



2-50 Small Group BeneFits Monthly Rates

Updated Rates - Effective July 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	\$131	\$156	\$183	\$270	\$297	n/a
	30 - 39	160	191	223	362	369	n/a
	40 - 49	221	261	295	526	497	n/a
	50 - 54	293	347	387	629	671	n/a
	55 - 59	357	424	475	804	824	n/a
	60 - 64	467	555	613	1,006	1,055	n/a
	65+ Primary	539	643	710	1,309	1,237	n/a
	65+ Secondary	221	261	295	744	518	n/a
EMPLOYEE & SPOUSE	AGE - under 30	386	459	515	557	883	n/a
	30 - 39	446	530	595	748	1,031	n/a
	40 - 49	433	515	581	1,075	1,014	n/a
	50 - 54	602	717	798	1,309	1,396	n/a
	55 - 59	742	882	978	1,662	1,731	n/a
	60 - 64	891	1,059	1,172	2,031	2,075	n/a
	65+ Primary	1,254	1,492	1,638	2,500	2,920	n/a
	65+ Secondary	583	691	773	1,490	1,368	n/a
EMPLOYEE & CHILD(REN)	AGE - under 30	293	347	404	492	655	n/a
	30 - 39	319	378	438	629	722	n/a
	40 - 49	323	384	444	821	731	n/a
	50 - 54	384	456	522	903	871	n/a
	55 - 59	454	536	612	1,031	1,035	n/a
	60 - 64	558	661	747	1,201	1,276	n/a
	65+ Primary	623	740	831	1,506	1,419	n/a
	65+ Secondary	246	293	346	1,034	564	n/a
FAMILY	AGE - under 30	433	514	601	764	996	n/a
	30 - 39	503	599	697	1,016	1,142	n/a
	40 - 49	544	646	746	1,303	1,256	n/a
	50 - 54	653	775	888	1,364	1,490	n/a
	55 - 59	798	947	1,076	1,731	1,811	n/a
	60 - 64	995	1,184	1,331	2,042	2,277	n/a
	65+ Primary	1,270	1,509	1,684	2,589	2,925	n/a
	65+ Secondary	591	700	806	1,526	1,378	n/a

Effective July 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	\$119	\$144	\$169	\$217	\$237	\$342
	30 - 39	151	182	209	292	297	437
	40 - 49	207	243	278	422	406	467
	50 - 54	274	325	367	510	542	597
	55 - 59	335	397	446	651	660	757
	60 - 64	434	515	572	812	856	987
	65+ Primary	553	656	725	1,057	1,094	1,193
	65+ Secondary	224	267	304	600	455	841
EMPLOYEE & SPOUSE	AGE - under 30	355	422	479	449	707	856
	30 - 39	413	489	554	602	832	1,009
	40 - 49	418	494	558	867	829	1,091
	50 - 54	564	674	749	1,057	1,120	1,143
	55 - 59	692	824	916	1,340	1,392	1,622
	60 - 64	851	1,012	1,119	1,637	1,710	1,731
	65+ Primary	1,277	1,518	1,667	2,014	2,561	2,414
	65+ Secondary	593	708	789	1,200	1,204	2,001
EMPLOYEE & CHILD(REN)	AGE - under 30	259	306	365	397	525	799
	30 - 39	293	351	409	506	581	885
	40 - 49	293	351	409	660	594	870
	50 - 54	348	411	475	729	697	876
	55 - 59	413	489	562	832	831	1,029
	60 - 64	514	610	692	967	1,027	1,268
	65+ Primary	631	750	845	1,214	1,269	1,458
	65+ Secondary	247	292	346	833	505	988
FAMILY	AGE - under 30	396	470	558	616	796	1,140
	30 - 39	463	549	645	820	921	1,325
	40 - 49	509	604	705	1,049	1,011	1,396
	50 - 54	593	708	813	1,100	1,204	1,595
	55 - 59	723	861	980	1,395	1,458	1,767
	60 - 64	914	1,086	1,222	1,646	1,843	2,116
	65+ Primary	1,288	1,530	1,708	2,084	2,586	2,777
	65+ Secondary	598	713	822	1,229	1,210	2,232

Effective July 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.

BeneFits 1.00 RAF Health Rates

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	\$111	\$131	\$159	\$197	\$212	\$307
	30 - 39	132	158	187	263	259	383
	40 - 49	183	219	251	383	353	420
	50 - 54	245	292	332	457	465	525
	55 - 59	298	356	399	585	576	668
	60 - 64	394	467	520	731	751	893
	65+ Primary	485	575	638	951	930	1,154
	65+ Secondary	214	256	290	541	417	837
	EMPLOYEE & SPOUSE	AGE - under 30	322	383	439	404	613
30 - 39		369	439	500	543	722	934
40 - 49		375	445	506	782	720	1,024
50 - 54		505	600	674	951	977	1,057
55 - 59		618	735	821	1,209	1,207	1,496
60 - 64		774	921	1,021	1,475	1,497	1,635
65+ Primary		1,125	1,334	1,474	1,815	2,175	2,357
65+ Secondary		559	666	744	1,083	1,104	2,006
EMPLOYEE & CHILD(REN)		AGE - under 30	240	285	342	357	451
	30 - 39	260	306	367	457	504	791
	40 - 49	266	317	376	596	518	788
	50 - 54	313	374	438	656	610	781
	55 - 59	375	445	516	749	722	905
	60 - 64	467	556	637	871	905	1,135
	65+ Primary	560	669	757	1,094	1,076	1,417
	65+ Secondary	240	285	342	751	461	985
	FAMILY	AGE - under 30	357	424	516	555	688
30 - 39		415	492	590	738	795	1,176
40 - 49		457	542	644	948	883	1,249
50 - 54		537	638	744	990	1,043	1,420
55 - 59		653	774	895	1,256	1,260	1,569
60 - 64		834	990	1,127	1,482	1,615	1,902
65+ Primary		1,139	1,351	1,520	1,879	2,204	2,705
65+ Secondary		560	669	783	1,108	1,110	2,244

Effective July 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	\$114	\$136	\$161	\$218	\$227	\$210
	30 - 39	143	172	203	294	284	258
	40 - 49	196	232	267	425	383	289
	50 - 54	267	319	363	511	519	361
	55 - 59	320	382	430	652	642	457
	60 - 64	421	501	559	816	836	616
	65+ Primary	559	663	735	1,061	1,104	816
	65+ Secondary	250	295	337	603	486	603
	EMPLOYEE & SPOUSE	AGE - under 30	344	408	469	451	685
30 - 39		403	476	544	604	807	640
40 - 49		407	481	548	873	807	703
50 - 54		548	651	732	1,061	1,097	730
55 - 59		675	800	897	1,348	1,354	1,028
60 - 64		842	1,002	1,115	1,645	1,685	1,126
65+ Primary		1,297	1,542	1,701	2,027	2,590	1,661
65+ Secondary		654	776	869	1,206	1,311	1,430
EMPLOYEE & CHILD(REN)		AGE - under 30	256	303	367	398	506
	30 - 39	282	333	401	511	559	543
	40 - 49	284	334	403	663	576	542
	50 - 54	342	405	474	731	678	540
	55 - 59	398	473	552	835	804	624
	60 - 64	504	600	689	972	1,016	785
	65+ Primary	643	765	867	1,220	1,281	1,004
	65+ Secondary	271	323	390	837	545	704
	FAMILY	AGE - under 30	383	456	555	618	766
30 - 39		443	525	630	823	892	808
40 - 49		491	584	691	1,056	992	867
50 - 54		584	693	812	1,106	1,169	973
55 - 59		705	838	968	1,400	1,412	1,073
60 - 64		905	1,073	1,225	1,652	1,814	1,308
65+ Primary		1,309	1,557	1,749	2,096	2,616	1,905
65+ Secondary		667	792	917	1,235	1,323	1,602

Effective July 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	\$128	\$154	\$181	\$244	\$252	\$216
	30 - 39	161	193	223	327	317	267
	40 - 49	216	258	296	475	421	293
	50 - 54	289	342	388	570	570	367
	55 - 59	359	428	481	729	701	465
	60 - 64	473	561	625	911	925	624
	65+ Primary	573	683	754	1,184	1,112	789
	65+ Secondary	258	306	347	675	492	592
EMPLOYEE & SPOUSE	AGE - under 30	379	452	518	505	751	550
	30 - 39	453	539	611	676	886	648
	40 - 49	453	539	611	973	886	716
	50 - 54	619	733	827	1,184	1,206	737
	55 - 59	753	893	996	1,505	1,489	1,036
	60 - 64	943	1,119	1,241	1,837	1,849	1,143
	65+ Primary	1,329	1,579	1,739	2,263	2,610	1,602
	65+ Secondary	672	800	894	1,348	1,322	1,393
EMPLOYEE & CHILD(REN)	AGE - under 30	284	337	403	443	557	495
	30 - 39	317	374	445	570	612	545
	40 - 49	321	383	452	743	632	549
	50 - 54	385	460	532	816	753	541
	55 - 59	449	532	616	934	886	628
	60 - 64	569	675	770	1,084	1,118	798
	65+ Primary	659	782	887	1,363	1,294	970
	65+ Secondary	275	325	390	935	540	690
FAMILY	AGE - under 30	432	510	614	690	845	704
	30 - 39	502	597	707	918	980	818
	40 - 49	558	659	775	1,181	1,090	879
	50 - 54	651	774	900	1,235	1,291	990
	55 - 59	792	941	1,080	1,567	1,560	1,093
	60 - 64	1,021	1,211	1,374	1,846	2,001	1,329
	65+ Primary	1,344	1,597	1,791	2,340	2,639	1,843
	65+ Secondary	678	803	932	1,382	1,337	1,563

Effective July 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	\$114	\$136	\$161	\$196	\$205	\$246
	30 - 39	139	167	195	261	252	315
	40 - 49	197	233	267	381	343	339
	50 - 54	262	313	352	457	459	436
	55 - 59	321	383	431	582	571	545
	60 - 64	425	507	563	728	745	731
	65+ Primary	566	670	740	946	986	909
	65+ Secondary	244	289	331	538	433	677
EMPLOYEE & SPOUSE	AGE - under 30	347	412	473	404	603	640
	30 - 39	408	483	547	540	712	769
	40 - 49	401	475	542	778	717	831
	50 - 54	556	658	740	946	977	865
	55 - 59	683	814	905	1,203	1,212	1,217
	60 - 64	846	1,008	1,118	1,467	1,502	1,331
	65+ Primary	1,302	1,547	1,702	1,806	2,302	1,840
	65+ Secondary	631	747	839	1,076	1,165	1,590
EMPLOYEE & CHILD(REN)	AGE - under 30	257	306	365	354	457	584
	30 - 39	288	343	405	454	499	644
	40 - 49	285	337	401	592	510	642
	50 - 54	343	406	473	652	604	640
	55 - 59	405	478	554	746	717	742
	60 - 64	507	602	690	866	901	930
	65+ Primary	646	767	866	1,090	1,141	1,115
	65+ Secondary	265	315	376	747	484	780
FAMILY	AGE - under 30	386	460	554	552	682	819
	30 - 39	449	535	634	734	789	962
	40 - 49	503	597	702	944	884	1,036
	50 - 54	595	705	817	986	1,045	1,156
	55 - 59	715	846	975	1,251	1,255	1,284
	60 - 64	909	1,078	1,226	1,476	1,608	1,555
	65+ Primary	1,322	1,566	1,757	1,870	2,328	2,121
	65+ Secondary	641	760	878	1,102	1,172	1,774

Effective July 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.

BeneFits 1.00 RAF Health Rates

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	\$98	\$119	\$142	\$184	\$191	\$308
	30 - 39	125	148	176	244	234	392
	40 - 49	168	199	230	357	323	417
	50 - 54	223	266	301	425	428	533
	55 - 59	273	325	365	544	529	676
	60 - 64	346	414	460	680	678	894
	65+ Primary	450	533	591	886	869	1,070
	65+ Secondary	183	216	249	505	364	762
EMPLOYEE & SPOUSE	AGE - under 30	290	342	395	378	561	771
	30 - 39	335	398	452	506	660	910
	40 - 49	337	400	455	728	654	984
	50 - 54	453	540	608	886	892	1,024
	55 - 59	562	669	749	1,126	1,104	1,455
	60 - 64	692	821	914	1,374	1,358	1,556
	65+ Primary	1,039	1,233	1,360	1,692	2,033	2,174
	65+ Secondary	481	571	641	1,009	956	1,801
EMPLOYEE & CHILD(REN)	AGE - under 30	213	254	305	332	418	723
	30 - 39	238	283	336	425	457	794
	40 - 49	240	284	340	556	470	783
	50 - 54	279	330	392	611	558	791
	55 - 59	335	398	460	698	660	929
	60 - 64	417	497	570	811	816	1,141
	65+ Primary	511	608	691	1,019	1,005	1,319
	65+ Secondary	196	233	284	700	401	893
FAMILY	AGE - under 30	320	379	463	516	633	1,027
	30 - 39	375	444	530	687	729	1,196
	40 - 49	412	487	578	883	800	1,259
	50 - 54	484	575	673	924	956	1,436
	55 - 59	589	696	805	1,172	1,155	1,592
	60 - 64	736	880	1,001	1,383	1,463	1,905
	65+ Primary	1,044	1,240	1,396	1,751	2,053	2,503
	65+ Secondary	492	581	680	1,031	964	2,009

Effective July 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	\$100	\$121	\$147	\$189	\$200	\$274
	30 - 39	129	153	181	257	252	350
	40 - 49	173	205	238	371	339	377
	50 - 54	229	274	310	445	452	483
	55 - 59	280	334	376	568	555	603
	60 - 64	356	425	474	712	716	807
	65+ Primary	464	548	609	924	918	1,006
	65+ Secondary	187	221	256	527	382	745
EMPLOYEE & SPOUSE	AGE - under 30	297	352	409	396	597	707
	30 - 39	345	410	466	528	702	850
	40 - 49	347	411	470	760	693	923
	50 - 54	468	556	626	924	945	962
	55 - 59	579	687	772	1,175	1,171	1,349
	60 - 64	712	844	940	1,433	1,436	1,480
	65+ Primary	1,068	1,268	1,399	1,767	2,151	2,041
	65+ Secondary	494	588	662	1,053	1,012	1,761
EMPLOYEE & CHILD(REN)	AGE - under 30	219	261	316	348	443	646
	30 - 39	244	291	348	445	484	713
	40 - 49	247	292	353	580	496	708
	50 - 54	288	341	405	639	586	707
	55 - 59	345	410	476	729	699	824
	60 - 64	428	511	588	847	862	1,030
	65+ Primary	526	627	713	1,064	1,063	1,232
	65+ Secondary	202	240	295	730	423	864
FAMILY	AGE - under 30	329	390	481	540	667	906
	30 - 39	385	456	549	716	774	1,065
	40 - 49	424	502	599	920	851	1,143
	50 - 54	499	591	698	963	1,011	1,279
	55 - 59	605	716	834	1,221	1,218	1,422
	60 - 64	759	904	1,034	1,442	1,544	1,719
	65+ Primary	1,074	1,276	1,441	1,828	2,172	2,347
	65+ Secondary	504	597	703	1,077	1,017	1,962

Effective July 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

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	\$98	\$117	\$144	\$188	\$195	\$204
	30 - 39	126	152	179	254	243	252
	40 - 49	170	201	234	366	324	278
	50 - 54	226	266	307	439	437	350
	55 - 59	279	334	376	560	541	437
	60 - 64	365	435	486	701	712	591
	65+ Primary	442	526	585	913	854	745
	65+ Secondary	201	240	277	519	382	557
EMPLOYEE & SPOUSE	AGE - under 30	295	351	410	388	575	519
	30 - 39	352	418	480	520	678	614
	40 - 49	352	418	480	748	680	675
	50 - 54	477	568	643	912	929	697
	55 - 59	584	693	778	1,157	1,146	984
	60 - 64	730	866	968	1,414	1,422	1,081
	65+ Primary	1,028	1,220	1,352	1,742	2,005	1,515
	65+ Secondary	531	629	711	1,038	1,027	1,319
EMPLOYEE & CHILD(REN)	AGE - under 30	220	261	321	342	435	468
	30 - 39	243	289	352	439	471	516
	40 - 49	250	296	360	571	483	518
	50 - 54	297	354	422	629	576	511
	55 - 59	350	414	487	717	680	598
	60 - 64	441	525	605	835	856	755
	65+ Primary	511	608	697	1,048	993	919
	65+ Secondary	212	252	312	720	423	652
FAMILY	AGE - under 30	336	400	492	532	646	664
	30 - 39	389	462	561	709	752	771
	40 - 49	430	510	614	909	836	829
	50 - 54	507	601	714	951	992	937
	55 - 59	613	727	847	1,206	1,197	1,032
	60 - 64	792	940	1,078	1,423	1,536	1,260
	65+ Primary	1,042	1,238	1,402	1,804	2,023	1,740
	65+ Secondary	534	633	749	1,062	1,038	1,478

Effective July 1, 2010

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	\$14	\$23	\$25	\$37

Blue View	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	FAMILY
RATE	\$7	\$12	\$13	\$19

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
---	----------------

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
60-64	\$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



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 and LUMENOS are registered trademarks. © 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)