



Blue Shield  
of California



## Monthly Rates for Individuals and Families

Effective January 1, 2004

Visit us at [mylifepath.com](http://mylifepath.com)

Individual and Family Plans

## To find the rates that apply to you:

- 1** Decide which plan is best for you and 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 YouthCare coverage. Locate the category that applies to you. *(If you have dependent children, you may want to consider covering them separately with YouthCare<sup>SM</sup> 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, use the younger spouse as the primary applicant. It may lower your monthly dues!)*

## 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.

### Active Choice, Shield Spectrum PPO and PPO Savings Plan 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 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

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

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

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

**REGION 1**

Age Range	ACTIVE CHOICE	SHIELD SPECTRUM PPO PLANS					SHIELD SPECTRUM PPO Savings Plan 2400/4800	ACCESS+ HMO PLAN
		PPO Plan 5000	PPO Plan 2000	PPO Plan 1500	PPO Plan 750	PPO Plan 500		
<b>YOUTH CARE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
Under 1	\$143	\$66	\$121	\$172	\$190	\$276	\$84	\$227
1 to 18	53	23	45	62	70	101	30	130
<b>SINGLE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
19 to 29	\$80	\$36	\$67	\$97	\$106	\$155	\$46	\$225
30 to 34	109	49	92	130	144	210	62	283
35 to 39	118	54	100	142	158	230	69	302
40 to 44	150	69	126	181	200	292	88	326
45 to 49	183	83	154	218	243	354	106	356
50 to 54	237	109	200	286	317	461	139	390
55 to 59	306	140	258	366	409	592	179	482
60 to 64	396	182	334	476	528	767	233	620
<b>PARTY OF TWO – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$157	\$71	\$132	\$187	\$207	\$302	\$91	\$440
30 to 34	211	96	178	254	281	409	123	551
35 to 39	231	106	195	279	310	449	136	587
40 to 44	294	134	248	353	391	568	172	636
45 to 49	355	162	300	427	473	689	208	695
50 to 54	465	211	392	557	618	898	270	761
55 to 59	598	273	505	717	796	1100	350	940
60 to 64	774	354	653	929	1030	1410	454	1210
<b>FAMILY – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$258	\$118	\$218	\$307	\$342	\$497	\$150	\$683
30 to 34	328	150	277	394	436	634	192	834
35 to 39	361	165	305	432	479	697	211	897
40 to 44	423	193	357	506	563	817	247	946
45 to 49	473	216	399	569	630	915	277	979
50 to 54	559	256	472	671	745	1082	328	992
55 to 59	670	306	566	804	892	1296	392	1118
60 to 64	836	382	706	1003	1114	1596	490	1362

## REGION 2

Age Range	ACTIVE CHOICE	SHIELD SPECTRUM PPO PLANS					SHIELD SPECTRUM PPO Savings Plan 2400/4800	ACCESS+ HMO PLAN
		PPO Plan 5000	PPO Plan 2000	PPO Plan 1500	PPO Plan 750	PPO Plan 500		
<b>YOUTH CARE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
Under 1	\$154	\$69	\$130	\$198	\$206	\$310	\$88	\$254
1 to 18	56	25	47	72	75	114	32	146
<b>SINGLE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
19 to 29	\$87	\$38	\$74	\$111	\$115	\$174	\$50	\$252
30 to 34	118	53	99	150	158	235	67	318
35 to 39	130	58	110	166	172	259	74	338
40 to 44	163	72	138	209	218	327	93	366
45 to 49	198	87	167	254	263	397	112	400
50 to 54	259	114	218	330	343	518	146	438
55 to 59	334	147	282	425	443	666	189	541
60 to 64	431	190	364	550	574	863	243	695
<b>PARTY OF TWO – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$170	\$75	\$143	\$217	\$226	\$339	\$96	\$494
30 to 34	230	102	194	292	305	459	130	618
35 to 39	253	111	214	321	336	505	142	658
40 to 44	321	141	270	409	425	639	181	713
45 to 49	386	170	326	494	514	774	218	779
50 to 54	506	222	426	643	670	1010	286	854
55 to 59	651	286	550	829	862	1299	367	1054
60 to 64	844	371	712	1072	1118	1683	476	1356
<b>FAMILY – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$280	\$123	\$236	\$357	\$371	\$559	\$158	\$766
30 to 34	358	158	302	454	474	714	202	934
35 to 39	393	173	331	500	520	784	222	1006
40 to 44	461	203	389	585	610	920	260	1061
45 to 49	516	228	435	656	685	1030	292	1098
50 to 54	610	269	514	774	809	1217	345	1112
55 to 59	730	322	616	929	968	1457	413	1252
60 to 64	910	402	768	1159	1209	1818	515	1526

## REGION 3

Age Range	ACTIVE CHOICE	SHIELD SPECTRUM PPO PLANS					SHIELD SPECTRUM PPO Savings Plan 2400/4800	ACCESS+ HMO PLAN
		PPO Plan 5000	PPO Plan 2000	PPO Plan 1500	PPO Plan 750	PPO Plan 500		
<b>YOUTH CARE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
Under 1	\$160	\$72	\$135	\$194	\$203	\$322	\$93	\$274
1 to 18	58	27	50	70	74	118	34	158
<b>SINGLE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
19 to 29	\$90	\$41	\$76	\$108	\$114	\$180	\$52	\$274
30 to 34	120	55	102	147	153	245	71	342
35 to 39	134	61	113	162	170	268	78	364
40 to 44	168	77	142	204	214	341	98	394
45 to 49	204	93	172	247	260	412	119	432
50 to 54	266	122	225	323	337	536	156	473
55 to 59	342	156	289	414	434	690	200	584
60 to 64	445	202	375	538	562	895	258	750
<b>PARTY OF TWO – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$174	\$79	\$147	\$211	\$221	\$351	\$102	\$532
30 to 34	235	106	198	286	300	477	137	667
35 to 39	260	118	219	314	329	525	152	711
40 to 44	329	149	278	399	418	663	191	770
45 to 49	398	181	335	483	505	802	232	842
50 to 54	518	236	438	630	658	1047	302	922
55 to 59	670	305	565	810	846	1348	390	1139
60 to 64	865	394	730	1049	1096	1745	505	1465
<b>FAMILY – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$287	\$131	\$242	\$347	\$365	\$580	\$168	\$826
30 to 34	368	166	310	444	465	739	214	1010
35 to 39	404	183	341	490	510	814	235	1086
40 to 44	472	215	398	572	598	953	276	1146
45 to 49	530	241	447	642	672	1068	309	1184
50 to 54	625	285	527	759	794	1262	365	1201
55 to 59	750	340	633	908	950	1511	436	1351
60 to 64	934	426	789	1133	1186	1885	546	1646

REGION 4								
Age Range	ACTIVE CHOICE	SHIELD SPECTRUM PPO PLANS					SHIELD SPECTRUM PPO Savings Plan 2400/4800	ACCESS+ HMO PLAN
		PPO Plan 5000	PPO Plan 2000	PPO Plan 1500	PPO Plan 750	PPO Plan 500		
<b>YOUTH CARE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
Under 1	\$149	\$74	\$126	\$181	\$187	\$277	\$95	\$237
1 to 18	55	28	46	67	69	102	36	136
<b>SINGLE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
19 to 29	\$82	\$41	\$70	\$101	\$106	\$155	\$53	\$234
30 to 34	113	56	95	137	142	210	72	295
35 to 39	124	62	105	151	155	231	79	314
40 to 44	157	78	132	192	197	293	100	340
45 to 49	190	95	160	231	239	354	122	371
50 to 54	247	123	209	302	311	462	158	408
55 to 59	318	159	269	388	402	594	204	502
60 to 64	412	206	348	502	520	769	263	646
<b>PARTY OF TWO – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$162	\$81	\$137	\$198	\$204	\$302	\$104	\$458
30 to 34	219	110	185	268	277	409	141	574
35 to 39	242	120	204	294	305	450	154	612
40 to 44	306	152	258	373	385	570	195	663
45 to 49	370	183	313	451	466	690	235	725
50 to 54	482	240	407	589	608	899	308	793
55 to 59	622	309	525	757	783	1158	396	981
60 to 64	806	400	680	981	1014	1500	513	1260
<b>FAMILY – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$267	\$133	\$226	\$326	\$336	\$498	\$170	\$712
30 to 34	342	169	289	416	429	636	217	869
35 to 39	375	186	317	457	472	698	238	935
40 to 44	440	218	371	535	553	819	280	986
45 to 49	493	245	416	600	620	918	314	1021
50 to 54	581	289	490	709	734	1085	370	1034
55 to 59	697	346	588	849	878	1299	443	1163
60 to 64	870	433	734	1059	1095	1622	555	1418

## REGION 5

Age Range	ACTIVE CHOICE	SHIELD SPECTRUM PPO PLANS					SHIELD SPECTRUM PPO Savings Plan 2400/4800	ACCESS+ HMO PLAN
		PPO Plan 5000	PPO Plan 2000	PPO Plan 1500	PPO Plan 750	PPO Plan 500		
<b>YOUTH CARE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
Under 1	\$165	\$74	\$139	\$199	\$208	\$300	\$94	\$250
1 to 18	61	27	51	73	75	110	35	143
<b>SINGLE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
19 to 29	\$92	\$41	\$78	\$111	\$117	\$169	\$53	\$247
30 to 34	126	55	106	151	157	228	71	310
35 to 39	138	62	117	166	173	250	79	330
40 to 44	175	78	148	210	218	318	100	358
45 to 49	211	94	178	254	265	384	120	390
50 to 54	276	123	233	331	346	502	158	427
55 to 59	355	158	300	427	445	644	202	530
60 to 64	460	206	388	552	575	835	263	679
<b>PARTY OF TWO – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$182	\$81	\$154	\$218	\$226	\$329	\$104	\$481
30 to 34	246	110	207	294	306	445	140	604
35 to 39	270	121	228	323	336	489	154	643
40 to 44	340	152	287	409	426	619	195	697
45 to 49	412	185	348	495	516	749	237	761
50 to 54	538	240	454	646	674	978	307	835
55 to 59	694	308	586	831	867	1257	395	1031
60 to 64	897	400	757	1077	1122	1628	513	1326
<b>FAMILY – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$298	\$133	\$251	\$358	\$372	\$541	\$170	\$749
30 to 34	380	169	321	456	476	690	217	913
35 to 39	418	186	353	502	522	759	238	984
40 to 44	490	218	414	587	613	889	280	1038
45 to 49	550	246	464	659	687	996	314	1073
50 to 54	649	290	547	778	811	1177	371	1088
55 to 59	777	346	655	933	971	1410	444	1225
60 to 64	970	433	818	1164	1213	1760	554	1492

## REGION 6

Age Range	ACTIVE CHOICE	SHIELD SPECTRUM PPO PLANS					SHIELD SPECTRUM PPO Savings Plan 2400/4800	ACCESS+ HMO PLAN
		PPO Plan 5000	PPO Plan 2000	PPO Plan 1500	PPO Plan 750	PPO Plan 500		
<b>YOUTH CARE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
Under 1	\$161	\$74	\$136	\$186	\$202	\$298	\$95	\$277
1 to 18	60	27	50	69	74	110	35	158
<b>SINGLE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
19 to 29	\$89	\$41	\$75	\$105	\$113	\$168	\$53	\$274
30 to 34	122	56	102	142	152	226	72	345
35 to 39	134	63	113	156	167	249	81	368
40 to 44	169	78	142	198	212	314	101	398
45 to 49	205	95	173	239	256	381	122	434
50 to 54	267	124	226	312	334	496	159	476
55 to 59	343	160	290	402	430	638	205	587
60 to 64	445	208	375	520	558	828	266	755
<b>PARTY OF TWO – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$175	\$82	\$148	\$204	\$220	\$326	\$105	\$536
30 to 34	237	110	200	277	297	441	141	671
35 to 39	260	122	219	304	327	484	156	716
40 to 44	329	154	278	386	414	613	198	774
45 to 49	399	186	337	466	501	742	239	846
50 to 54	519	242	438	610	653	968	311	929
55 to 59	668	314	564	782	840	1246	402	1147
60 to 64	866	405	731	1015	1089	1614	519	1474
<b>FAMILY – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$287	\$134	\$242	\$337	\$362	\$535	\$173	\$833
30 to 34	367	172	310	430	462	684	220	1015
35 to 39	403	188	340	472	507	751	241	1094
40 to 44	474	220	400	554	594	880	282	1153
45 to 49	530	248	447	622	666	988	318	1192
50 to 54	626	292	529	734	787	1166	374	1209
55 to 59	751	350	634	878	942	1396	449	1361
60 to 64	936	438	790	1097	1176	1744	561	1659

## REGION 7

Age Range	ACTIVE CHOICE	SHIELD SPECTRUM PPO PLANS					SHIELD SPECTRUM PPO Savings Plan 2400/4800	ACCESS+ HMO PLAN
		PPO Plan 5000	PPO Plan 2000	PPO Plan 1500	PPO Plan 750	PPO Plan 500		
<b>YOUTH CARE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
Under 1	\$158	\$62	\$133	\$190	\$207	\$329	\$79	\$192
1 to 18	58	25	49	70	76	120	32	110
<b>SINGLE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
19 to 29	\$87	\$39	\$74	\$107	\$116	\$184	\$50	\$191
30 to 34	119	53	101	144	158	249	68	239
35 to 39	131	58	110	158	174	274	74	254
40 to 44	166	74	140	200	219	346	94	276
45 to 49	201	90	170	242	266	419	114	301
50 to 54	262	118	221	317	346	547	150	330
55 to 59	338	150	285	407	445	703	193	408
60 to 64	437	194	369	528	577	911	249	525
<b>PARTY OF TWO – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$171	\$77	\$145	\$206	\$227	\$358	\$98	\$372
30 to 34	232	103	196	280	307	485	133	466
35 to 39	256	114	216	308	337	534	146	498
40 to 44	325	144	274	391	428	675	185	538
45 to 49	391	174	330	474	518	818	224	587
50 to 54	512	228	432	618	676	1066	292	644
55 to 59	658	291	555	794	869	1372	374	796
60 to 64	854	380	720	1029	1125	1777	487	1022
<b>FAMILY – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$282	\$126	\$238	\$341	\$374	\$590	\$162	\$578
30 to 34	361	160	305	435	477	753	206	705
35 to 39	398	176	335	478	523	828	226	759
40 to 44	466	207	393	562	614	970	266	801
45 to 49	521	232	439	630	689	1087	298	827
50 to 54	616	274	520	745	813	1284	351	839
55 to 59	738	329	622	891	974	1539	422	944
60 to 64	922	410	778	1113	1216	1920	526	1151

## REGION 8

Age Range	ACTIVE CHOICE	SHIELD SPECTRUM PPO PLANS					SHIELD SPECTRUM PPO Savings Plan 2400/4800	ACCESS+ HMO PLAN
		PPO Plan 5000	PPO Plan 2000	PPO Plan 1500	PPO Plan 750	PPO Plan 500		
<b>YOUTH CARE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
Under 1	\$166	\$68	\$140	\$197	\$218	\$354	\$87	\$182
1 to 18	61	27	51	72	80	130	34	105
<b>SINGLE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
19 to 29	\$93	\$41	\$78	\$111	\$122	\$198	\$53	\$181
30 to 34	125	56	106	150	165	267	72	225
35 to 39	138	62	116	165	182	294	79	241
40 to 44	174	78	147	208	230	373	101	261
45 to 49	210	94	178	253	278	453	121	286
50 to 54	277	123	234	329	363	590	158	313
55 to 59	355	158	300	423	467	758	203	385
60 to 64	460	206	388	548	605	983	264	496
<b>PARTY OF TWO – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$181	\$81	\$153	\$216	\$237	\$386	\$103	\$351
30 to 34	245	110	206	291	322	523	140	440
35 to 39	270	121	227	321	354	575	154	470
40 to 44	342	152	288	406	448	728	194	509
45 to 49	412	184	348	491	543	881	236	554
50 to 54	537	241	453	641	708	1150	309	608
55 to 59	692	309	584	825	910	1480	396	751
60 to 64	896	401	756	1069	1180	1917	514	967
<b>FAMILY – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$298	\$133	\$251	\$354	\$392	\$636	\$170	\$545
30 to 34	380	170	321	453	500	812	218	666
35 to 39	418	187	353	498	550	893	240	718
40 to 44	489	218	413	583	644	1046	280	755
45 to 49	549	246	463	654	722	1173	314	782
50 to 54	649	290	547	773	853	1385	371	792
55 to 59	775	347	654	925	1022	1660	445	892
60 to 64	968	433	817	1155	1274	2072	555	1086

## REGION 9

Age Range	ACTIVE CHOICE	SHIELD SPECTRUM PPO PLANS					SHIELD SPECTRUM PPO Savings Plan 2400/4800	ACCESS+ HMO PLAN
		PPO Plan 5000	PPO Plan 2000	PPO Plan 1500	PPO Plan 750	PPO Plan 500		
<b>YOUTH CARE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
Under 1	\$185	\$74	\$156	\$240	\$265	\$374	\$94	\$159
1 to 18	67	30	57	87	97	138	38	91
<b>SINGLE – Monthly Dues for Blue Shield</b>							<b>Plan 2400</b>	
19 to 29	\$103	\$46	\$87	\$134	\$149	\$210	\$58	\$158
30 to 34	139	62	118	182	201	284	79	199
35 to 39	154	69	130	199	221	313	88	212
40 to 44	195	86	165	253	280	394	110	230
45 to 49	236	104	199	306	338	478	134	252
50 to 54	308	135	260	399	442	624	174	276
55 to 59	398	174	336	514	569	804	224	340
60 to 64	514	226	434	665	737	1041	290	437
<b>PARTY OF TWO – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$202	\$90	\$170	\$262	\$290	\$409	\$114	\$310
30 to 34	274	121	231	354	393	553	155	388
35 to 39	302	132	254	389	431	610	170	414
40 to 44	381	168	322	494	546	771	215	449
45 to 49	462	203	390	597	662	934	261	489
50 to 54	601	266	507	778	862	1218	340	537
55 to 59	775	341	654	1001	1110	1566	437	663
60 to 64	1002	441	846	1296	1438	2030	566	852
<b>FAMILY – Monthly Dues for Blue Shield</b>							<b>Plan 4800</b>	
Under 30	\$334	\$146	\$282	\$430	\$477	\$673	\$187	\$482
30 to 34	425	187	358	549	610	860	240	587
35 to 39	467	206	394	605	670	945	263	632
40 to 44	548	242	462	708	786	1109	310	668
45 to 49	614	270	518	794	880	1242	346	689
50 to 54	724	319	611	938	1040	1467	409	698
55 to 59	868	382	733	1122	1246	1758	490	787
60 to 64	1083	477	914	1401	1554	2193	611	959

