generic Rx	Active Start Plan 25	Balance Plan 2500	Balance Plan 1700	Balance Plan 1000	PPO Plan 5000	PPO Plan 2000 and Blue Shield Life PPO 2000**	PPO Plan 1500 and Blue Shield Life PPO 1500**	PPO Plan 750	PPO Plan 500	PPO Savings Plan 4000/8000	PPO Savings Plan 2400/4800			
YouthCare – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
Under 1	\$ 70	\$ 120	\$ 137	\$ 149	\$ 116	\$ 126	\$ 131	\$ 143	\$ 187	\$ 198	\$ 210	\$ 88	\$ 175	\$ 332	\$ 348	\$ 540	\$ 111	\$ 141	\$ 262	\$ 330	
1 to 18	40	88	94	102	82	89	92	100	74	78	84	46	93	121	127	198	46	57	150	190	
Single – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
19 to 29	\$ 44	\$ 96	\$ 104	\$ 113	\$ 87	\$ 95	\$ 99	\$ 108	\$ 85	\$ 91	\$ 99	\$ 52	\$ 85	\$ 186	\$ 195	\$ 302	\$ 47	\$ 90	\$ 261	\$ 329	
30 to 34	52	106	118	128	108	118	122	133	105	115	126	72	135	251	265	408	66	120	325	411	
35 to 39	64	118	134	145	122	133	138	150	125	135	147	93	190	275	293	449	86	133	346	437	
40 to 44	90	132	151	164	171	186	193	210	158	170	187	124	230	349	369	570	121	169	376	474	
45 to 49	119	173	192	208	214	233	242	263	191	206	226	156	298	422	447	689	163	203	409	517	
50 to 54	154	216	243	264	276	301	312	340	249	269	295	206	387	551	582	900	211	268	450	569	
55 to 59	203	299	338	367	415	453	469	511	320	346	380	254	474	708	747	1156	270	343	555	701	
60 to 64	266	392	444	483	527	575	597	650	415	448	491	297	538	918	969	1497	347	443	714	902	
Party of two – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 168	\$ 178	\$ 192	\$ 102	\$ 167	\$ 359	\$ 381	\$ 590	\$ 93	\$ 175	\$ 507	\$ 639	
30 to 34									206	224	246	142	263	488	516	797	136	237	635	802	
35 to 39									243	262	287	180	372	535	566	877	175	259	677	855	
40 to 44									307	332	364	243	450	681	719	1110	240	329	731	924	
45 to 49									373	402	441	304	582	824	869	1344	315	398	798	1008	
50 to 54									485	525	575	395	758	1075	1135	1754	409	518	876	1107	
55 to 59									624	675	740	491	925	1382	1459	2255	523	664	1084	1369	
60 to 64									809	874	958	582	1048	1790	1888	2921	684	865	1391	1757	
Family – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 275	\$ 292	\$ 316	\$ 167	\$ 275	\$ 593	\$ 629	\$ 970	\$ 147	\$ 288	\$ 786	\$ 993	
30 to 34									321	348	382	220	410	756	801	1238	207	366	959	1212	
35 to 39									378	407	446	278	576	832	878	1361	269	402	1034	1306	
40 to 44									442	477	523	350	644	978	1032	1593	344	472	1090	1377	
45 to 49									496	535	587	404	773	1096	1157	1787	421	529	1126	1422	
50 to 54									585	632	693	476	913	1296	1364	2110	492	624	1143	1444	
55 to 59									699	757	830	556	1038	1551	1636	2530	591	749	1285	1623	
60 to 64									874	944	1036	629	1133	1936	2042	3156	737	936	1567	1979	

* Portions of these counties may not be in Blue Shield's approved HMO service area. Contact Blue Shield for more information.

** Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

† Rates effective June 1, 2007.

Region 8

Orange, Riverside, Ventura and the following Los Angeles zip codes: 91023, 91301, 91310, 91321-22, 91350-51, 91354-55, 91376-77, 91380-87, 91390, 91711, 91750, 91765-69, 91773, 91788-89, 91795, 91797, 91799, 93510, 93532, 93534-36, 93539, 93543-44, 93550-53, 93563, 93584, 93586, 93590-91, 93599; **HMO Rating Region 8:** Orange, Riverside, Ventura and the following Los Angeles zip codes: 91023, 91301, 91310, 91321-22, 91350-51, 91354-55, 91376-77, 91380-87, 91390, 91711, 91750, 91765-69, 91773, 91788-89, 91795, 91797, 91799, 93510, 93532, 93534-36, 93539, 93543-44, 93550-53, 93563, 93584, 93586, 93590-91, 93599

Age Range	Individual Only PPO Plans								PPO Plans										HMO Plans		
	Vital Shield 2900†	Essential Plan Family			Active Start Plan Family				Balance Plan Family			Shield Spectrum Plan Family							Access+ Value HMO	Access+ HMO	
		Essential Plan 4500	Essential Plan 3000	Essential Plan 1750	Active Start Plan 35 Generic Rx	Active Start Plan 35	Active Start Plan 25 Generic Rx	Active Start Plan 25	Balance Plan 2500	Balance Plan 1700	Balance Plan 1000	PPO Plan 5000	PPO Plan 2000 and Blue Shield Life PPO 2000**	PPO Plan 1500 and Blue Shield Life PPO 1500**	PPO Plan 750	PPO Plan 500	PPO Savings Plan 4000/8000	PPO Savings Plan 2400/4800			
YouthCare – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
Under 1	\$ 77	\$ 129	\$ 144	\$ 158	\$ 122	\$ 133	\$ 138	\$ 150	\$ 204	\$ 215	\$ 229	\$ 99	\$ 188	\$ 358	\$ 379	\$ 567	\$ 122	\$ 159	\$ 238	\$ 301	
1 to 18	43	94	99	108	83	91	95	103	81	85	92	52	110	132	140	210	50	64	137	173	
Single – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
19 to 29	\$ 47	\$ 101	\$ 110	\$ 121	\$ 90	\$ 98	\$ 101	\$ 110	\$ 93	\$ 99	\$ 107	\$ 57	\$ 99	\$ 203	\$ 213	\$ 319	\$ 50	\$ 96	\$ 236	\$ 298	
30 to 34	55	114	125	137	113	123	128	139	115	125	137	82	143	272	287	429	70	132	294	372	
35 to 39	68	126	140	153	127	139	143	156	135	146	160	98	199	300	316	472	92	145	315	399	
40 to 44	96	141	164	180	179	195	202	220	171	185	203	132	248	378	400	598	128	185	341	431	
45 to 49	131	188	208	228	227	248	257	280	208	224	246	168	325	461	483	727	180	221	374	473	
50 to 54	171	235	261	287	292	318	330	359	271	292	320	222	407	598	632	947	234	290	410	518	
55 to 59	223	328	368	404	439	479	497	541	348	376	413	281	512	771	814	1217	296	372	505	637	
60 to 64	283	430	483	530	558	609	632	688	451	487	534	319	610	998	1052	1578	369	482	650	820	
Party of two – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 182	\$ 193	\$ 209	\$ 113	\$ 193	\$ 394	\$ 412	\$ 620	\$ 97	\$ 189	\$ 460	\$ 582	
30 to 34									224	244	267	160	279	529	560	840	143	257	577	728	
35 to 39									265	285	312	189	388	584	615	922	187	283	616	777	
40 to 44									334	361	396	257	483	739	779	1169	253	356	667	842	
45 to 49									406	437	479	328	636	894	945	1414	351	432	727	918	
50 to 54									527	570	625	433	788	1165	1232	1846	460	564	797	1005	
55 to 59									679	733	805	549	996	1500	1585	2376	580	723	984	1242	
60 to 64									879	950	1042	625	1190	1946	2054	3076	719	938	1268	1599	
Family – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 299	\$ 317	\$ 344	\$ 186	\$ 316	\$ 645	\$ 682	\$ 1022	\$ 155	\$ 312	\$ 714	\$ 901	
30 to 34									349	379	415	247	435	824	871	1302	219	397	871	1101	
35 to 39									411	443	485	293	602	907	956	1432	286	439	940	1187	
40 to 44									480	518	569	369	693	1061	1121	1678	362	511	989	1250	
45 to 49									540	582	638	439	846	1189	1256	1882	473	574	1023	1292	
50 to 54									635	687	754	520	952	1407	1484	2223	556	679	1039	1311	
55 to 59									760	822	902	618	1115	1684	1778	2663	657	813	1168	1475	
60 to 64									950	1027	1126	673	1286	2102	2218	3324	777	1014	1424	1797	

** Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

† Rates effective June 1, 2007.

Region 9

Los Angeles except the zip codes listed in Rating Region 8;

HMO Rating Region 9: Los Angeles except the zip codes listed in Rating Region 8

Age Range	Individual Only PPO Plans								PPO Plans										HMO Plans		
	Vital Shield 2900†	Essential Plan Family			Active Start Plan Family				Balance Plan Family			Shield Spectrum Plan Family							Access+ Value HMO	Access+ HMO	
		Essential Plan 4500	Essential Plan 3000	Essential Plan 1750	Active Start Plan 35 Generic Rx	Active Start Plan 35	Active Start Plan 25 Generic Rx	Active Start Plan 25	Balance Plan 2500	Balance Plan 1700	Balance Plan 1000	PPO Plan 5000	PPO Plan 2000 and Blue Shield Life PPO 2000**	PPO Plan 1500 and Blue Shield Life PPO 1500**	PPO Plan 750	PPO Plan 500	PPO Savings Plan 4000/8000	PPO Savings Plan 2400/4800			
YouthCare – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
Under 1	\$ 82	\$ 136	\$ 153	\$ 166	\$ 150	\$ 164	\$ 170	\$ 185	\$ 213	\$ 225	\$ 240	\$ 104	\$ 208	\$ 397	\$ 429	\$ 588	\$ 130	\$ 165	\$ 198	\$ 250	
1 to 18	44	97	103	112	99	108	111	121	84	89	96	51	107	145	158	216	51	66	113	143	
Single – Monthly Rates for Blue Shield																		Plan 4000	Plan 2400		
19 to 29	\$ 48	\$ 106	\$ 115	\$ 125	\$ 105	\$ 114	\$ 118	\$ 129	\$ 97	\$ 104	\$ 112	\$ 61	\$ 106	\$ 221	\$ 240	\$ 329	\$ 51	\$ 101	\$ 198	\$ 250	
30 to 34	59	117	131	142	132	144	150	163	120	131	143	85	157	300	325	445	74	137	247	312	
35 to 39	74	131	148	161	150	164	170	185	142	153	168	108	198	329	356	490	99	152	263	332	
40 to 44	102	147	173	187	211	230	239	260	179	194	213	150	272	418	454	619	136	192	286	361	
45 to 49	137	198	220	239	269	293	303	330	217	235	257	175	324	505	549	749	188	232	313	395	
50 to 54	176	249	279	302	348	380	395	430	283	306	336	225	453	660	716	979	241	301	343	434	
55 to 59	230	350	394	426	525	573	595	648	365	394	432	285	552	849	921	1260	305	389	422	533	
60 to 64	303	459	520	563	658	718	745	811	472	510	559	332	580	1099	1193	1631	394	505	543	686	
Party of two – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 191	\$ 202	\$ 219	\$ 121	\$ 207	\$ 433	\$ 471	\$ 641	\$ 105	\$ 199	\$ 385	\$ 487	
30 to 34									235	256	280	168	311	586	636	866	153	270	482	609	
35 to 39									277	298	327	207	386	643	698	955	198	295	516	652	
40 to 44									350	378	415	289	531	816	885	1208	274	375	558	704	
45 to 49									425	458	502	343	634	987	1071	1465	369	454	608	768	
50 to 54									552	597	655	444	883	1288	1396	1909	474	592	667	842	
55 to 59									711	768	843	559	1076	1656	1799	2455	595	758	824	1041	
60 to 64									921	995	1091	647	1133	2145	2328	3181	770	982	1059	1338	
Family – Monthly Rates for Blue Shield																		Plan 8000	Plan 4800		
Under 30									\$ 314	\$ 333	\$ 360	\$ 197	\$ 342	\$ 712	\$ 772	\$ 1054	\$ 167	\$ 326	\$ 599	\$ 756	
30 to 34									365	397	435	260	481	908	989	1349	236	417	731	922	
35 to 39									430	464	508	322	599	1000	1086	1482	305	457	786	993	
40 to 44									503	543	596	416	764	1171	1272	1739	392	537	830	1048	
45 to 49									565	609	668	457	843	1313	1426	1947	493	602	855	1081	
50 to 54									666	720	789	535	1065	1552	1685	2300	574	711	867	1096	
55 to 59									796	862	945	627	1204	1857	2017	2755	670	852	979	1236	
60 to 64									995	1075	1180	701	1223	2318	2516	3437	832	1062	1194	1507	

** Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the PPO Plan 2000 and Plan 1500. The plan rates are identical.

† Rates effective June 1, 2007.

Monthly dental coverage rates

All regions		
	Dental PPO	Dental HMO
Individual (Adult or YouthCare)	\$35	\$17
Two-party	\$70	\$34
Family	\$110	\$55

Please Note: Monthly dues for the Dental HMO and Dental PPO plans are in addition to the dues/premium for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, dental and, if applicable, life insurance premiums. If you select the Dental HMO, your health plan and dental coverage effective dates must be the first of the month. (No benefits are paid for services received before the effective date.)

Monthly Individual Term Life Premiums

All regions				
Age range	\$10,000	\$30,000	\$60,000*	\$90,000*
1 to 18*	\$1.95	\$2.95	N/A	N/A
19 to 29	\$2.75	\$5.35	\$9.25	\$13.15
30 to 39	\$3.05	\$6.25	\$11.05	\$15.85
40 to 49	\$5.85	\$14.65	\$27.85	\$41.05
50 to 59	\$13.85	\$38.65	\$75.85	\$113.05**
60 to 64	\$20.45	\$58.45	\$115.45	\$172.45**

* Those younger than age 19 are not eligible for \$60,000 and \$90,000 life insurance options.

** \$90,000 benefit amount is not available for new sales to those ages 50 and older, but in-force customers who reach age 50 are eligible to keep coverage until age 65.