

Monthly rates for region 19

for individual & family plans



This brochure has rate information for Blue Shield medical, dental, vision, and individual term life insurance* coverage. You can purchase a medical plan directly from Blue Shield or from Covered California, California's health plan marketplace.

Blue Shield offers a variety of PPO health plans that give you access to a broad network of doctors and hospitals within our Exclusive PPO Network. This network includes fewer providers than Blue Shield's Full PPO Network. So, make sure any provider you access care from is in the Exclusive PPO Network to minimize out-of-pocket costs. While Blue Shield's PPO plans provide limited coverage for some services you receive from providers outside of the plan's Exclusive PPO Network, you will get the most value from your PPO health plan when you use Exclusive PPO Network providers.

Blue Shield medical plans available through Blue Shield or Covered California

Medical plans

Platinum 90 PPO Gold 80 PPO	Silver 70 PPO Bronze 60 PPO	Bronze 60 HSA PPO Minimum Coverage PPO
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Please note: The Minimum Coverage PPO plan is available only to persons under age 30, or those age 30 and above who can provide a certification that they are without affordable coverage or are experiencing financial hardship. Pediatric dental and vision benefits are embedded into all medical plans. A person who will turn age 19 in 2016 is not eligible for the pediatric dental and pediatric vision benefits. To obtain dental and vision benefits, they must apply for a separate dental plan and/or vision plan.

Blue Shield medical plans available only through Blue Shield

Medical plans

Silver Seven 3750 PPO	Silver 1850 PPO	Bronze 5550 PPO
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Blue Shield medical plans available only through Covered California

Medical plans

Silver 94 PPO	Silver 87 PPO	Silver 73 PPO
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Blue Shield dental, vision, dental + vision package, and individual term life insurance plans available only through Blue Shield

Enhanced Dental PPO 25/500 Enhanced Dental PPO 50/1250 Dental HMO Enhanced Dental HMO \$0 Individual term life insurance plans	Dental PPO Ultimate Vision 15/25/120* Ultimate Vision 15/25/150* Specialty Duo SM dental + vision package*
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* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

Find your rate

- 1.** Find the plan(s) you selected for you and/or your family in the medical plans rate chart.
- 2.** Locate your age to determine your rate. For family coverage, the rate is a sum of each family member's individual rate. However, for children under age 21, a maximum of three children will be rated in the total family rate.
- 3.** You may also enroll in a dental plan, vision plan, dental + vision package, or apply for individual term life insurance coverage with or without the purchase of a Blue Shield medical plan. If you wish to enroll in a dental plan, vision plan, or dental + vision package along with a medical plan, add the rate for those products to your medical rate to determine your total rate. If you wish to apply for individual term life insurance coverage, a separate application must be completed.

Monthly dental, vision, and life insurance plan rates

Monthly dental plan rates (all regions)

Rate per member		
Dental PPO plans	Age 0 to 25 (3-child maximum)*	Age 26+
Dental PPO	\$31.60	\$37.40
Enhanced Dental PPO 50/1250	\$24.70	\$31.80
Enhanced Dental PPO 25/500	\$21.30	\$27.30
Dental HMO plans	Age 0 to 25 (3-child maximum)*	Age 26+
Dental HMO	\$20.00	\$21.80
Enhanced Dental HMO \$0	\$14.20	\$17.60

Please note: Monthly rates for dental plans are in addition to the rates for the medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, dental, and, if applicable, vision plan rates.

Monthly Specialty Duo dental + vision package rates (all regions)

Rate per member		
	Age 0 to 25 (3-child maximum)*	Age 26+
Specialty Duo SM dental + vision package [†]	\$47.90	\$56.30

Please note: Monthly rates for Specialty Duo are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health and dental + vision package rates.

* Only dependent children age 0 to 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian on the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the age 0 to 25 rate. Also, if a dependent child will turn age 26 in 2016, that dependent does not count toward the three-child maximum rate cap. The dependent child will be charged the 26+ rate.

† Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

Monthly vision plan rates (all regions)

	Rate per member	
	Age 0 to 25 (3-child maximum)*	Age 26+
Ultimate Vision 15/25/120[†]	\$14.92	\$14.92
Ultimate Vision 15/25/150[†]	\$21.00	\$21.00

Please note: Monthly rates for vision plans are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, vision, and, if applicable, dental plan rates.

Monthly individual term life insurance[†] rates (all regions)

Age range	\$10,000	\$30,000	\$60,000	\$90,000	\$100,000
1 to 18[‡]	\$1.95	\$2.95	N/A	N/A	N/A
19 to 29	\$2.75	\$5.35	\$9.25	\$13.15	\$14.45
30 to 39	\$3.05	\$6.25	\$11.05	\$15.85	\$17.45
40 to 49	\$5.85	\$14.65	\$27.85	\$41.05	\$45.45
50 to 59	\$13.85	\$38.65	\$75.85	\$113.05	\$125.45
60 to 64	\$20.45	\$58.45	\$115.45	\$172.45	\$191.45

Please note: Monthly rates for individual term life insurance are in addition to the rates for medical, dental, and/or vision benefits.

* Only dependent children age 0 to 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian on the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the age 0 to 25 rate.

† Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

‡ Those younger than age 19 are not eligible for \$60,000, \$90,000, or \$100,000 benefit amounts.

medical plan rates

Region 19

Age	PPO plans											HSA plan
	Platinum 90	Gold 80	Silver 70	Silver Seven 3750	Silver 1850	Silver 94	Silver 87	Silver 73	Bronze 60	Bronze 5550	Minimum Coverage	Bronze 60 HSA
0 to 20	\$274.17	\$215.06	\$169.92	\$163.84	\$157.76	\$169.92	\$169.92	\$169.92	\$145.54	\$140.80	\$135.34	\$146.82
21	431.77	338.68	267.58	258.01	248.44	267.58	267.58	267.58	229.19	221.74	213.14	231.21
22	431.77	338.68	267.58	258.01	248.44	267.58	267.58	267.58	229.19	221.74	213.14	231.21
23	431.77	338.68	267.58	258.01	248.44	267.58	267.58	267.58	229.19	221.74	213.14	231.21
24	431.77	338.68	267.58	258.01	248.44	267.58	267.58	267.58	229.19	221.74	213.14	231.21
25	433.50	340.03	268.66	259.04	249.43	268.66	268.66	268.66	230.11	222.62	213.99	232.13
26	442.13	346.81	274.01	264.20	254.40	274.01	274.01	274.01	234.69	227.06	218.25	236.76
27	452.50	354.93	280.43	270.40	260.36	280.43	280.43	280.43	240.19	232.38	223.37	242.31
28	469.33	368.14	290.86	280.46	270.05	290.86	290.86	290.86	249.13	241.03	231.68	251.33
29	483.15	378.98	299.43	288.71	278.00	299.43	299.43	299.43	256.47	248.12	238.50	258.72
30	490.06	384.40	303.71	292.84	281.98	303.71	303.71	303.71	260.13	251.67	241.91	262.42
31	500.42	392.53	310.13	299.03	287.94	310.13	310.13	310.13	265.63	256.99	247.03	267.97
32	510.78	400.65	316.55	305.23	293.90	316.55	316.55	316.55	271.13	262.31	252.14	273.52
33	517.26	405.73	320.57	309.10	297.63	320.57	320.57	320.57	274.57	265.64	255.34	276.99
34	524.17	411.15	324.85	313.22	301.61	324.85	324.85	324.85	278.24	269.19	258.75	280.69
35	527.62	413.86	326.99	315.29	303.59	326.99	326.99	326.99	280.07	270.96	260.45	282.54
36	531.08	416.57	329.13	317.35	305.58	329.13	329.13	329.13	281.91	272.74	262.16	284.39
37	534.53	419.28	331.27	319.42	307.57	331.27	331.27	331.27	283.74	274.51	263.87	286.24
38	537.99	421.99	333.41	321.48	309.56	333.41	333.41	333.41	285.57	276.28	265.57	288.09
39	544.89	427.41	337.69	325.61	313.53	337.69	337.69	337.69	289.24	279.83	268.98	291.79
40	551.80	432.83	341.97	329.74	317.51	341.97	341.97	341.97	292.91	283.38	272.39	295.49
41	562.17	440.96	348.40	335.93	323.47	348.40	348.40	348.40	298.41	288.70	277.51	301.04
42	572.10	448.75	354.55	341.86	329.18	354.55	354.55	354.55	303.68	293.80	282.41	306.35
43	585.91	459.58	363.11	350.12	337.13	363.11	363.11	363.11	311.01	300.90	289.23	313.75
44	603.18	473.13	373.82	360.44	347.07	373.82	373.82	373.82	320.18	309.77	297.75	323.00
45	623.48	489.05	386.39	372.57	358.75	386.39	386.39	386.39	330.95	320.19	307.77	333.87
46	647.66	508.02	401.38	387.02	372.66	401.38	401.38	401.38	343.79	332.60	319.71	346.82
47	674.86	529.35	418.24	403.27	388.31	418.24	418.24	418.24	358.23	346.57	333.13	361.38
48	705.94	553.74	437.50	421.85	406.20	437.50	437.50	437.50	374.73	362.54	348.48	378.03
49	736.60	577.78	456.50	440.17	423.84	456.50	456.50	456.50	391.00	378.28	363.61	394.44
50	771.14	604.88	477.91	460.81	443.71	477.91	477.91	477.91	409.34	396.02	380.66	412.94
51	805.25	631.63	499.05	481.19	463.34	499.05	499.05	499.05	427.44	413.54	397.50	431.21
52	842.82	661.10	522.33	503.64	484.95	522.33	522.33	522.33	447.38	432.83	416.05	451.32
53	880.81	690.90	545.87	526.34	506.82	545.87	545.87	545.87	467.55	452.34	434.80	471.67
54	921.83	723.08	571.29	550.85	530.42	571.29	571.29	571.29	489.32	473.41	455.05	493.63
55	962.85	755.25	596.71	575.36	554.02	596.71	596.71	596.71	511.10	494.47	475.30	515.60
56	1,007.32	790.13	624.28	601.94	579.61	624.28	624.28	624.28	534.70	517.31	497.25	539.41
57	1,052.22	825.36	652.10	628.77	605.45	652.10	652.10	652.10	558.54	540.37	519.42	563.46
58	1,100.15	862.95	681.81	657.41	633.02	681.81	681.81	681.81	583.98	564.98	543.08	589.12
59	1,123.90	881.58	696.52	671.60	646.69	696.52	696.52	696.52	596.59	577.18	554.80	601.84
60	1,171.82	919.17	726.23	700.24	674.26	726.23	726.23	726.23	622.03	601.79	578.46	627.50
61	1,213.27	951.68	751.91	725.01	698.11	751.91	751.91	751.91	644.03	623.08	598.92	649.70
62	1,240.48	973.02	768.77	741.26	713.77	768.77	768.77	768.77	658.47	637.05	612.35	664.27
63	1,274.59	999.77	789.91	761.65	733.39	789.91	789.91	789.91	676.57	654.57	629.18	682.53
64+	1,295.31	1,016.03	802.75	774.03	745.32	802.75	802.75	802.75	687.57	665.21	639.41	693.63

blue  of california

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Blue Shield and the Shield symbol are registered marks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.