



2-50 Small Group EmployeeChoice 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 Plans

PPO \$30 Copay
Premier PPO \$20 Copay
Saver \$20 HMO

Dental Plans

Dental Net DHMO
Voluntary Dental Saver SelectDHMO

For 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.

Offered by Anthem Blue Cross Life and Health Insurance Company:

Health Plans

PPO \$35 Copay GenRx
Lumenos HSA 3500 (80/50)
Lumenos HSA 3500 (80/50) MHP

Dental Plans

Dental Blue Silver 100-80
Dental Blue Silver Plus 100-80
Dental Blue Gold 100-80
Dental Blue Gold Plus 100-80
Dental Blue Platinum 100-80
Dental Blue Platinum Plus 100-80
Basic Option Dental PPO
Standard Option Dental PPO
High Option Dental PPO
Voluntary Dental PPO

Vision Plans

Blue View Plus
Blue View

Life Plans

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

Health/Dental rating area definitions

The following tables indicate rating area by county and ZIP code. 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)

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 health 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.**

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

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

.93 RAF example: 1.00 standard rate is \$206.00.

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

1.05 RAF example: 1.00 standard rate is \$206.00.

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

Health/Dental 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

Anthem Blue Cross Small Group Employee Choice Medical Rates

Rates rounded to whole dollars

AREA 1 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Lumenos HSA 3500 (80/50)*	Lumenos HSA 3500 (80/50) MHP*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$615	\$445	\$296	\$217	\$217	\$540
	30 - 39	754	563	368	291	291	680
	40 - 49	1,009	741	495	423	423	742
	50 - 54	1,358	994	667	508	508	937
	55 - 59	1,664	1,230	821	647	647	1,190
	60 - 64	2,128	1,575	1,051	812	812	1,581
	65+ PRIMARY	2,488	1,835	1,230	1,056	1,056	1,973
	65+ SECONDARY	1,035	771	515	600	600	1,344
EMPLOYEE & SPOUSE	AGE - under 30	\$1,784	\$1,317	\$879	\$449	\$449	\$1,433
	30 - 39	2,099	1,546	1,025	603	603	1,690
	40 - 49	2,034	1,512	1,010	867	867	1,849
	50 - 54	2,825	2,089	1,390	1,056	1,056	1,903
	55 - 59	3,495	2,582	1,722	1,340	1,340	2,720
	60 - 64	4,196	3,097	2,065	1,636	1,636	2,910
	65+ PRIMARY	5,902	4,359	2,906	2,014	2,014	4,097
	65+ SECONDARY	2,785	2,050	1,362	1,199	1,199	3,274
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,333	\$974	\$652	\$396	\$396	\$1,277
	30 - 39	1,462	1,078	719	507	507	1,411
	40 - 49	1,486	1,091	728	662	662	1,399
	50 - 54	1,765	1,295	866	728	728	1,381
	55 - 59	2,099	1,549	1,030	831	831	1,649
	60 - 64	2,580	1,904	1,270	967	967	2,011
	65+ PRIMARY	2,882	2,133	1,412	1,215	1,215	2,428
	65+ SECONDARY	1,130	849	562	833	833	1,582
FAMILY	AGE - under 30	\$1,998	\$1,482	\$990	\$615	\$615	\$1,812
	30 - 39	2,306	1,708	1,136	818	818	2,109
	40 - 49	2,542	1,881	1,251	1,051	1,051	2,236
	50 - 54	3,010	2,227	1,483	1,099	1,099	2,528
	55 - 59	3,658	2,698	1,802	1,394	1,394	2,844
	60 - 64	4,603	3,393	2,268	1,645	1,645	3,372
	65+ PRIMARY	5,907	4,366	2,910	2,084	2,084	4,642
	65+ SECONDARY	2,791	2,059	1,371	1,230	1,230	3,581

Monthly rates effective January 1, 2010

AREA 2 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Lumenos HSA 3500 (80/50)*	Lumenos HSA 3500 (80/50) MHP*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$483	\$368	\$235	\$176	\$176	\$437
	30 - 39	612	456	296	236	236	558
	40 - 49	811	615	404	341	341	597
	50 - 54	1,091	825	540	408	408	760
	55 - 59	1,334	1,017	658	522	522	966
	60 - 64	1,728	1,308	852	654	654	1,266
	65+ PRIMARY	2,212	1,678	1,089	851	851	1,528
	65+ SECONDARY	922	700	454	483	483	1,078
EMPLOYEE & SPOUSE	AGE - under 30	\$1,428	\$1,086	\$703	\$361	\$361	\$1,095
	30 - 39	1,676	1,272	828	485	485	1,293
	40 - 49	1,671	1,264	825	697	697	1,397
	50 - 54	2,284	1,726	1,116	851	851	1,463
	55 - 59	2,820	2,136	1,386	1,079	1,079	2,077
	60 - 64	3,446	2,616	1,702	1,320	1,320	2,217
	65+ PRIMARY	5,175	3,934	2,548	1,624	1,624	3,091
	65+ SECONDARY	2,424	1,838	1,197	966	966	2,560
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,066	\$808	\$523	\$319	\$319	\$1,023
	30 - 39	1,171	887	576	410	410	1,130
	40 - 49	1,201	907	592	532	532	1,116
	50 - 54	1,420	1,080	693	585	585	1,123
	55 - 59	1,683	1,274	827	669	669	1,317
	60 - 64	2,082	1,581	1,022	779	779	1,621
	65+ PRIMARY	2,575	1,950	1,263	978	978	1,865
	65+ SECONDARY	1,017	765	503	671	671	1,267
FAMILY	AGE - under 30	\$1,607	\$1,215	\$793	\$495	\$495	\$1,458
	30 - 39	1,856	1,407	917	659	659	1,698
	40 - 49	2,053	1,557	1,007	848	848	1,787
	50 - 54	2,430	1,839	1,197	886	886	2,042
	55 - 59	2,944	2,237	1,451	1,125	1,125	2,262
	60 - 64	3,716	2,822	1,835	1,326	1,326	2,709
	65+ PRIMARY	5,228	3,961	2,575	1,680	1,680	3,555
	65+ SECONDARY	2,459	1,860	1,205	990	990	2,857

Monthly rates effective January 1, 2010

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)

65+ PRIMARY: Anthem Blue Cross is primary to Medicare. 65+ SECONDARY: Anthem Blue Cross is secondary to Medicare.

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

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)

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

AREA 3 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Lumenos HSA 3500 (80/50)*	Lumenos HSA 3500 (80/50) MHP*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$440	\$334	\$218	\$160	\$160	\$404
	30 - 39	541	410	265	213	213	500
	40 - 49	725	551	362	308	308	549
	50 - 54	974	739	477	369	369	686
	55 - 59	1,200	909	592	470	470	873
	60 - 64	1,564	1,187	771	589	589	1,172
	65+ PRIMARY	1,941	1,475	955	769	769	1,511
	65+ SECONDARY	879	657	430	436	436	1,098
EMPLOYEE & SPOUSE	AGE - under 30	\$1,279	\$970	\$629	\$326	\$326	\$1,026
	30 - 39	1,502	1,146	742	437	437	1,224
	40 - 49	1,501	1,146	741	630	630	1,343
	50 - 54	2,046	1,549	1,004	769	769	1,388
	55 - 59	2,519	1,913	1,240	973	973	1,960
	60 - 64	3,127	2,372	1,538	1,189	1,189	2,142
	65+ PRIMARY	4,535	3,442	2,234	1,463	1,463	3,089
	65+ SECONDARY	2,298	1,746	1,134	870	870	2,628
EMPLOYEE & CHILD(REN)	AGE - under 30	\$946	\$720	\$465	\$288	\$288	\$925
	30 - 39	1,055	798	519	369	369	1,035
	40 - 49	1,072	819	531	481	481	1,032
	50 - 54	1,273	968	625	528	528	1,022
	55 - 59	1,508	1,137	742	604	604	1,187
	60 - 64	1,888	1,433	929	701	701	1,491
	65+ PRIMARY	2,256	1,707	1,105	882	882	1,860
	65+ SECONDARY	962	729	474	605	605	1,292
FAMILY	AGE - under 30	\$1,437	\$1,089	\$707	\$447	\$447	\$1,321
	30 - 39	1,665	1,262	816	594	594	1,538
	40 - 49	1,844	1,397	908	763	763	1,640
	50 - 54	2,180	1,652	1,072	798	798	1,862
	55 - 59	2,630	1,999	1,293	1,012	1,012	2,056
	60 - 64	3,371	2,553	1,659	1,194	1,194	2,496
	65+ PRIMARY	4,592	3,481	2,264	1,514	1,514	3,546
	65+ SECONDARY	2,324	1,772	1,140	893	893	2,942

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)

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

AREA 4 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Lumenos HSA 3500 (80/50)*	Lumenos HSA 3500 (80/50) MHP*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$482	\$366	\$235	\$177	\$177	\$323
	30 - 39	608	455	294	237	237	405
	40 - 49	815	616	396	342	342	449
	50 - 54	1,099	829	537	413	413	562
	55 - 59	1,344	1,021	664	525	525	714
	60 - 64	1,766	1,339	867	658	658	957
	65+ PRIMARY	2,320	1,760	1,145	855	855	1,267
	65+ SECONDARY	1,033	786	505	486	486	940
EMPLOYEE & SPOUSE	AGE - under 30	\$1,440	\$1,093	\$711	\$364	\$364	\$834
	30 - 39	1,697	1,284	836	487	487	992
	40 - 49	1,696	1,290	838	701	701	1,095
	50 - 54	2,313	1,752	1,137	855	855	1,135
	55 - 59	2,852	2,165	1,406	1,084	1,084	1,596
	60 - 64	3,550	2,693	1,747	1,325	1,325	1,751
	65+ PRIMARY	5,459	4,144	2,687	1,631	1,631	2,581
	65+ SECONDARY	2,763	2,102	1,361	971	971	2,226
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,065	\$805	\$526	\$320	\$320	\$749
	30 - 39	1,176	894	580	413	413	843
	40 - 49	1,202	916	598	536	536	841
	50 - 54	1,430	1,085	704	588	588	836
	55 - 59	1,695	1,284	834	673	673	969
	60 - 64	2,137	1,624	1,054	783	783	1,217
	65+ PRIMARY	2,706	2,049	1,329	983	983	1,558
	65+ SECONDARY	1,137	862	564	675	675	1,097
FAMILY	AGE - under 30	\$1,614	\$1,224	\$794	\$500	\$500	\$1,073
	30 - 39	1,879	1,421	924	664	664	1,259
	40 - 49	2,076	1,577	1,028	852	852	1,346
	50 - 54	2,463	1,871	1,210	889	889	1,511
	55 - 59	2,972	2,254	1,463	1,129	1,129	1,668
	60 - 64	3,818	2,898	1,882	1,331	1,331	2,035
	65+ PRIMARY	5,510	4,182	2,714	1,688	1,688	2,962
	65+ SECONDARY	2,786	2,119	1,371	995	995	2,490

Area 4: 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.

Monthly rates effective January 1, 2010

Monthly rates effective January 1, 2010

Anthem Blue Cross Small Group Employee Choice Medical Rates

Rates rounded to whole dollars

AREA 5 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Lumenos HSA 3500 (80/50)*	Lumenos HSA 3500 (80/50) MHP*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$537	\$407	\$265	\$197	\$197	\$316
	30 - 39	674	512	333	265	265	387
	40 - 49	908	688	443	382	382	430
	50 - 54	1,229	933	600	460	460	537
	55 - 59	1,507	1,134	739	586	586	678
	60 - 64	1,978	1,498	974	734	734	912
	65+ PRIMARY	2,376	1,807	1,170	952	952	1,150
	65+ SECONDARY	1,048	792	518	544	544	866
EMPLOYEE & SPOUSE	AGE - under 30	\$1,607	\$1,213	\$792	\$407	\$407	\$802
	30 - 39	1,895	1,437	933	545	545	948
	40 - 49	1,895	1,442	933	783	783	1,044
	50 - 54	2,584	1,958	1,271	952	952	1,076
	55 - 59	3,178	2,408	1,570	1,212	1,212	1,516
	60 - 64	3,964	3,002	1,946	1,482	1,482	1,672
	65+ PRIMARY	5,587	4,236	2,748	1,823	1,823	2,337
	65+ SECONDARY	2,820	2,145	1,390	1,085	1,085	2,036
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,192	\$903	\$586	\$358	\$358	\$722
	30 - 39	1,318	1,003	645	459	459	797
	40 - 49	1,352	1,022	666	597	597	798
	50 - 54	1,602	1,219	794	657	657	791
	55 - 59	1,900	1,435	933	751	751	917
	60 - 64	2,385	1,809	1,176	873	873	1,162
	65+ PRIMARY	2,767	2,094	1,361	1,099	1,099	1,416
	65+ SECONDARY	1,164	883	570	754	754	1,009
FAMILY	AGE - under 30	\$1,812	\$1,367	\$887	\$557	\$557	\$1,029
	30 - 39	2,103	1,591	1,033	740	740	1,194
	40 - 49	2,335	1,771	1,147	951	951	1,280
	50 - 54	2,766	2,098	1,359	995	995	1,447
	55 - 59	3,327	2,523	1,640	1,261	1,261	1,594
	60 - 64	4,280	3,242	2,105	1,488	1,488	1,942
	65+ PRIMARY	5,641	4,277	2,777	1,886	1,886	2,693
	65+ SECONDARY	2,848	2,160	1,408	1,112	1,112	2,281

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)

65+ PRIMARY: Anthem Blue Cross is primary to Medicare. 65+ SECONDARY: Anthem Blue Cross is secondary to Medicare.
* Underwritten by Anthem Blue Cross Life and Health Insurance Company.

AREA 6 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Lumenos HSA 3500 (80/50)*	Lumenos HSA 3500 (80/50) MHP*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$427	\$326	\$213	\$159	\$159	\$346
	30 - 39	538	408	262	210	210	443
	40 - 49	722	557	355	308	308	476
	50 - 54	983	747	477	369	369	615
	55 - 59	1,200	919	591	468	468	770
	60 - 64	1,565	1,197	772	587	587	1,028
	65+ PRIMARY	2,061	1,583	1,023	763	763	1,275
	65+ SECONDARY	910	703	448	434	434	950
EMPLOYEE & SPOUSE	AGE - under 30	\$1,279	\$978	\$626	\$323	\$323	\$898
	30 - 39	1,510	1,150	738	436	436	1,084
	40 - 49	1,511	1,150	744	626	626	1,171
	50 - 54	2,056	1,572	1,013	763	763	1,219
	55 - 59	2,537	1,947	1,256	969	969	1,714
	60 - 64	3,152	2,412	1,557	1,182	1,182	1,877
	65+ PRIMARY	4,841	3,705	2,387	1,456	1,456	2,594
	65+ SECONDARY	2,450	1,876	1,209	866	866	2,236
EMPLOYEE & CHILD(REN)	AGE - under 30	\$951	\$734	\$476	\$286	\$286	\$821
	30 - 39	1,044	802	518	369	369	907
	40 - 49	1,072	822	530	477	477	905
	50 - 54	1,273	970	628	525	525	898
	55 - 59	1,513	1,155	744	600	600	1,048
	60 - 64	1,896	1,452	935	697	697	1,311
	65+ PRIMARY	2,396	1,840	1,184	878	878	1,569
	65+ SECONDARY	1,019	778	502	601	601	1,099
FAMILY	AGE - under 30	\$1,437	\$1,103	\$708	\$445	\$445	\$1,154
	30 - 39	1,663	1,279	819	591	591	1,352
	40 - 49	1,853	1,419	916	760	760	1,458
	50 - 54	2,187	1,678	1,083	795	795	1,629
	55 - 59	2,641	2,016	1,303	1,007	1,007	1,809
	60 - 64	3,386	2,595	1,669	1,189	1,189	2,189
	65+ PRIMARY	4,892	3,745	2,415	1,507	1,507	2,987
	65+ SECONDARY	2,471	1,887	1,213	888	888	2,495

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

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

Monthly rates effective January 1, 2010

Monthly rates effective January 1, 2010

AREA 7 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Lumenos HSA 3500 (80/50)*	Lumenos HSA 3500 (80/50) MHP*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$405	\$306	\$201	\$146	\$146	\$383
	30 - 39	517	386	247	198	198	485
	40 - 49	684	518	339	287	287	520
	50 - 54	910	693	450	343	343	665
	55 - 59	1,123	851	555	438	438	843
	60 - 64	1,449	1,102	714	548	548	1,112
	65+ PRIMARY	1,862	1,409	915	715	715	1,330
	65+ SECONDARY	771	590	383	405	405	947
EMPLOYEE & SPOUSE	AGE - under 30	\$1,203	\$913	\$591	\$303	\$303	\$958
	30 - 39	1,411	1,069	694	407	407	1,133
	40 - 49	1,406	1,066	689	586	586	1,223
	50 - 54	1,916	1,448	940	715	715	1,273
	55 - 59	2,367	1,799	1,164	908	908	1,809
	60 - 64	2,894	2,194	1,428	1,107	1,107	1,935
	65+ PRIMARY	4,348	3,306	2,140	1,364	1,364	2,699
	65+ SECONDARY	2,036	1,551	1,007	812	812	2,237
EMPLOYEE & CHILD(REN)	AGE - under 30	\$894	\$679	\$441	\$268	\$268	\$899
	30 - 39	987	742	480	343	343	988
	40 - 49	1,012	763	495	447	447	976
	50 - 54	1,195	907	588	494	494	981
	55 - 59	1,415	1,071	694	563	563	1,155
	60 - 64	1,751	1,333	859	653	653	1,419
	65+ PRIMARY	2,161	1,643	1,059	821	821	1,637
	65+ SECONDARY	855	640	421	563	563	1,111
FAMILY	AGE - under 30	\$1,352	\$1,022	\$668	\$416	\$416	\$1,278
	30 - 39	1,558	1,184	767	553	553	1,487
	40 - 49	1,724	1,309	844	711	711	1,564
	50 - 54	2,038	1,551	1,007	744	744	1,785
	55 - 59	2,472	1,879	1,215	943	943	1,979
	60 - 64	3,119	2,369	1,539	1,113	1,113	2,370
	65+ PRIMARY	4,391	3,326	2,163	1,411	1,411	3,111
	65+ SECONDARY	2,071	1,562	1,015	831	831	2,496

Monthly rates effective January 1, 2010

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)

65+ PRIMARY: Anthem Blue Cross is primary to Medicare. 65+ SECONDARY: Anthem Blue Cross is secondary to Medicare.

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

AREA 8 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Lumenos HSA 3500 (80/50)*	Lumenos HSA 3500 (80/50) MHP*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$421	\$324	\$208	\$153	\$153	\$369
	30 - 39	539	400	261	208	208	472
	40 - 49	713	539	351	298	298	510
	50 - 54	947	719	470	359	359	654
	55 - 59	1,165	886	576	457	457	815
	60 - 64	1,508	1,145	744	572	572	1,091
	65+ PRIMARY	1,935	1,466	952	746	746	1,356
	65+ SECONDARY	800	614	396	423	423	1,008
EMPLOYEE & SPOUSE	AGE - under 30	\$1,251	\$948	\$618	\$318	\$318	\$956
	30 - 39	1,471	1,112	727	425	425	1,147
	40 - 49	1,464	1,111	717	613	613	1,248
	50 - 54	1,992	1,509	978	744	744	1,299
	55 - 59	2,461	1,872	1,213	946	946	1,821
	60 - 64	3,012	2,283	1,489	1,156	1,156	2,000
	65+ PRIMARY	4,527	3,442	2,229	1,423	1,423	2,759
	65+ SECONDARY	2,121	1,614	1,049	846	846	2,381
EMPLOYEE & CHILD(REN)	AGE - under 30	\$934	\$708	\$460	\$280	\$280	\$875
	30 - 39	1,029	775	502	359	359	963
	40 - 49	1,050	790	514	467	467	957
	50 - 54	1,241	946	609	513	513	956
	55 - 59	1,471	1,119	723	586	586	1,113
	60 - 64	1,821	1,386	895	680	680	1,394
	65+ PRIMARY	2,255	1,711	1,103	858	858	1,667
	65+ SECONDARY	888	667	439	589	589	1,168
FAMILY	AGE - under 30	\$1,408	\$1,065	\$691	\$436	\$436	\$1,226
	30 - 39	1,626	1,233	803	578	578	1,440
	40 - 49	1,792	1,362	881	742	742	1,545
	50 - 54	2,121	1,610	1,048	776	776	1,725
	55 - 59	2,570	1,952	1,262	984	984	1,923
	60 - 64	3,246	2,468	1,602	1,161	1,161	2,325
	65+ PRIMARY	4,569	3,466	2,252	1,471	1,471	3,172
	65+ SECONDARY	2,153	1,629	1,056	869	869	2,651

Monthly rates effective January 1, 2010

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)

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

Anthem Blue Cross Small Group Employee Choice Medical Rates

Rates rounded to whole dollars

AREA 9 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	Lumenos HSA 3500 (80/50)*	Lumenos HSA 3500 (80/50) MHP*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$410	\$311	\$205	\$151	\$151	\$297
	30 - 39	518	393	257	204	204	367
	40 - 49	703	531	342	294	294	407
	50 - 54	938	716	461	354	354	510
	55 - 59	1,159	875	569	452	452	639
	60 - 64	1,522	1,152	749	566	566	862
	65+ PRIMARY	1,826	1,390	899	735	735	1,089
	65+ SECONDARY	811	621	402	418	418	817
EMPLOYEE & SPOUSE	AGE - under 30	\$1,228	\$930	\$605	\$314	\$314	\$760
	30 - 39	1,457	1,105	713	419	419	898
	40 - 49	1,457	1,105	714	603	603	986
	50 - 54	1,988	1,506	978	735	735	1,021
	55 - 59	2,443	1,850	1,206	933	933	1,436
	60 - 64	3,050	2,306	1,497	1,139	1,139	1,581
	65+ PRIMARY	4,291	3,254	2,110	1,403	1,403	2,213
	65+ SECONDARY	2,196	1,667	1,081	836	836	1,926
EMPLOYEE & CHILD(REN)	AGE - under 30	\$918	\$700	\$456	\$275	\$275	\$683
	30 - 39	1,014	769	495	353	353	752
	40 - 49	1,040	782	509	460	460	754
	50 - 54	1,232	937	608	506	506	746
	55 - 59	1,459	1,104	714	579	579	876
	60 - 64	1,832	1,390	901	673	673	1,100
	65+ PRIMARY	2,125	1,609	1,044	845	845	1,341
	65+ SECONDARY	906	678	445	581	581	958
FAMILY	AGE - under 30	\$1,389	\$1,051	\$681	\$428	\$428	\$971
	30 - 39	1,612	1,217	792	570	570	1,126
	40 - 49	1,795	1,362	879	732	732	1,210
	50 - 54	2,123	1,610	1,043	767	767	1,367
	55 - 59	2,555	1,940	1,259	971	971	1,507
	60 - 64	3,290	2,487	1,618	1,146	1,146	1,839
	65+ PRIMARY	4,333	3,283	2,130	1,452	1,452	2,541
	65+ SECONDARY	2,214	1,684	1,092	856	856	2,157

Monthly rates effective January 1, 2010

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)

65+ PRIMARY: Anthem Blue Cross is primary to Medicare. 65+ SECONDARY: Anthem Blue Cross is secondary to Medicare.

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

Dental Blue[®] PPO plan rates

Monthly rates effective January 1, 2010

Out-of-network (OON) reimbursement for Dental Blue plans is at the 80th percentile.

Rating Areas are the same as all other Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company Small Group products.

		Dental Blue Silver 100 - 80			Dental Blue Silver Plus 100 - 80			Dental Blue Gold 100 - 80		
Areas:		1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	Group Size 2-9	\$47	\$54	\$59	\$52	\$62	\$69	\$49	\$58	\$65
	10-24	42	48	53	48	57	62	44	52	58
	25-50	39	44	49	43	51	56	41	48	53
Employee & Spouse	Group Size 2-9	92	105	115	103	121	136	98	114	129
	10-24	83	94	103	94	110	124	88	103	116
	25-50	76	86	94	85	100	112	81	94	106
Employee & Child	Group Size 2-9	87	99	109	88	105	116	91	108	119
	10-24	78	88	98	81	95	106	82	97	107
	25-50	72	81	89	73	86	95	75	89	99
Employee & Children	Group Size 2-9	130	146	163	132	155	174	136	160	180
	10-24	117	131	146	120	141	158	123	144	162
	25-50	107	120	134	108	127	143	112	132	148
Employee & Family	Group Size 2-9	157	178	198	160	189	211	165	195	218
	10-24	141	160	178	146	173	192	148	176	196
	25-50	129	146	163	132	156	173	136	161	180

		Dental Blue Gold Plus 100 - 80			Dental Blue Platinum 100 - 80			Dental Blue Platinum Plus 100 - 80		
Areas:		1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	Group Size 2-9	\$53	\$63	\$69	\$63	\$69	\$76	\$73	\$81	\$89
	10-24	48	57	63	56	61	67	65	72	79
	25-50	43	52	57	54	59	65	61	68	74
Employee & Spouse	Group Size 2-9	104	122	138	126	136	152	145	161	176
	10-24	95	111	125	112	121	135	129	143	156
	25-50	86	101	113	107	116	129	122	135	148
Employee & Child	Group Size 2-9	97	115	127	117	130	142	135	150	164
	10-24	89	105	116	104	115	126	119	133	145
	25-50	80	95	105	100	111	121	113	126	137
Employee & Children	Group Size 2-9	145	170	191	174	193	211	203	224	245
	10-24	132	155	174	154	171	188	180	199	217
	25-50	119	140	157	148	164	180	170	188	205
Employee & Family	Group Size 2-9	176	208	231	213	235	257	245	271	297
	10-24	161	190	211	189	209	228	217	240	264
	25-50	145	171	190	181	201	219	205	227	249

Dental PPO and Dental HMO plan rates Monthly rates effective January 1, 2010

Areas:	Basic Option Dental PPO			Standard Option PPO			High Option Dental PPO		
	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	\$33	\$35	\$39	\$44	\$51	\$56	\$65	\$70	\$74
Employee & Spouse	62	70	75	91	98	108	127	137	149
Employee & Child	50	55	58	74	84	91	121	130	137
Employee & Children	72	80	86	116	124	137	179	193	206
Employee & Family	101	110	121	144	160	175	217	233	251

Areas:	Dental Net		
	1, 2, 3, 7	4, 5, 6, 9	8
Employee Only	\$23	\$18	\$21
Employee & Spouse	35	27	32
Employee & Child	35	27	32
Employee & Children	53	41	48
Employee & Family	53	41	48

Areas:	Voluntary Dental PPO
All Areas	
Employee Only	\$35
Employee & Spouse	72
Employee & Child	54
Employee & Children	76
Employee & Family	106

Areas:	Voluntary Dental Saver SelectDHMO Plan
All Areas	
Single	\$12
Two-party	22
Three-party*	32

*employee, spouse and child(ren), or employee and child(ren)

Blue View VisionSM plan rates

Blue View Plus	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Rate	\$13	\$23	\$24	\$36

Blue View	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Rate	\$7	\$11	\$12	\$18

Rates listed above are based on current enrollment information. Any enrollment activity, including but not limited to additions, cancellations or benefit plan changes, may result in a change to these rates.



Basic Term Life and AD&D plan rates

For groups with 10-50 eligible employees, the employee Basic Term Life rate is based on the group's composite rate. The composite rate is determined by the characteristics of the group and is calculated by rating systems.

LIFE AND AD&D

Basic Term Life and AD&D rates per \$1,000 of coverage for groups of 2-10 enrolling employees:		
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

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
50-54	\$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

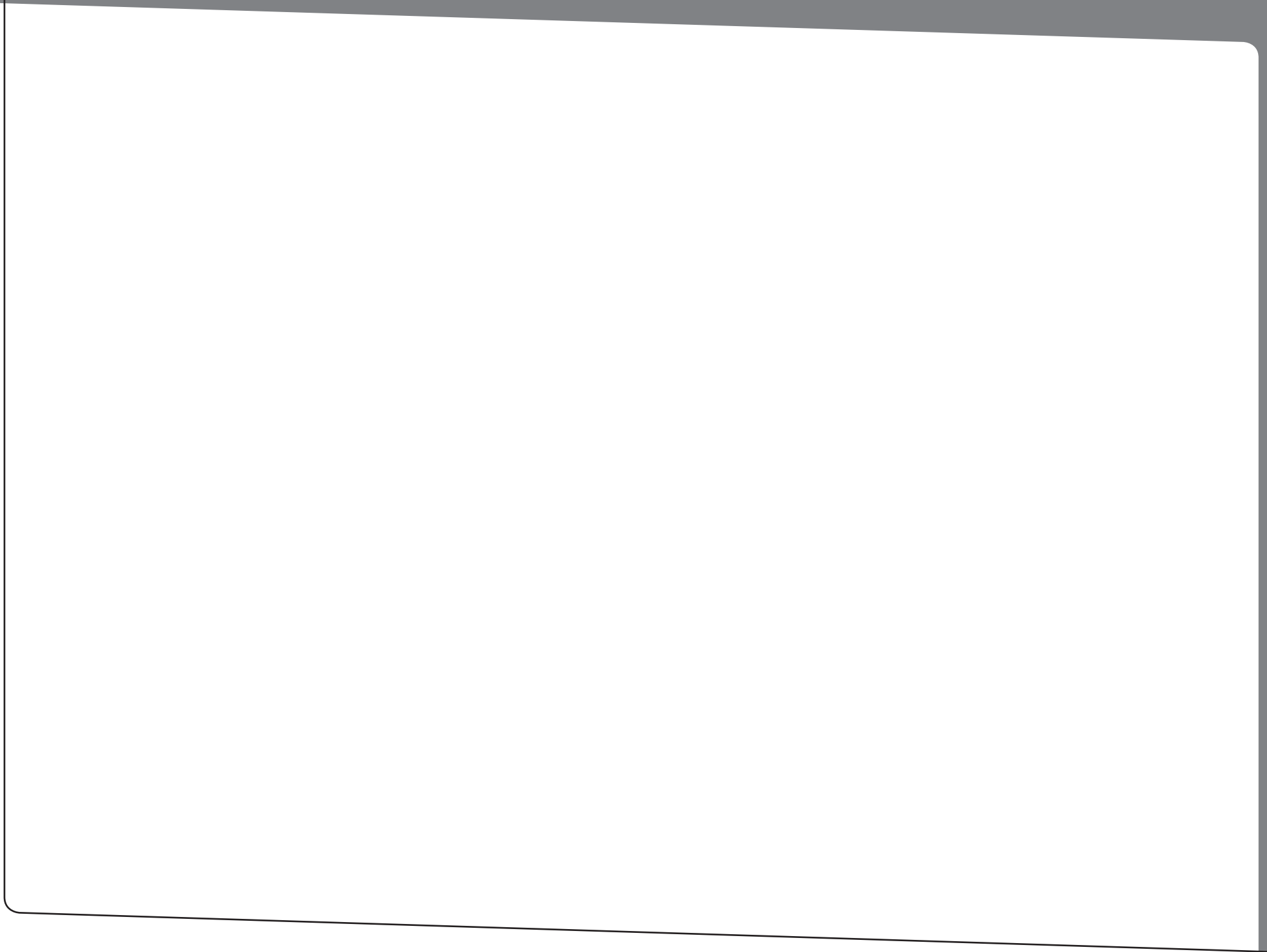
Rates for Optional Dependent Life coverage

\$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
---	----------------

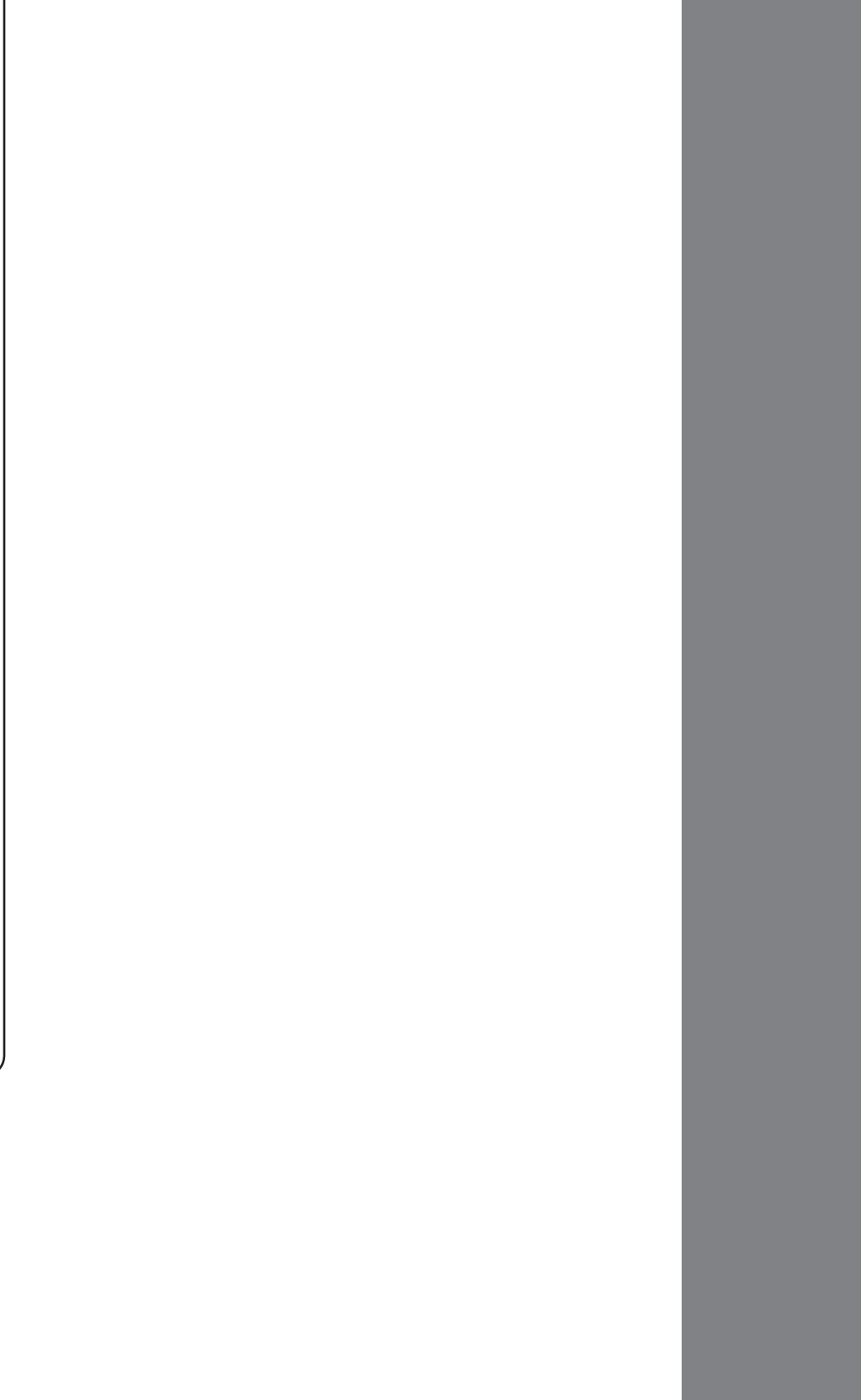
This option only available if employee life benefit is \$20,000 or more:

\$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
---	----------------

Please Note: Life and AD&D benefits are reduced by 35 percent at age 65 and further reduced by 50 percent of the original benefit amount at age 70. Benefits terminate upon retirement. Availability of Group Life Insurance is subject to underwriting.









Health care plans provided by Anthem Blue Cross. Insurance plans provided by Anthem Blue Cross Life and Health Insurance Company. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensees of the Blue Cross Association. © ANTHEM is a registered trademark. © The Dental Blue and the Blue Cross name and symbol are registered marks of the Blue Cross Association.

[anthem.com/ca](https://www.anthem.com/ca)