



2-50 Small Group BeneFits Monthly Rates

Updated Rates - Effective January 1, 2010

Complete rates for health, dental*, vision and life products, including our newest plans

Offered by Anthem Blue Cross:

Health Plan

Select \$25 HMO

Dental Option

Dental Net DHMO

Offered by Anthem Blue Cross Life and Health Insurance Company:

Health Plans

Hospital BeneFits
Hospital BeneFits Plus
Hospital BeneFits Preferred
Lumenos HSA 3000 (100/70)
PPO \$35 Copay GenRx

Dental Options

Dental Blue® BeneFits PPO
Dental BeneFits PPO

Vision Options

Blue View
Blue View Plus

Life Options

Basic Term Life and AD&D Coverage
Optional Dependent Life Coverage
Supplemental Live

Health Rates Online – All RAFs

- 1) Login to the Small Group Agent website at anthem.com/ca.
- 2) Click on "Small Group Information."
- 3) Select "Monthly Rates for Small Group Medical Plans" or visit anthem.com/easyrenew.

Health and dental rating area definitions (except for the Select \$25 HMO health plan)

The following indicate rating area by county and ZIP code, except for the Select \$25 HMO health plan. The employee's home address determines the rating area. If there is a question regarding area availability, please call your local agent or Anthem Blue Cross at 800-627-8797.

AREA 1:	Amador (except 95629), Calaveras (except 95230, 95236), Mono (except 93514), Monterey (except 93451, 95076), San Benito (93930, 95004 only), San Luis Obispo (93426 only)
AREA 2:	Alameda (95304, 95377, 95391 only), Alpine, Calaveras (95230, 95236 only), Del Norte, El Dorado (ZIP codes beginning with 961), Humboldt (95552 only), Inyo (except 93527), Lassen, Marin, Modoc, Mono (93514 only), Napa (94589, 94590 only), Nevada, Placer (except 95626, 95668, 95692), Plumas (except 95981), Sacramento (94571 only), San Benito (except 93210, 93930, 95004), San Joaquin (except 94505, 94514, 95632, 95690), San Mateo, Shasta, Sierra (except 95922), Siskiyou, Solano (except 94503, 95616, 95618, 95690, 95694), Stanislaus (except 95322, 95329), Sutter (95648 only), Tehama (except 95963, 95973), Trinity (except 95526), Tuolumne (95230 only), Yuba (95960, 95977 only)
AREA 3:	Alameda (except 95304, 95377, 95391), Amador (95629 only), Butte, Colusa, Contra Costa, El Dorado (ZIP codes beginning with 956, 957), Glenn, Humboldt (except 95552), Lake, Mariposa (95321, 95329 only), Mendocino, Monterey (95076 only), Napa (except 94589, 94590), Placer (95626, 95668, 95692 only), Plumas (95981 only), Sacramento (except 94571), San Francisco, San Joaquin (94505, 94514, 95632, 95690 only), Santa Clara, Santa Cruz, Sierra (95922 only), Solano (94503, 95616, 95618, 95690, 95694 only), Sonoma, Stanislaus (95329 only), Sutter (except 95648), Tehama (95963, 95973 only), Trinity (95526 only), Tuolumne (except 95230, 95311), Yolo, Yuba (except 95960, 95977)
AREA 4:	Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)
AREA 5:	Los Angeles (except 91709, 93243, 93560 and except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (90265 and ZIP codes beginning with 913 only)
AREA 6:	Imperial, Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555, 93558), San Diego
AREA 7:	Fresno, Inyo (93527 only), Kern (except 93536), Kings, Los Angeles (93243, 93560 only), Madera, Mariposa (except 95321, 95329), Merced, San Benito (93210 only), San Bernardino (93516, 93555, 93558 only), San Luis Obispo (93252 only), Santa Barbara (93252 only), Stanislaus (95322 only), Tulare, Tuolumne (95311 only), Ventura (93252 only)
AREA 8:	Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)
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)

Select \$25 HMO health rating area definition

The following indicate rating area by county and ZIP code for the Select \$25 HMO health plan. The employee's home address determines the rating area. If there is a question regarding area availability, please call your local agent or Anthem Blue Cross at 800-627-8797.

AREA 1:	Not applicable
AREA 2:	Alameda (95304, 95377, 95391 only), Nevada (except 95728, 96111, 96160, 96161, 96162), Placer (except 95626, 95668, 95692, 95715, 95724, 96140, 96141, 96142, 96143, 96145, 96146, 96148, 96161), Sacramento (94571 only), San Joaquin (except 94505, 94514, 95632, 95690), San Mateo, Stanislaus (except 95322, 95329)
AREA 3:	Alameda (except 95304, 95377, 95391), Contra Costa, Placer (95626, 95668, 95692 only), Sacramento (except 94571), San Francisco, San Joaquin (94505, 94514, 95632, 95690 only), Santa Clara, Santa Cruz, Stanislaus (95329 only), Yolo
AREA 4:	Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)
AREA 5:	Los Angeles (except 91709, 93243, 93560 and except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (90265 and ZIP codes beginning with 913 only)
AREA 6:	Imperial, Los Angeles (91709 only), Riverside (except 92883, 92225, 92226, 92239), San Bernardino (except 91766, 91792, 92363, 92364, 92365, 93516, 93555, 93558), San Diego (except 91901, 91905, 91906, 91916, 91917, 91934, 91935, 91948, 91962, 91963, 91980, 92004, 92036, 92059, 92061, 92066, 92086)
AREA 7:	Fresno, Kern (except 93536), Los Angeles (93243, 93560 only), Merced, San Bernardino (93516, 93555, 93558 only), Stanislaus (95322 only), Tulare
AREA 8:	Ventura
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)

How to convert these 1.0 RAF rates to other RAFs:

This file includes the Standard Employee Risk Rates (SERR) or 1.00 Risk Adjustment Factor (RAF) rates for all rating areas for Small Group Medical plans. The following calculations are provided to assist you in obtaining the monthly rates for RAFs other than 1.00. **TO OBTAIN ANOTHER RAF RATE, MULTIPLY THE 1.00 STANDARD RATE BY THE RAF.**

Take the hassle out of RAF conversions and use our convenient on-line RAF engine:

Health/dental rates online – All RAFs

- 1) Login to the Small Group Agent Website at anthem.com/ca.
- 2) From the Small Group tab pull down menu, click on “View Materials, Rates, Forms and Tools.”
- 3) Select “Rates” from the main menu or visit anthem.com/easyrenew.

Examples:

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 x 0.90 = \$185.40. The 0.90 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 x 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 x 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 x 1.05 = \$216.30. The 1.05 RAF rate would be \$216.00.

BeneFits 1.00 RAF Health Rates

AREA 1

		Hospital PPO Coverage:			Consumer Driven	Comprehensive Coverage:	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000 (100/70)	PPO \$35 Copay GenRx	Select \$25 HMO
EMPLOYEE ONLY	AGE - under 30	\$119	\$141	\$166	\$242	\$270	n/a
	30 - 39	145	173	202	325	336	n/a
	40 - 49	200	236	268	471	451	n/a
	50 - 54	265	313	351	564	609	n/a
	55 - 59	323	384	431	721	748	n/a
	60 - 64	422	501	555	902	958	n/a
	65+ Primary	487	581	643	1,173	1,123	n/a
	65+ Secondary	200	236	268	667	470	n/a
EMPLOYEE & SPOUSE	AGE - under 30	349	414	469	499	802	n/a
	30 - 39	403	479	541	671	936	n/a
	40 - 49	391	466	528	964	921	n/a
	50 - 54	544	648	724	1,173	1,268	n/a
	55 - 59	671	797	887	1,490	1,572	n/a
	60 - 64	805	957	1,062	1,820	1,885	n/a
	65+ Primary	1,134	1,349	1,484	2,240	2,652	n/a
	65+ Secondary	527	625	702	1,336	1,243	n/a
EMPLOYEE & CHILD(REN)	AGE - under 30	265	313	369	441	595	n/a
	30 - 39	288	341	400	564	656	n/a
	40 - 49	292	347	405	736	664	n/a
	50 - 54	347	413	476	809	791	n/a
	55 - 59	411	485	557	924	940	n/a
	60 - 64	504	598	679	1,076	1,159	n/a
	65+ Primary	563	669	755	1,350	1,289	n/a
	65+ Secondary	223	265	317	927	512	n/a
FAMILY	AGE - under 30	391	465	549	685	904	n/a
	30 - 39	455	542	636	911	1,037	n/a
	40 - 49	492	584	680	1,168	1,141	n/a
	50 - 54	590	701	808	1,223	1,354	n/a
	55 - 59	721	856	978	1,551	1,645	n/a
	60 - 64	899	1,070	1,208	1,830	2,068	n/a
	65+ Primary	1,148	1,364	1,527	2,320	2,656	n/a
	65+ Secondary	534	632	734	1,367	1,251	n/a

Effective January 1, 2010

AREA 1: (except for Select HMO Plan): Amador (except 95629), Calaveras (except 95230, 95236), Mono (except 93514), Monterey (except 93451, 95076), San Benito (93930, 95004 only), San Luis Obispo (93426 only)

AREA 2

		Hospital PPO Coverage:			Consumer Driven	Comprehensive Coverage:	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000 (100/70)	PPO \$35 Copay GenRx	Select \$25 HMO
EMPLOYEE ONLY	AGE - under 30	\$108	\$130	\$154	\$195	\$215	\$318
	30 - 39	137	165	190	262	270	407
	40 - 49	187	220	252	378	368	434
	50 - 54	248	294	332	457	493	556
	55 - 59	303	359	404	583	600	704
	60 - 64	392	466	518	728	777	919
	65+ Primary	500	593	656	947	994	1,111
	65+ Secondary	202	241	275	538	414	783
EMPLOYEE & SPOUSE	AGE - under 30	321	382	436	403	642	797
	30 - 39	373	442	504	540	756	939
	40 - 49	378	446	507	777	753	1,015
	50 - 54	510	609	680	947	1,017	1,064
	55 - 59	626	745	831	1,201	1,264	1,510
	60 - 64	769	915	1,014	1,467	1,553	1,611
	65+ Primary	1,154	1,372	1,510	1,805	2,325	2,247
	65+ Secondary	536	640	716	1,075	1,093	1,862
EMPLOYEE & CHILD(REN)	AGE - under 30	234	277	334	356	477	744
	30 - 39	265	317	374	454	527	824
	40 - 49	265	317	374	592	540	810
	50 - 54	314	371	433	653	633	815
	55 - 59	373	442	512	746	755	958
	60 - 64	465	551	629	866	932	1,180
	65+ Primary	571	678	768	1,088	1,152	1,357
	65+ Secondary	224	264	317	747	459	920
FAMILY	AGE - under 30	358	425	509	552	723	1,061
	30 - 39	418	496	588	735	837	1,233
	40 - 49	460	546	642	941	918	1,300
	50 - 54	536	640	740	986	1,093	1,485
	55 - 59	654	778	891	1,250	1,324	1,644
	60 - 64	826	981	1,110	1,475	1,674	1,969
	65+ Primary	1,164	1,383	1,549	1,868	2,349	2,585
	65+ Secondary	541	645	748	1,101	1,099	2,078

Effective January 1, 2010

AREA 2: (except for Select HMO Plan): Alameda (95304, 95377, 95391 only), Alpine, Calaveras (95230, 95236 only), Del Norte, El Dorado (ZIP codes beginning with 961), Humboldt (95552 only), Inyo (except 93527), Lassen, Marin, Modoc, Mono (93514 only), Napa (94589, 94590 only), Nevada, Placer (except 95626, 95668, 95692), Plumas (except 95981), Sacramento (94571 only), San Benito (except 93210, 93930, 95004), San Joaquin (except 94505, 94514, 95632, 95690), San Mateo, Shasta, Sierra (except 95922), Siskiyou, Solano (except 94503, 95616, 95618, 95690, 95694), Stanislaus (except 95322, 95329), Sutter (95648 only), Tehama (except 95963, 95973), Trinity (except 95526), Tuolumne (95230 only), Yuba (95960, 95977 only)

65+Primary: Anthem Blue Cross is primary to Medicare; 65+ Secondary: Anthem Blue Cross is secondary to Medicare

Hospital BeneFits, Hospital BeneFits Plus, Hospital BeneFits Preferred, Lumenos HSA 3000 (100/70) and \$35 Copay GenRx plans offered by Anthem Blue Cross Life and Health Insurance Company. Select \$25 HMO Plan offered by Anthem Blue Cross.

AREA 3

		Hospital PPO Coverage:			Consumer Driven	Comprehensive Coverage:	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000 (100/70)	PPO \$35 Copay GenRx	Select \$25 HMO
EMPLOYEE ONLY	AGE - under 30	\$101	\$120	\$146	\$176	\$195	\$286
	30 - 39	121	145	171	236	237	356
	40 - 49	167	200	230	343	324	391
	50 - 54	224	266	303	410	426	488
	55 - 59	272	325	365	524	529	621
	60 - 64	360	426	475	655	689	831
	65+ Primary	443	525	583	852	853	1,074
	65+ Secondary	196	233	266	485	383	779
	EMPLOYEE & SPOUSE	AGE - under 30	294	350	403	362	562
30 - 39		337	401	459	487	663	869
40 - 49		342	406	465	701	661	953
50 - 54		461	548	618	852	896	984
55 - 59		564	671	752	1,083	1,107	1,392
60 - 64		707	841	935	1,322	1,373	1,522
65+ Primary		1,027	1,218	1,348	1,627	1,994	2,194
65+ Secondary		510	607	682	970	1,013	1,867
EMPLOYEE & CHILD(REN)		AGE - under 30	219	260	316	320	414
	30 - 39	237	280	339	410	462	736
	40 - 49	243	289	347	534	475	733
	50 - 54	285	341	404	588	559	727
	55 - 59	342	406	475	672	663	842
	60 - 64	426	507	585	781	830	1,057
	65+ Primary	511	610	695	980	987	1,319
	65+ Secondary	219	260	316	673	422	917
	FAMILY	AGE - under 30	326	387	476	497	631
30 - 39		379	449	543	661	729	1,094
40 - 49		418	495	593	850	810	1,163
50 - 54		490	582	684	888	957	1,322
55 - 59		596	707	822	1,126	1,155	1,460
60 - 64		761	904	1,034	1,328	1,481	1,771
65+ Primary		1,039	1,233	1,393	1,684	2,021	2,518
65+ Secondary		511	610	720	993	1,018	2,089

Effective January 1, 2010

AREA 3: (except for Select HMO Plan): Alameda (except 95304, 95377, 95391), Amador (95629 only), Butte, Colusa, Contra Costa, El Dorado (ZIP codes beginning with 956, 957), Glenn, Humboldt (except 95552), Lake, Mariposa (95321, 95329 only), Mendocino, Monterey (95076 only), Napa (except 94589, 94590), Placer (95626, 95668, 95692 only), Plumas (95981 only), Sacramento (except 94571), San Francisco, San Joaquin (94505, 94514, 95632, 95690 only), Santa Clara, Santa Cruz, Sierra (95922 only), Solano (94503, 95616, 95618, 95690, 95694 only), Sonoma, Stanislaus (95329 only), Sutter (except 95648), Tehama (95963, 95973 only), Trinity (95526 only), Tuolumne (except 95230, 95311), Yolo, Yuba (except 95960, 95977)

AREA 4

		Hospital PPO Coverage:			Consumer Driven	Comprehensive Coverage:	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000 (100/70)	PPO \$35 Copay GenRx	Select \$25 HMO
EMPLOYEE ONLY	AGE - under 30	\$105	\$125	\$149	\$196	\$210	\$196
	30 - 39	132	158	188	263	263	240
	40 - 49	180	214	247	381	355	269
	50 - 54	246	294	335	458	480	336
	55 - 59	295	352	397	584	594	426
	60 - 64	388	462	516	731	775	573
	65+ Primary	515	612	678	951	1,023	759
	65+ Secondary	231	272	311	541	451	562
	EMPLOYEE & SPOUSE	AGE - under 30	317	376	435	404	635
30 - 39		371	439	505	542	748	595
40 - 49		375	444	508	782	748	654
50 - 54		505	600	678	951	1,016	679
55 - 59		622	738	830	1,208	1,254	957
60 - 64		777	924	1,031	1,474	1,561	1,048
65+ Primary		1,196	1,422	1,571	1,816	2,399	1,546
65+ Secondary		603	716	804	1,081	1,215	1,331
EMPLOYEE & CHILD(REN)		AGE - under 30	236	280	342	357	469
	30 - 39	260	307	373	458	518	506
	40 - 49	261	308	375	595	534	505
	50 - 54	315	373	441	655	628	503
	55 - 59	367	436	513	749	745	581
	60 - 64	465	553	639	871	941	730
	65+ Primary	593	705	803	1,094	1,187	934
	65+ Secondary	250	298	363	750	505	655
	FAMILY	AGE - under 30	353	421	517	554	709
30 - 39		408	484	585	737	826	752
40 - 49		452	538	642	946	918	807
50 - 54		538	639	753	992	1,082	906
55 - 59		650	773	897	1,255	1,308	999
60 - 64		834	989	1,134	1,480	1,681	1,218
65+ Primary		1,207	1,435	1,617	1,878	2,424	1,774
65+ Secondary		614	730	851	1,107	1,225	1,491

Effective January 1, 2010

AREA 4: (except for Select HMO Plan): Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)

65+Primary: Anthem Blue Cross is primary to Medicare; 65+ Secondary: Anthem Blue Cross is secondary to Medicare

Hospital BeneFits, Hospital BeneFits Plus, Hospital BeneFits Preferred, Lumenos HSA 3000 and \$35 Copay GenRx plans offered by Anthem Blue Cross Life and Health Insurance Company. Select \$25 HMO Plan offered by Anthem Blue Cross.

Benefits 1.00 RAF Health Rates

AREA 5

		Hospital PPO Coverage:			Consumer Driven	Comprehensive Coverage:	
		Hospital Benefits	Hospital Benefits Plus	Hospital Benefits Preferred	Lumenos HSA 3000 (100/70)	PPO \$35 Copay GenRx	Select \$25 HMO
EMPLOYEE ONLY	AGE - under 30	\$120	\$144	\$170	\$219	\$237	\$209
	30 - 39	151	180	209	293	298	258
	40 - 49	202	241	278	426	396	283
	50 - 54	270	320	364	511	536	354
	55 - 59	336	401	450	653	659	448
	60 - 64	443	525	586	816	870	602
	65+ Primary	537	639	706	1,061	1,045	761
	65+ Secondary	241	287	325	605	462	571
EMPLOYEE & SPOUSE	AGE - under 30	355	423	487	453	707	530
	30 - 39	424	505	575	606	833	625
	40 - 49	424	505	575	872	833	691
	50 - 54	579	686	776	1,061	1,134	711
	55 - 59	705	836	935	1,349	1,401	999
	60 - 64	882	1,047	1,164	1,646	1,738	1,102
	65+ Primary	1,244	1,478	1,630	2,028	2,455	1,545
	65+ Secondary	629	749	839	1,208	1,243	1,344
EMPLOYEE & CHILD(REN)	AGE - under 30	265	316	380	397	524	477
	30 - 39	296	350	420	511	575	526
	40 - 49	300	358	426	666	595	529
	50 - 54	360	430	501	731	709	522
	55 - 59	420	498	580	837	833	606
	60 - 64	533	632	724	971	1,051	770
	65+ Primary	617	732	834	1,222	1,217	935
	65+ Secondary	258	304	368	838	508	666
FAMILY	AGE - under 30	404	478	579	619	794	679
	30 - 39	470	559	666	823	922	789
	40 - 49	522	617	729	1,058	1,025	848
	50 - 54	609	725	846	1,107	1,214	955
	55 - 59	741	881	1,015	1,404	1,467	1,054
	60 - 64	955	1,133	1,290	1,655	1,881	1,282
	65+ Primary	1,258	1,495	1,680	2,097	2,482	1,778
	65+ Secondary	634	752	876	1,238	1,258	1,507

Effective January 1, 2010

AREA 5: (except for Select HMO Plan): Los Angeles (except 91709, 93243, 93560 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 (100/70)	PPO \$35 Copay GenRx	Select \$25 HMO
EMPLOYEE ONLY	AGE - under 30	\$105	\$125	\$149	\$175	\$190	\$238
	30 - 39	128	154	180	234	233	303
	40 - 49	181	215	247	341	317	327
	50 - 54	241	288	325	410	425	420
	55 - 59	296	353	398	521	529	526
	60 - 64	392	468	520	652	690	705
	65+ Primary	522	617	683	848	914	876
	65+ Secondary	225	266	305	482	401	653
EMPLOYEE & SPOUSE	AGE - under 30	320	380	439	362	559	617
	30 - 39	376	446	507	484	660	742
	40 - 49	369	438	503	698	664	802
	50 - 54	512	607	685	848	905	835
	55 - 59	630	750	837	1,078	1,123	1,174
	60 - 64	780	929	1,033	1,314	1,391	1,284
	65+ Primary	1,200	1,426	1,572	1,619	2,132	1,775
	65+ Secondary	582	689	776	965	1,080	1,533
EMPLOYEE & CHILD(REN)	AGE - under 30	237	282	340	317	424	563
	30 - 39	265	316	377	407	462	621
	40 - 49	262	311	373	531	473	619
	50 - 54	316	374	440	584	560	617
	55 - 59	373	441	514	669	664	716
	60 - 64	468	555	639	776	835	897
	65+ Primary	595	707	802	977	1,057	1,075
	65+ Secondary	244	290	350	670	449	753
FAMILY	AGE - under 30	356	424	516	494	632	790
	30 - 39	414	493	589	658	731	927
	40 - 49	464	551	652	846	819	999
	50 - 54	549	650	758	884	968	1,115
	55 - 59	659	780	903	1,121	1,163	1,239
	60 - 64	838	994	1,135	1,323	1,490	1,499
	65+ Primary	1,218	1,444	1,624	1,676	2,156	2,045
	65+ Secondary	591	700	814	988	1,085	1,711

Effective January 1, 2010

AREA 6: (except for Select HMO Plan): Imperial, Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555, 93558), San Diego

65+Primary: Anthem Blue Cross is primary to Medicare; 65+ Secondary: Anthem Blue Cross is secondary to Medicare

Hospital Benefits, Hospital Benefits Plus, Hospital Benefits Preferred, Lumenos HSA 3000 (100/70) and \$35 Copay GenRx plans offered by Anthem Blue Cross Life and Health Insurance Company. Select \$25 HMO Plan offered by Anthem Blue Cross.

AREA 7

		Hospital PPO Coverage:			Consumer Driven	Comprehensive Coverage:	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000 (100/70)	PPO \$35 Copay GenRx	Select \$25 HMO
EMPLOYEE ONLY	AGE - under 30	\$92	\$111	\$133	\$165	\$180	\$287
	30 - 39	117	139	165	219	220	365
	40 - 49	157	186	216	320	304	388
	50 - 54	208	249	281	381	403	496
	55 - 59	256	304	342	488	497	629
	60 - 64	324	387	431	609	638	832
	65+ Primary	421	499	554	794	818	996
	65+ Secondary	171	202	233	453	343	709
EMPLOYEE & SPOUSE	AGE - under 30	271	320	372	339	528	718
	30 - 39	314	373	425	454	621	847
	40 - 49	316	374	428	652	615	916
	50 - 54	424	506	572	794	839	953
	55 - 59	526	626	703	1,009	1,039	1,354
	60 - 64	648	768	857	1,232	1,277	1,448
	65+ Primary	973	1,154	1,275	1,517	1,912	2,023
	65+ Secondary	450	535	602	904	899	1,676
EMPLOYEE & CHILD(REN)	AGE - under 30	200	237	288	298	393	673
	30 - 39	223	264	317	381	430	739
	40 - 49	225	265	321	498	442	729
	50 - 54	262	309	369	547	525	736
	55 - 59	314	373	433	625	621	865
	60 - 64	390	465	536	727	767	1,062
	65+ Primary	479	569	649	914	945	1,227
	65+ Secondary	183	218	269	627	377	831
FAMILY	AGE - under 30	299	355	437	463	596	956
	30 - 39	351	416	499	616	685	1,114
	40 - 49	386	456	544	791	752	1,171
	50 - 54	453	539	633	828	899	1,336
	55 - 59	551	651	757	1,050	1,086	1,482
	60 - 64	689	823	940	1,239	1,376	1,774
	65+ Primary	977	1,160	1,310	1,569	1,931	2,329
	65+ Secondary	460	543	639	924	906	1,870

Effective January 1, 2010

Area 7: (except for Select HMO Plan): Fresno, Inyo (93527 only), Kern (except 93536), Kings, Los Angeles (93243, 93560 only), Madera, Mariposa (except 95321, 95329), Merced, San Benito (93210 only), San Bernadino (93516, 93555, 93558 only), San Luis Obispo (93252 only), Santa Barbara (93252 only), Stanislaus (95322 only), Tulare, Tuolumne (95311 only), Ventura (93252 only)

AREA 8

		Hospital PPO Coverage:			Consumer Driven	Comprehensive Coverage:	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000 (100/70)	PPO \$35 Copay GenRx	Select \$25 HMO
EMPLOYEE ONLY	AGE - under 30	\$93	\$112	\$136	\$170	\$185	\$255
	30 - 39	119	141	168	230	233	326
	40 - 49	159	189	220	332	314	351
	50 - 54	211	253	286	399	419	450
	55 - 59	259	308	347	509	514	562
	60 - 64	328	392	438	638	663	751
	65+ Primary	427	505	562	828	850	936
	65+ Secondary	173	204	237	472	354	694
EMPLOYEE & SPOUSE	AGE - under 30	274	324	379	355	553	658
	30 - 39	318	378	432	473	650	791
	40 - 49	320	379	436	681	642	859
	50 - 54	431	512	580	828	875	895
	55 - 59	533	634	714	1,053	1,084	1,255
	60 - 64	656	778	869	1,285	1,330	1,378
	65+ Primary	985	1,169	1,293	1,583	1,992	1,900
	65+ Secondary	455	542	613	943	938	1,639
EMPLOYEE & CHILD(REN)	AGE - under 30	202	240	295	312	410	601
	30 - 39	225	268	325	399	449	664
	40 - 49	228	269	329	519	459	659
	50 - 54	265	314	377	572	543	658
	55 - 59	318	378	442	653	647	767
	60 - 64	395	471	546	759	799	959
	65+ Primary	485	578	660	954	985	1,146
	65+ Secondary	186	221	276	654	392	804
FAMILY	AGE - under 30	303	360	448	484	617	843
	30 - 39	355	421	511	642	717	991
	40 - 49	391	463	557	825	788	1,064
	50 - 54	460	545	648	863	937	1,191
	55 - 59	558	660	773	1,095	1,128	1,324
	60 - 64	699	833	957	1,292	1,430	1,600
	65+ Primary	990	1,176	1,333	1,638	2,012	2,185
	65+ Secondary	465	551	653	966	942	1,827

Effective January 1, 2010

Area 8: (except for 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)

65+Primary: Anthem Blue Cross is primary to Medicare; 65+ Secondary: Anthem Blue Cross is secondary to Medicare

Hospital BeneFits, Hospital BeneFits Plus, Hospital BeneFits Preferred, Lumenos HSA 3000 and \$35 Copay GenRx plans offered by Anthem Blue Cross Life and Health Insurance Company. Select \$25 HMO Plan offered by Anthem Blue Cross.

BeneFits 1.00 RAF Health Rates

Effective January 1, 2010

AREA 9		Hospital PPO Coverage:			Consumer Driven	Comprehensive Coverage:	
		Hospital BeneFits	Hospital BeneFits Plus	Hospital BeneFits Preferred	Lumenos HSA 3000 (100/70)	PPO \$35 Copay GenRx	Select \$25 HMO
EMPLOYEE ONLY	AGE - under 30	\$92	\$109	\$135	\$169	\$183	\$197
	30 - 39	118	142	168	227	229	243
	40 - 49	159	188	220	328	305	269
	50 - 54	211	249	287	393	411	337
	55 - 59	262	313	352	502	509	421
	60 - 64	342	407	455	628	670	570
	65+ Primary	414	492	548	818	803	719
	65+ Secondary	188	225	259	465	359	537
EMPLOYEE & SPOUSE	AGE - under 30	276	328	386	348	541	500
	30 - 39	329	391	452	466	638	592
	40 - 49	329	391	452	671	639	651
	50 - 54	447	532	605	817	874	672
	55 - 59	546	649	731	1,037	1,077	949
	60 - 64	683	811	909	1,267	1,337	1,042
	65+ Primary	962	1,142	1,268	1,561	1,885	1,461
	65+ Secondary	497	589	668	930	966	1,272
EMPLOYEE & CHILD(REN)	AGE - under 30	206	244	304	306	409	451
	30 - 39	228	270	333	393	443	498
	40 - 49	234	277	340	512	455	499
	50 - 54	278	331	398	564	542	493
	55 - 59	327	387	459	643	639	577
	60 - 64	413	491	569	749	805	728
	65+ Primary	479	569	655	940	933	886
	65+ Secondary	199	235	295	646	398	629
FAMILY	AGE - under 30	315	374	464	477	607	641
	30 - 39	364	432	529	635	708	744
	40 - 49	402	478	579	814	786	800
	50 - 54	475	563	672	852	932	903
	55 - 59	573	680	797	1,081	1,126	995
	60 - 64	741	880	1,013	1,275	1,444	1,215
	65+ Primary	975	1,159	1,316	1,617	1,903	1,678
	65+ Secondary	500	593	705	952	976	1,426

Area 9: (except for Select HMO Plan): 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)

65+Primary: Anthem Blue Cross is primary to Medicare; 65+ Secondary: Anthem Blue Cross is secondary to Medicare
Hospital BeneFits, Hospital BeneFits Plus, Hospital BeneFits Preferred, Lumenos HSA 3000 (100/70) and \$35 Copay GenRx plans offered by Anthem Blue Cross Life and Health Insurance Company; Select \$25 HMO Plan offered by Anthem Blue Cross.

Dental Plan Rates Effective January 1, 2010

Dental Blue® BeneFits	Dental PPO coverage from Anthem Blue Cross Life and Health Insurance Company		
	Areas 1, 2 & 7	Areas 3, 6 & 8	Areas 4, 5 & 9
Subscriber	\$14	\$16	\$18
Subscriber & Spouse	26	30	35
Subscriber & Child	35	39	46
Subscriber & Children	35	39	46
Family	53	62	72

Dental Benefits (included in Hospital BeneFits Preferred Plan)	Dental PPO coverage from Anthem Blue Cross Life and Health Insurance Company		
	Areas 1, 2 & 7	Areas 3, 6 & 8	Areas 4, 5 & 9
Subscriber	\$15	\$16	\$17
Subscriber & Spouse	27	29	32
Subscriber & Child	35	39	42
Subscriber & Children	35	39	42
Family	55	61	65

Dental Net DHMO	DHMO coverage from Anthem Blue Cross		
	Areas 1, 2, 3 & 7	Areas 4, 5, 6 & 9	Area 8
Subscriber	\$23	\$18	\$21
Subscriber & Spouse	35	27	32
Subscriber & Child	35	27	32
Subscriber & Children	53	41	48
Family	53	41	48

* 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. Underwritten by Anthem Blue Cross Life & Health Insurance Company.

Blue View VisionSM Plan Rates

Blue View Plus	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	FAMILY
RATE	\$13	\$23	\$24	\$36

Blue View	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	FAMILY
RATE	\$7	\$11	\$12	\$18

Rates for Optional Dependent Life coverage

\$5,000 spouse, \$5,000 children 6 months to 19 years (age 24 if full-time student); \$500 children under 6 months	\$2 per family
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This option only available if employee life benefit is \$20,000 or more:

\$10,000 spouse, \$10,000 children 6 months to 19 years (age 24 if full-time student); \$1,000 children under 6 months	\$4 per family
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Life and Accidental Death & Dismemberment (AD&D) Plan Rates

Anthem Blue Cross Life and Health Insurance Company Basic 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 Term Life coverage to all enrolled employees. Monthly rates for optional Dependent Life insurance coverage \$2 or \$4 per family. Life and AD&D benefits reduced by 35% at age 65 and further reduced by 50% of the original benefit amount at age 70. Benefits terminate upon retirement. Availability of Group Life Insurance is subject to underwriting. Underwritten by Anthem Blue Cross Life and Health Insurance Company.

Supplemental Life Rates per:				
Age	\$15,000	\$25,000	\$50,000	\$100,000
Under 30	\$3.00	\$5.00	\$10.00	\$20.00
30-39	\$3.75	\$6.25	\$12.50	\$25.00
40-44	\$6.15	\$10.25	\$20.50	\$41.00
45-49	\$8.70	\$14.50	\$29.00	\$58.00
60-54	\$12.90	\$21.50	\$43.00	\$86.00
55-59	\$22.95	\$38.25	\$76.50	\$153.00
60-64	\$34.05	\$56.75	\$113.50	\$227.00
65-69	\$56.55	\$94.25	\$188.50	\$377.00



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