



HIPAA Plans

Health Insurance Portability and Accountability Act of 1996

Questions call: 800-700-1246

Effective April 15, 2010

HIPAA Plans

Thank you for choosing Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company for your health care coverage needs.

Eligibility - In order to be eligible for an Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company HIPAA plan, you must:

- ♦ Have completed a minimum of 18 months of continuous health coverage, most recently under an employer-sponsored group health plan;
- ♦ Have elected and exhausted continuation of coverage under COBRA or Cal-COBRA, if available;
- ♦ Have lost coverage within the last 63 days*;
*For reasons other than fraud or non-payment of premiums.
- ♦ Not be eligible for coverage under a group health plan, Medi-Cal, or Medicare, and have no other medical health insurance coverage; and
- ♦ Live or work in the service area of the plan applying for.

Eligibility of family members/dependents - must be a permanent legal resident of California and one of the following:

- ♦ the applicant's spouse or qualified Domestic Partner who is not Medicare-eligible
- ♦ the applicant's children (under 19 years of age), or the children (under 19 years of age) of the enrolling applicant's spouse or qualified Domestic Partner
- ♦ the applicant's spouse's or qualified Domestic Partner's unmarried dependent child ages 19 through 22 ("dependent" as defined by the Internal Revenue Service)
- ♦ the applicant's child (of any age) who is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition and chiefly dependent upon the applicant for support and maintenance

Checklist: Please follow these general guidelines to make sure your application is completed correctly. Applications may take up to 30 days to review from the date Anthem receives them. If complete information is not provided, the application may be returned to you, or we may try to call you to obtain the necessary information.

Please review the checklist before submitting your application.

- The completed application must be received by Anthem within 63 days of losing your prior group or COBRA coverage.
- Print clearly and complete the application in blue or black ink.
- If you make any changes while completing this form, be sure to initial and date those changes.
- The primary applicant, spouse/Domestic Partner, and any applicant 18 years or older if applicable, must sign and date the application.
- Enclose all certificates of creditable coverage from former group health plan(s) or health insurance company(s). Your coverage will be delayed if proof of creditable coverage is not provided.

The following lists the various situations and the certificates of creditable coverage or alternate documentation we require when submitting a HIPAA application.

The applicant needs to have completed a minimum of 18 months of continuous health coverage, most recently under an employer-sponsored group health plan. Either of the following will meet this requirement:

- Certificate of Creditable Coverage - This must reflect the applicant's last 18 months of continuous coverage and have an end date.
- A letter from the prior employer or insurance carrier reflecting their last 18 months of continuous coverage. This letter needs to have a start and end date and must state the type of plan you were covered under.

HIPAA Plans

(Continued from page 1)

Has elected and exhausted continuation of coverage under COBRA or Cal-COBRA, if available. If COBRA was exhausted, we will need one of the following:

- COBRA Expiration / Termination Letter - This document is usually sent 30-90 days prior to the applicant's COBRA expiration and simply explains that their COBRA will be coming to an end on a specific date.
- A letter from the prior employer or insurance carrier indicating COBRA was exhausted. This letter also needs to list the specific end date.

If Cal-COBRA was offered, we will need:

- A letter from the applicant's prior employer or insurance carrier indicating Cal-COBRA was exhausted. This letter needs to list the specific end date.

If Cal-COBRA was not offered, we will need one of the following:

- A letter from the applicant's prior employer or insurance carrier indicating they are self-insured.
- A letter from the applicant's prior employer or insurance carrier indicating they do not have a contract in the state of California.
- A copy of an Anthem Blue Cross ID card.

Miscellaneous Scenarios:

If the applicant's prior group coverage ended and COBRA/Cal-COBRA was not offered, we will need:

- A letter from the employer indicating the reason they are no longer offering group health benefits.

If the applicant's COBRA/Cal-COBRA ended and was not exhausted, we will need:

- A letter from the prior employer indicating the reason why COBRA/Cal-COBRA could not be exhausted.

If Anthem approves your application for coverage, Anthem will send you billing information within 30 days of receiving your application. Payment must be provided within 30 days. If payment is not received within 30 days, you will not be enrolled under the HIPAA plan applied for and will have no coverage. If your payment is delivered or postmarked, whichever occurs earlier, within the first 15 days of the month, coverage shall begin no later than the first day of the following month. When that payment is neither delivered nor postmarked until after the 15th day of a month, coverage shall become effective no later than the first day of the second month following delivery or postmark of the payment.

OVERVIEW OF COVERAGE - YOUR HIPAA PLAN CHOICES

... and your share of costs (after deductible)

Your Plan Features	HIPAA Basic PPO 1000		HIPAA PPO Share 5000	
	Network	Non-Network	Network	Non-Network
Lifetime Maximum	\$5,000,000		\$5,000,000	
Annual Out-of-Pocket Maximum (in addition to deductible)	\$2,500 per member Each family member has an individual out-of-pocket maximum. Once 2 members each reach their individual out-of-pocket maximum, the maximum is satisfied for the entire family.		\$2,500 per member Each family member has an individual out-of-pocket maximum. Once 2 members each reach their individual out-of-pocket maximum, the maximum is satisfied for the entire family.	
Annual Deductible	\$1,000 per member - Inpatient or surgical procedures only Each family member has an individual deductible. Once 2 members each reach their individual deductible, the deductible is satisfied for the entire family.		\$5,000 per member Each family member has an individual deductible. Once 2 members each reach their individual deductible, the deductible is satisfied for the entire family.	
Doctors' Office Visits	No office visit benefits until out-of-pocket maximum is met, then you pay 0% of negotiated fee.	No office visit benefits until out-of-pocket maximum is met, then you pay 50% of negotiated fee plus all excess charges.	\$40 copay (deductible waived)	50% of negotiated fee plus all excess charges (deductible waived)
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	20% of negotiated fee for inpatient or surgical procedures only.	50% of negotiated fee, plus all excess charges, for covered inpatient or surgical procedures only.	30% of negotiated fee	50% of negotiated fee plus all excess charges
Hospital Inpatient/Outpatient	20% of negotiated fee	All charges except \$650/day inpatient, \$380/day outpatient	30% of negotiated fee	All charges except \$650/day inpatient, \$380/day outpatient
Emergency Room Services¹	20% of negotiated fee	20% of customary & reasonable fees plus all excess charges	30% of negotiated fee	30% of customary & reasonable fee plus all excess charges
Maternity	Not covered	Not covered	30% of negotiated fee	50% of negotiated fee plus all excess charges
Preventive Care	HealthyCheck SM Centers ³ \$25/\$75 copay for basic/premium screening (deductible waived) Routine mammogram, Pap and PSA tests: 20% of negotiated fee (deductible waived)	Routine mammogram, Pap and PSA tests: 50% of negotiated fee plus all excess charges (deductible waived)	Annual physical exam(s): ² 30% of negotiated fee (deductible waived) OR HealthyCheck SM Centers ³ : \$25/\$75 copay for basic/premium screening (deductible waived) Routine mammogram, Pap and PSA tests: 30% of negotiated fee (deductible waived) Well Baby and Well Child (through age 6): 40% of negotiated fee (deductible waived)	50% of negotiated fee plus all excess charges (deductible waived)
Prescription Drugs (Anthem Blue Cross Formulary) Amounts shown are for each 30-day retail or in-network mail order supply	Not covered	Not covered	Generic (Tier 1): \$15 copay Brand-name (Tier 2): \$35 copay after \$750 annual brand-name deductible (2-member maximum)	50% of drug limited-fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$750 brand-name prescription drug deductible

HIPAA HMO Saver	HIPAA Select HMO
Network	Network
Unlimited	Unlimited
\$1,500 per member Each family member has an individual out-of-pocket maximum. Once 2 members each reach their individual out-of-pocket maximum, the maximum is satisfied for the entire family.	\$3,000 per member Each family member has an individual out-of-pocket maximum. Once 2 members each reach their individual out-of-pocket maximum, the maximum is satisfied for the entire family.
\$1,500 per member Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers	\$0
\$10 copay	\$25 copay
No charge for office-related services	No charge for office-related services
20% of negotiated fee	Inpatient: \$250 copay per day up to the first four days, then 0% of negotiated fee per admission. Outpatient: 20% of negotiated fee for services; \$250 per surgery
20% of negotiated fee	20% of negotiated fee
Office visits: \$10 copay Inpatient/Outpatient: 20% of negotiated fee	Office visits: \$25 copay Inpatient: \$250 copay per day up to the first four days, then 0% of negotiated fee per admission. Outpatient: 20% of negotiated fee
\$10 copay for specific health maintenance services	\$25 copay for specific health maintenance services
Generic: \$10 copay Brand-name: \$30 copay after \$250 brand-name prescription drug deductible ⁴ (2-member maximum)	Generic: \$10 copay Brand-name: \$30 copay after \$250 brand-name prescription drug deductible ⁴ (2-member maximum)

Notes for HIPAA Basic PPO 1000 and HIPAA PPO Share 5000 plans:

- For non-network services, member is responsible for the coinsurance plus charges in excess of the allowable amount.
- Copays/Coinsurance to network and non-network providers apply to annual out-of-pocket maximum except where specifically noted in the policy.

¹ Additional \$100 copay applies for each emergency room visit (waived if admitted as inpatient).

² Maximum annual physical exam benefit is \$200 for members covered more than 6 months; \$100 for members covered less than 6 months.

³ One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children age 7 and above.

⁴ The brand-name drug deductible does not apply to the out-of-pocket maximum.

This overview provides a brief summary of benefits and services. A more detailed listing of coverage can be found in the Evidence of Coverage/Certificate booklet. For a copy, contact your agent or call Anthem Blue Cross at 800-333-0912.

WHAT THE MEDICAL PLANS DO NOT COVER

Every health plan has exclusions and limitations that describe what the plans do not cover. General exclusions and limitations are listed below for the health plans described in this brochure. Please take a few moments to review these listings. We want you to understand what your coverage does not include before you enroll. These listings are an overview only. Plan-specific Evidence of Coverage and Disclosure Form/Certificate booklets contain a comprehensive list of each plan's exclusions and limitations. For a sample copy of an Evidence of Coverage and Disclosure Form/Certificate booklet, ask your agent or contact us at 800-333-0912.

Exclusions and Limitations

- Conditions covered by workers' compensation or similar law
- Experimental or investigative services
- Services provided by a local, state, federal or foreign government, unless you have to pay for them
- Services or supplies not specifically listed as covered under the plan agreement
- Services received before your effective date
- Services received after coverage ends
- Services you wouldn't have to pay for without insurance
- Services from relatives
- Any services received by Medicare benefits without payment of additional premium
- Services or supplies that are not medically necessary
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered)
- Any amounts in excess of the maximum amounts listed in the Evidence of Coverage and Disclosure Form/Certificate
- Sex changes
- Cosmetic surgery
- Services primarily for weight reduction except medically necessary treatment of morbid obesity
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Hearing aids
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Infertility services
- Private duty nursing
- Eyeglasses or contact lenses, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Mental and nervous disorders and substance abuse, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Outdoor treatment programs
- Telephone or facsimile machine consultations
- Educational services except as specifically provided or arranged by Anthem Blue Cross
- Nutritional counseling
- Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU)
- Care or treatment furnished in a non-contracting hospital, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Personal comfort items
- Custodial care
- Certain genetic testing
- Outpatient speech therapy, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Any amounts in excess of maximums stated in the Combined Evidence of Coverage and Disclosure Form/Certificate
- Services or supplies supplied to any person not covered under the Agreement in connection with a surrogate pregnancy
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting

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WHAT THE MEDICAL PLANS DO NOT COVER

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Additional Exclusions and Limitations for the HIPAA Basic PPO 1000 Only

- Maternity or pregnancy care
- Preventive benefits, except for Pap and PSA tests, and mammograms, not specifically listed in the Certificate
- Outpatient prescription drugs
- Acupuncture/Acupressure
- Physician office visits and associated costs, except as specifically described in the Certificate
- Physical or occupational medicine or chiropractic services, except those provided during an inpatient hospital confinement
- Eye glasses and eye examinations

Additional Exclusions and Limitations for the HIPAA HMO Saver and HIPAA Select HMO Only

- Growth hormone treatment
- Acupuncture/Acupressure
- Chiropractic services
- Immunizations for foreign travel
- Treatment for chronic alcoholism or other substance abuse except as specifically stated in the Evidence of Coverage and Disclosure Form
- Inpatient mental care, including acute alcoholism and drug addiction benefits, except detoxification
- Treatment of mental and nervous disorders, except as specifically stated in the Evidence of Coverage and Disclosure Form
- Rehabilitative care specifically stated in the Evidence of Coverage and Disclosure Form
- Reconstructive surgery, purchase or replacement of artificial limbs or prosthesis except as specifically stated in the Evidence of Coverage and Disclosure Form
- Medical, surgical and/or psychological treatment of a sexual dysfunction, except when a sexual dysfunction is a result of a physical abnormality, defect or disease
- Medical, surgical services, supplies or treatment to the joint of the jaw (temporomandibular joint), upper jaw (maxilla) or lower jaw (mandible), unless related to a tumor or accident occurring while covered
- Routine physical examinations or tests that do not directly treat an acute illness, injury or condition unless authorized by your Primary Care Physician, except in no event will any physical examination or test required by employment or government authority, or at the request of a third party, such as a school, camp or sports affiliated organization, be covered unless medically necessary
- Care or treatment of a pregnancy, or any condition related to pregnancy (except treatment of complications of pregnancy or Cesarean-section deliveries) when conception has occurred before the effective date of the plan agreement. However, if you were covered under creditable coverage within 63 days of becoming covered, the time spent under creditable coverage will be used to satisfy, or partially satisfy, the six (6) month period

MEDICAL RATING AREA DEFINITIONS – FOR HIPAA BASIC PPO 1000 AND HIPAA PPO SHARE 5000

Rates for the Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company HIPAA plans are based upon the county in which you reside, your family status and age. For Subscriber & Spouse and Family, rates are based on the age of the younger spouse. To determine your rate, find your county in the Rating Areas chart below and the rate for your area and category on the rate tables. Rates are recalculated at each billing period based on age and the residence address.

Rating Areas

Area 1: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Mendocino, Modoc, Mono, Monterey, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba

Area 2: Fresno, Imperial, Kern, Madera, Mariposa, Merced, Napa, Sacramento, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Sonoma, Stanislaus

Area 3: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara

Area 4: Orange, Santa Barbara, Ventura

Area 5: Los Angeles

Area 6: Riverside, San Bernardino, San Diego

MONTHLY RATES – FOR HIPAA BASIC PPO 1000 AND HIPAA PPO SHARE 5000

Effective 1/1/10

		HIPAA Basic PPO 1000					
Age Range		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Single	<15	\$295	\$268	\$277	\$251	\$256	\$250
	15-29	\$425	\$369	\$381	\$348	\$354	\$346
	30-34	\$526	\$450	\$466	\$424	\$431	\$421
	35-39	\$571	\$487	\$504	\$459	\$467	\$456
	40-44	\$642	\$547	\$566	\$516	\$525	\$513
	45-49	\$680	\$586	\$606	\$553	\$562	\$549
	50-54	\$808	\$690	\$715	\$651	\$662	\$647
	55-59	\$937	\$797	\$824	\$752	\$764	\$747
	60-64	\$937	\$797	\$824	\$752	\$764	\$747
Subscriber & Spouse	<15	\$520	\$501	\$501	\$462	\$461	\$451
	15-29	\$860	\$759	\$753	\$715	\$728	\$699
	30-34	\$966	\$859	\$851	\$820	\$821	\$788
	35-39	\$1,037	\$930	\$921	\$886	\$895	\$860
	40-44	\$1,132	\$1,019	\$1,011	\$968	\$962	\$937
	45-49	\$1,215	\$1,084	\$1,078	\$1,041	\$1,036	\$993
	50-54	\$1,448	\$1,294	\$1,283	\$1,246	\$1,224	\$1,178
	55-59	\$1,699	\$1,491	\$1,476	\$1,435	\$1,407	\$1,341
	60-64	\$1,699	\$1,491	\$1,476	\$1,435	\$1,407	\$1,341
Subscriber & Child	<15	\$520	\$501	\$501	\$462	\$461	\$451
	15-29	\$860	\$759	\$753	\$715	\$728	\$699
	30-34	\$966	\$859	\$851	\$820	\$821	\$788
	35-39	\$1,037	\$930	\$921	\$886	\$895	\$860
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	60-64	\$1,699	\$1,491	\$1,476	\$1,435	\$1,407	\$1,341
Family	<15	\$759	\$774	\$780	\$744	\$756	\$716
	15-29	\$1,240	\$1,144	\$1,164	\$1,120	\$1,142	\$1,112
	30-34	\$1,421	\$1,341	\$1,342	\$1,261	\$1,267	\$1,231
	35-39	\$1,488	\$1,376	\$1,392	\$1,295	\$1,309	\$1,266
	40-44	\$1,526	\$1,407	\$1,457	\$1,325	\$1,354	\$1,324
	45-49	\$1,657	\$1,483	\$1,526	\$1,397	\$1,425	\$1,392
	50-54	\$1,870	\$1,661	\$1,707	\$1,565	\$1,596	\$1,538
	55-59	\$2,063	\$1,773	\$1,834	\$1,672	\$1,701	\$1,653
	60-64	\$2,063	\$1,773	\$1,834	\$1,672	\$1,701	\$1,653
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	60-64	\$2,063	\$1,773	\$1,834	\$1,672	\$1,701	\$1,653

		HIPAA PPO Share 5000					
Age Range		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Single	<15	\$295	\$268	\$277	\$251	\$256	\$250
	15-29	\$425	\$369	\$381	\$348	\$354	\$346
	30-34	\$526	\$450	\$466	\$424	\$431	\$421
	35-39	\$571	\$487	\$504	\$459	\$467	\$456
	40-44	\$642	\$547	\$566	\$516	\$525	\$513
	45-49	\$680	\$586	\$606	\$553	\$562	\$549
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Subscriber & Children	<15	\$759	\$774	\$780	\$744	\$756	\$716
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	60-64	\$2,063	\$1,773	\$1,834	\$1,672	\$1,701	\$1,653

The HIPAA PPO Basic PPO 1000 and HIPAA PPO Share 5000 plans are offered by Anthem Blue Cross Life and Health Insurance Company.

Notes:

For Subscriber & Spouse and Family, rates are based on the age of the younger spouse. For more information, call your agent or Anthem Blue Cross at 800-333-0912.

MEDICAL RATING AREA DEFINITIONS — FOR HIPAA HMO SAVER

Rates for the Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company HIPAA plans are based upon the county in which you reside, your family status and age. In order to be eligible, you must reside or work in one of the rating areas. For Subscriber & Spouse and Family, rates are based on the age of the younger spouse. To determine your rate, find your county in the Rating Areas chart below and the rate for your area and category on the rate tables. Rates are recalculated at each billing period based on age and residence address.

Rating Area 1

Marin, Monterey (except 95076 and 93451), San Benito (93930 and 95004 only), San Luis Obispo (93426 only), San Mateo (except 94303)

Rating Area 2

Los Angeles ZIPs starting with 900, 914 and 916

Rating Area 3

Alameda (except ZIPs starting with 945, 946 and 953 and including 94505, 94514), Alpine, Amador, Colusa (95957 only), Contra Costa (except 94551), El Dorado, Inyo (except 93527), Mono, Napa (94589 or 94590 only), Nevada (95602 only), Placer (except 95692 and 96161), Sacramento (except ZIPs starting with 958), San Francisco, San Joaquin (94505, 94514, 95632, and 95690 only), San Mateo (94303 only), Santa Clara (ZIPs starting with 940 and 943), Solano (except 94503, 95616, 95618, and 95694), Sutter (except 95645, 95692, 95836, 965837, 95948)

Rating Area 4

Alameda (ZIPs starting with 945, 946 and 953 except 94505, 94514), Calaveras, Contra Costa (94551 only), Imperial (92225 and 92274 only), Los Angeles (ZIPs starting with 901-904 and 913), Mariposa (95329 only), Merced (95380 only), Riverside (ZIPs starting with 922 except 92248), San Benito (except 93210, 93930, 95004), San Joaquin (except 94505, 94514, 95632, 95690), Santa Clara (94550, 95023, 95076 only), Santa Cruz (except 95033), Stanislaus (except 95322), Tuolumne (95230 or 95329 only), Ventura (ZIPs starting with 913 and 90265)

Rating Area 5

Butte, Colusa (except 95957), Del Norte, Fresno (93313 only), Glenn, Humboldt, Imperial (92004 only), Kern (ZIPs starting with 933), Lake, Lassen, Los Angeles (96056 only), Mendocino, Modoc, Napa (except 94589 and 94590), Nevada (except 95602), Orange (ZIPs starting with 926), Placer (95692 and 96161 only), Plumas, Riverside (92028 only), Sacramento (ZIPs starting with 958), San Diego, Santa Clara (except ZIPs starting with 940, 943, 94550, 95023, and 95076), Santa Cruz (95033 only), Shasta, Sierra, Siskiyou, Solano (94503, 95616, 95618 and 95694 only), Sonoma, Sutter (95645, 95692, 95836, 95837 and 95948 only), Tehama, Trinity, Yolo, Yuba

Rating Area 6

Fresno (except 93313), Imperial (except 92004, 92225 and 92274), Inyo (93527 only), Kern (except ZIPs starting with 933), Kings, Los Angeles (ZIPs starting with 905-908, 935, 91709 and 93243), Madera, Mariposa (except 95329), Merced (except 95380), Monterey (93451 only), Orange (except ZIPs starting with 926), Riverside (except 92028 and ZIPs starting with 922 but including 92248), San Benito (93210 only), San Bernardino (except 91766 and 91792), San Luis Obispo (except 93426), Santa Barbara, Stanislaus (95322 only), Tulare, Tuolumne (except 95230 and 95329), Ventura (ZIPs starting with 930 and 932)

Rating Area 7

Los Angeles (ZIPs starting with 910-912, 915, 917, 918 except 91709), San Bernardino (91766 and 91792 only)

MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 1

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$636	\$1,570	\$1,012	\$2,226	\$1,563	33	\$1,017	\$2,078	\$1,521	\$2,618	\$2,211
1	\$567	\$1,570	\$908	\$2,226	\$1,445	34	\$1,033	\$2,091	\$1,528	\$2,592	\$2,214
2	\$508	\$1,570	\$821	\$2,226	\$1,351	35	\$1,049	\$2,099	\$1,535	\$2,596	\$2,213
3	\$458	\$1,570	\$755	\$2,226	\$1,277	36	\$1,061	\$2,105	\$1,539	\$2,612	\$2,211
4	\$431	\$1,570	\$750	\$2,226	\$1,272	37	\$1,072	\$2,108	\$1,542	\$2,631	\$2,206
5	\$428	\$1,570	\$766	\$2,226	\$1,287	38	\$1,081	\$2,109	\$1,543	\$3,060	\$2,199
6	\$428	\$1,570	\$781	\$2,226	\$1,306	39	\$1,091	\$2,107	\$1,544	\$3,041	\$2,192
7	\$428	\$1,570	\$793	\$2,226	\$1,322	40	\$1,098	\$2,106	\$1,544	\$3,021	\$2,185
8	\$427	\$1,570	\$801	\$2,226	\$1,338	41	\$1,104	\$2,105	\$1,544	\$3,000	\$2,176
9	\$427	\$1,570	\$806	\$2,226	\$1,351	42	\$1,110	\$2,103	\$1,544	\$2,974	\$2,168
10	\$428	\$1,570	\$813	\$2,226	\$1,368	43	\$1,115	\$2,105	\$1,544	\$2,946	\$2,161
11	\$428	\$1,570	\$816	\$2,226	\$1,381	44	\$1,119	\$2,106	\$1,544	\$2,951	\$2,157
12	\$428	\$1,570	\$815	\$2,226	\$1,393	45	\$1,125	\$2,112	\$1,546	\$2,953	\$2,151
13	\$429	\$1,570	\$812	\$2,226	\$1,400	46	\$1,129	\$2,120	\$1,550	\$2,953	\$2,150
14	\$429	\$1,570	\$804	\$2,226	\$1,406	47	\$1,134	\$2,130	\$1,556	\$2,948	\$2,151
15	\$434	\$1,570	\$804	\$2,226	\$1,418	48	\$1,140	\$2,146	\$1,563	\$2,945	\$2,157
16	\$454	\$1,570	\$831	\$2,226	\$1,456	49	\$1,147	\$2,165	\$1,573	\$2,941	\$2,164
17	\$480	\$1,570	\$868	\$2,226	\$1,505	50	\$1,193	\$2,261	\$1,623	\$2,974	\$2,213
18	\$508	\$1,570	\$906	\$2,226	\$1,554	51	\$1,190	\$2,264	\$1,627	\$2,963	\$2,218
19	\$687	\$1,570	\$1,353	\$2,226	\$2,012	52	\$1,190	\$2,273	\$1,633	\$2,955	\$2,228
20	\$698	\$1,569	\$1,354	\$2,406	\$2,022	53	\$1,207	\$2,310	\$1,656	\$2,965	\$2,255
21	\$709	\$1,577	\$1,353	\$2,518	\$2,030	54	\$1,224	\$2,352	\$1,683	\$2,981	\$2,288
22	\$739	\$1,629	\$1,351	\$2,596	\$2,036	55	\$1,283	\$2,472	\$1,750	\$3,041	\$2,362
23	\$769	\$1,685	\$1,348	\$2,685	\$2,038	56	\$1,295	\$2,499	\$1,774	\$3,062	\$2,394
24	\$799	\$1,740	\$1,343	\$2,751	\$2,038	57	\$1,313	\$2,530	\$1,800	\$3,092	\$2,431
25	\$828	\$1,795	\$1,372	\$2,788	\$2,072	58	\$1,348	\$2,592	\$1,844	\$3,141	\$2,485
26	\$857	\$1,847	\$1,399	\$2,798	\$2,102	59	\$1,387	\$2,659	\$1,892	\$3,194	\$2,547
27	\$885	\$1,896	\$1,425	\$2,790	\$2,129	60	\$1,387	\$2,659	\$1,892	\$3,194	\$2,547
28	\$910	\$1,939	\$1,447	\$2,771	\$2,153	61	\$1,387	\$2,659	\$1,892	\$3,194	\$2,547
29	\$935	\$1,977	\$1,467	\$2,747	\$2,171	62	\$1,387	\$2,659	\$1,892	\$3,194	\$2,547
30	\$958	\$2,010	\$1,484	\$2,718	\$2,187	63	\$1,387	\$2,659	\$1,892	\$3,194	\$2,547
31	\$980	\$2,038	\$1,498	\$2,687	\$2,198	64	\$1,387	\$2,659	\$1,892	\$3,194	\$2,547
32	\$999	\$2,060	\$1,511	\$2,652	\$2,207						

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Notes:

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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 2

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$452	\$1,115	\$719	\$1,582	\$1,110
1	\$402	\$1,115	\$645	\$1,582	\$1,027
2	\$361	\$1,115	\$584	\$1,582	\$960
3	\$325	\$1,115	\$536	\$1,582	\$907
4	\$306	\$1,115	\$533	\$1,582	\$903
5	\$304	\$1,115	\$544	\$1,582	\$915
6	\$304	\$1,115	\$554	\$1,582	\$928
7	\$304	\$1,115	\$563	\$1,582	\$939
8	\$303	\$1,115	\$569	\$1,582	\$950
9	\$303	\$1,115	\$573	\$1,582	\$960
10	\$304	\$1,115	\$577	\$1,582	\$971
11	\$304	\$1,115	\$579	\$1,582	\$981
12	\$304	\$1,115	\$579	\$1,582	\$989
13	\$305	\$1,115	\$577	\$1,582	\$995
14	\$305	\$1,115	\$571	\$1,582	\$999
15	\$308	\$1,115	\$571	\$1,582	\$1,008
16	\$322	\$1,115	\$590	\$1,582	\$1,034
17	\$341	\$1,115	\$616	\$1,582	\$1,069
18	\$361	\$1,115	\$644	\$1,582	\$1,104
19	\$488	\$1,115	\$961	\$1,582	\$1,429
20	\$495	\$1,115	\$962	\$1,709	\$1,437
21	\$503	\$1,120	\$961	\$1,789	\$1,442
22	\$525	\$1,157	\$960	\$1,844	\$1,447
23	\$546	\$1,197	\$957	\$1,908	\$1,448
24	\$568	\$1,236	\$954	\$1,955	\$1,448
25	\$588	\$1,276	\$974	\$1,980	\$1,472
26	\$609	\$1,312	\$994	\$1,988	\$1,493
27	\$629	\$1,347	\$1,012	\$1,982	\$1,513
28	\$647	\$1,378	\$1,028	\$1,968	\$1,529
29	\$665	\$1,404	\$1,042	\$1,952	\$1,543
30	\$681	\$1,428	\$1,054	\$1,931	\$1,554
31	\$696	\$1,448	\$1,064	\$1,909	\$1,562
32	\$710	\$1,464	\$1,073	\$1,884	\$1,568

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
33	\$723	\$1,476	\$1,081	\$1,860	\$1,571
34	\$734	\$1,485	\$1,086	\$1,841	\$1,573
35	\$745	\$1,492	\$1,090	\$1,844	\$1,572
36	\$754	\$1,495	\$1,093	\$1,856	\$1,571
37	\$761	\$1,498	\$1,095	\$1,869	\$1,567
38	\$768	\$1,498	\$1,096	\$2,174	\$1,562
39	\$775	\$1,497	\$1,097	\$2,161	\$1,557
40	\$780	\$1,496	\$1,097	\$2,146	\$1,552
41	\$784	\$1,495	\$1,097	\$2,131	\$1,546
42	\$789	\$1,494	\$1,097	\$2,113	\$1,540
43	\$792	\$1,495	\$1,097	\$2,093	\$1,535
44	\$795	\$1,497	\$1,097	\$2,096	\$1,532
45	\$799	\$1,500	\$1,098	\$2,098	\$1,528
46	\$802	\$1,506	\$1,101	\$2,098	\$1,527
47	\$806	\$1,514	\$1,105	\$2,095	\$1,528
48	\$809	\$1,524	\$1,110	\$2,092	\$1,532
49	\$815	\$1,538	\$1,118	\$2,090	\$1,538
50	\$847	\$1,607	\$1,153	\$2,113	\$1,572
51	\$846	\$1,608	\$1,156	\$2,105	\$1,575
52	\$846	\$1,615	\$1,160	\$2,100	\$1,583
53	\$857	\$1,641	\$1,177	\$2,106	\$1,602
54	\$870	\$1,671	\$1,195	\$2,118	\$1,625
55	\$911	\$1,756	\$1,243	\$2,161	\$1,678
56	\$920	\$1,775	\$1,260	\$2,176	\$1,701
57	\$933	\$1,797	\$1,279	\$2,197	\$1,727
58	\$957	\$1,841	\$1,310	\$2,231	\$1,765
59	\$986	\$1,889	\$1,344	\$2,269	\$1,810
60	\$986	\$1,889	\$1,344	\$2,269	\$1,810
61	\$986	\$1,889	\$1,344	\$2,269	\$1,810
62	\$986	\$1,889	\$1,344	\$2,269	\$1,810
63	\$986	\$1,889	\$1,344	\$2,269	\$1,810
64	\$986	\$1,889	\$1,344	\$2,269	\$1,810

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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 3

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$675	\$1,665	\$1,073	\$2,360	\$1,657
1	\$601	\$1,665	\$962	\$2,360	\$1,532
2	\$538	\$1,665	\$871	\$2,360	\$1,433
3	\$485	\$1,665	\$800	\$2,360	\$1,354
4	\$456	\$1,665	\$795	\$2,360	\$1,348
5	\$454	\$1,665	\$812	\$2,360	\$1,365
6	\$454	\$1,665	\$828	\$2,360	\$1,384
7	\$454	\$1,665	\$840	\$2,360	\$1,401
8	\$453	\$1,665	\$849	\$2,360	\$1,418
9	\$453	\$1,665	\$855	\$2,360	\$1,432
10	\$454	\$1,665	\$862	\$2,360	\$1,450
11	\$454	\$1,665	\$865	\$2,360	\$1,465
12	\$454	\$1,665	\$864	\$2,360	\$1,476
13	\$455	\$1,665	\$861	\$2,360	\$1,485
14	\$455	\$1,665	\$853	\$2,360	\$1,491
15	\$460	\$1,665	\$853	\$2,360	\$1,504
16	\$481	\$1,665	\$880	\$2,360	\$1,544
17	\$509	\$1,665	\$920	\$2,360	\$1,595
18	\$538	\$1,665	\$961	\$2,360	\$1,648
19	\$728	\$1,665	\$1,434	\$2,360	\$2,133
20	\$740	\$1,663	\$1,436	\$2,551	\$2,144
21	\$752	\$1,671	\$1,434	\$2,670	\$2,153
22	\$784	\$1,727	\$1,432	\$2,752	\$2,159
23	\$816	\$1,786	\$1,429	\$2,847	\$2,161
24	\$847	\$1,845	\$1,424	\$2,917	\$2,161
25	\$878	\$1,903	\$1,454	\$2,955	\$2,197
26	\$908	\$1,958	\$1,484	\$2,966	\$2,228
27	\$938	\$2,010	\$1,510	\$2,958	\$2,257
28	\$965	\$2,056	\$1,534	\$2,937	\$2,282
29	\$992	\$2,096	\$1,555	\$2,912	\$2,302
30	\$1,016	\$2,131	\$1,573	\$2,882	\$2,318
31	\$1,039	\$2,161	\$1,588	\$2,848	\$2,331
32	\$1,059	\$2,184	\$1,602	\$2,811	\$2,339

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
33	\$1,079	\$2,203	\$1,612	\$2,776	\$2,344
34	\$1,095	\$2,217	\$1,620	\$2,748	\$2,347
35	\$1,112	\$2,226	\$1,627	\$2,752	\$2,346
36	\$1,125	\$2,231	\$1,631	\$2,769	\$2,344
37	\$1,136	\$2,235	\$1,635	\$2,790	\$2,339
38	\$1,147	\$2,236	\$1,635	\$3,245	\$2,331
39	\$1,157	\$2,234	\$1,637	\$3,224	\$2,324
40	\$1,164	\$2,233	\$1,637	\$3,202	\$2,317
41	\$1,170	\$2,231	\$1,637	\$3,180	\$2,307
42	\$1,177	\$2,230	\$1,637	\$3,153	\$2,299
43	\$1,182	\$2,231	\$1,637	\$3,124	\$2,291
44	\$1,187	\$2,233	\$1,637	\$3,128	\$2,286
45	\$1,193	\$2,239	\$1,639	\$3,130	\$2,281
46	\$1,197	\$2,247	\$1,644	\$3,130	\$2,279
47	\$1,203	\$2,259	\$1,650	\$3,126	\$2,281
48	\$1,208	\$2,275	\$1,657	\$3,122	\$2,286
49	\$1,216	\$2,295	\$1,668	\$3,118	\$2,294
50	\$1,265	\$2,398	\$1,721	\$3,153	\$2,346
51	\$1,262	\$2,400	\$1,724	\$3,141	\$2,351
52	\$1,262	\$2,410	\$1,732	\$3,133	\$2,362
53	\$1,280	\$2,449	\$1,756	\$3,143	\$2,390
54	\$1,298	\$2,493	\$1,784	\$3,161	\$2,425
55	\$1,360	\$2,620	\$1,855	\$3,224	\$2,504
56	\$1,373	\$2,649	\$1,881	\$3,247	\$2,538
57	\$1,392	\$2,682	\$1,909	\$3,278	\$2,577
58	\$1,429	\$2,748	\$1,955	\$3,330	\$2,634
59	\$1,471	\$2,819	\$2,005	\$3,386	\$2,700
60	\$1,471	\$2,819	\$2,005	\$3,386	\$2,700
61	\$1,471	\$2,819	\$2,005	\$3,386	\$2,700
62	\$1,471	\$2,819	\$2,005	\$3,386	\$2,700
63	\$1,471	\$2,819	\$2,005	\$3,386	\$2,700
64	\$1,471	\$2,819	\$2,005	\$3,386	\$2,700

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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 4

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$466	\$1,151	\$741	\$1,631	\$1,146	33	\$746	\$1,523	\$1,115	\$1,919	\$1,621
1	\$415	\$1,151	\$665	\$1,631	\$1,059	34	\$757	\$1,532	\$1,120	\$1,900	\$1,622
2	\$372	\$1,151	\$602	\$1,631	\$990	35	\$768	\$1,539	\$1,125	\$1,903	\$1,622
3	\$336	\$1,151	\$553	\$1,631	\$936	36	\$777	\$1,543	\$1,127	\$1,915	\$1,621
4	\$315	\$1,151	\$549	\$1,631	\$932	37	\$786	\$1,545	\$1,130	\$1,928	\$1,617
5	\$314	\$1,151	\$561	\$1,631	\$944	38	\$793	\$1,545	\$1,130	\$2,243	\$1,612
6	\$314	\$1,151	\$572	\$1,631	\$957	39	\$799	\$1,545	\$1,132	\$2,229	\$1,607
7	\$313	\$1,151	\$581	\$1,631	\$969	40	\$804	\$1,543	\$1,132	\$2,214	\$1,602
8	\$313	\$1,151	\$587	\$1,631	\$980	41	\$809	\$1,543	\$1,132	\$2,198	\$1,595
9	\$313	\$1,151	\$591	\$1,631	\$990	42	\$813	\$1,541	\$1,132	\$2,180	\$1,589
10	\$313	\$1,151	\$595	\$1,631	\$1,002	43	\$817	\$1,543	\$1,132	\$2,159	\$1,584
11	\$314	\$1,151	\$598	\$1,631	\$1,012	44	\$820	\$1,544	\$1,132	\$2,163	\$1,580
12	\$314	\$1,151	\$597	\$1,631	\$1,021	45	\$824	\$1,548	\$1,133	\$2,164	\$1,576
13	\$314	\$1,151	\$595	\$1,631	\$1,026	46	\$827	\$1,553	\$1,136	\$2,164	\$1,576
14	\$314	\$1,151	\$589	\$1,631	\$1,030	47	\$831	\$1,561	\$1,140	\$2,161	\$1,576
15	\$318	\$1,151	\$589	\$1,631	\$1,040	48	\$835	\$1,573	\$1,146	\$2,158	\$1,581
16	\$332	\$1,151	\$609	\$1,631	\$1,067	49	\$840	\$1,586	\$1,153	\$2,156	\$1,586
17	\$352	\$1,151	\$636	\$1,631	\$1,103	50	\$874	\$1,657	\$1,190	\$2,180	\$1,622
18	\$372	\$1,151	\$664	\$1,631	\$1,139	51	\$872	\$1,659	\$1,192	\$2,171	\$1,625
19	\$503	\$1,151	\$991	\$1,631	\$1,475	52	\$872	\$1,666	\$1,197	\$2,166	\$1,633
20	\$511	\$1,150	\$992	\$1,763	\$1,482	53	\$885	\$1,693	\$1,214	\$2,173	\$1,652
21	\$519	\$1,155	\$991	\$1,845	\$1,488	54	\$897	\$1,724	\$1,233	\$2,185	\$1,676
22	\$542	\$1,194	\$990	\$1,903	\$1,492	55	\$940	\$1,811	\$1,282	\$2,229	\$1,731
23	\$564	\$1,234	\$988	\$1,968	\$1,494	56	\$949	\$1,831	\$1,300	\$2,244	\$1,754
24	\$586	\$1,276	\$984	\$2,016	\$1,494	57	\$962	\$1,854	\$1,319	\$2,266	\$1,781
25	\$607	\$1,316	\$1,005	\$2,043	\$1,518	58	\$988	\$1,899	\$1,351	\$2,302	\$1,821
26	\$628	\$1,353	\$1,026	\$2,051	\$1,540	59	\$1,017	\$1,948	\$1,386	\$2,341	\$1,867
27	\$649	\$1,390	\$1,044	\$2,045	\$1,560	60	\$1,017	\$1,948	\$1,386	\$2,341	\$1,867
28	\$667	\$1,421	\$1,061	\$2,030	\$1,578	61	\$1,017	\$1,948	\$1,386	\$2,341	\$1,867
29	\$685	\$1,449	\$1,075	\$2,013	\$1,591	62	\$1,017	\$1,948	\$1,386	\$2,341	\$1,867
30	\$702	\$1,473	\$1,088	\$1,992	\$1,603	63	\$1,017	\$1,948	\$1,386	\$2,341	\$1,867
31	\$718	\$1,494	\$1,098	\$1,969	\$1,611	64	\$1,017	\$1,948	\$1,386	\$2,341	\$1,867
32	\$732	\$1,510	\$1,107	\$1,943	\$1,617						

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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 5

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$495	\$1,221	\$786	\$1,730	\$1,215
1	\$440	\$1,221	\$706	\$1,730	\$1,123
2	\$395	\$1,221	\$638	\$1,730	\$1,050
3	\$356	\$1,221	\$587	\$1,730	\$993
4	\$335	\$1,221	\$583	\$1,730	\$989
5	\$333	\$1,221	\$595	\$1,730	\$1,001
6	\$333	\$1,221	\$607	\$1,730	\$1,015
7	\$332	\$1,221	\$616	\$1,730	\$1,027
8	\$332	\$1,221	\$623	\$1,730	\$1,040
9	\$332	\$1,221	\$627	\$1,730	\$1,050
10	\$332	\$1,221	\$632	\$1,730	\$1,063
11	\$333	\$1,221	\$634	\$1,730	\$1,074
12	\$333	\$1,221	\$634	\$1,730	\$1,082
13	\$333	\$1,221	\$632	\$1,730	\$1,089
14	\$333	\$1,221	\$625	\$1,730	\$1,093
15	\$337	\$1,221	\$625	\$1,730	\$1,103
16	\$352	\$1,221	\$646	\$1,730	\$1,132
17	\$373	\$1,221	\$674	\$1,730	\$1,170
18	\$395	\$1,221	\$704	\$1,730	\$1,208
19	\$534	\$1,221	\$1,052	\$1,730	\$1,564
20	\$542	\$1,220	\$1,053	\$1,870	\$1,572
21	\$551	\$1,226	\$1,052	\$1,958	\$1,578
22	\$574	\$1,266	\$1,050	\$2,018	\$1,583
23	\$598	\$1,309	\$1,047	\$2,088	\$1,585
24	\$621	\$1,353	\$1,044	\$2,139	\$1,585
25	\$644	\$1,396	\$1,066	\$2,167	\$1,611
26	\$666	\$1,436	\$1,088	\$2,175	\$1,634
27	\$688	\$1,474	\$1,107	\$2,169	\$1,655
28	\$707	\$1,507	\$1,125	\$2,154	\$1,673
29	\$727	\$1,537	\$1,140	\$2,136	\$1,688
30	\$745	\$1,563	\$1,154	\$2,113	\$1,700
31	\$762	\$1,585	\$1,164	\$2,089	\$1,709
32	\$776	\$1,601	\$1,175	\$2,061	\$1,715

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
33	\$791	\$1,615	\$1,182	\$2,035	\$1,719
34	\$803	\$1,625	\$1,188	\$2,015	\$1,721
35	\$815	\$1,632	\$1,193	\$2,018	\$1,720
36	\$824	\$1,636	\$1,196	\$2,031	\$1,719
37	\$833	\$1,639	\$1,199	\$2,045	\$1,715
38	\$841	\$1,639	\$1,199	\$2,379	\$1,709
39	\$848	\$1,638	\$1,201	\$2,364	\$1,704
40	\$853	\$1,637	\$1,201	\$2,348	\$1,699
41	\$858	\$1,636	\$1,200	\$2,332	\$1,691
42	\$863	\$1,635	\$1,200	\$2,312	\$1,685
43	\$866	\$1,636	\$1,200	\$2,291	\$1,680
44	\$870	\$1,637	\$1,201	\$2,294	\$1,676
45	\$874	\$1,641	\$1,202	\$2,295	\$1,672
46	\$877	\$1,648	\$1,205	\$2,295	\$1,671
47	\$882	\$1,656	\$1,210	\$2,292	\$1,672
48	\$886	\$1,668	\$1,215	\$2,289	\$1,676
49	\$892	\$1,683	\$1,223	\$2,287	\$1,682
50	\$927	\$1,758	\$1,262	\$2,312	\$1,720
51	\$925	\$1,760	\$1,264	\$2,303	\$1,724
52	\$925	\$1,767	\$1,270	\$2,298	\$1,732
53	\$938	\$1,796	\$1,287	\$2,305	\$1,753
54	\$952	\$1,828	\$1,308	\$2,317	\$1,778
55	\$997	\$1,921	\$1,360	\$2,364	\$1,836
56	\$1,007	\$1,942	\$1,379	\$2,381	\$1,861
57	\$1,021	\$1,966	\$1,400	\$2,403	\$1,890
58	\$1,047	\$2,015	\$1,433	\$2,441	\$1,932
59	\$1,078	\$2,067	\$1,470	\$2,483	\$1,980
60	\$1,078	\$2,067	\$1,470	\$2,483	\$1,980
61	\$1,078	\$2,067	\$1,470	\$2,483	\$1,980
62	\$1,078	\$2,067	\$1,470	\$2,483	\$1,980
63	\$1,078	\$2,067	\$1,470	\$2,483	\$1,980
64	\$1,078	\$2,067	\$1,470	\$2,483	\$1,980

The HIPAA HMO Saver is offered by Anthem Blue Cross.

Notes:

For Subscriber & Spouse and Family, rates are based on the age of the younger spouse.
For more information, call your agent or Anthem Blue Cross at 800-333-0912.

MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 6

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$465	\$1,146	\$739	\$1,625	\$1,141
1	\$414	\$1,146	\$663	\$1,625	\$1,055
2	\$371	\$1,146	\$600	\$1,625	\$987
3	\$334	\$1,146	\$551	\$1,625	\$932
4	\$314	\$1,146	\$547	\$1,625	\$928
5	\$312	\$1,146	\$559	\$1,625	\$940
6	\$312	\$1,146	\$570	\$1,625	\$953
7	\$312	\$1,146	\$578	\$1,625	\$965
8	\$311	\$1,146	\$585	\$1,625	\$977
9	\$311	\$1,146	\$588	\$1,625	\$986
10	\$312	\$1,146	\$593	\$1,625	\$998
11	\$312	\$1,146	\$596	\$1,625	\$1,008
12	\$312	\$1,146	\$595	\$1,625	\$1,017
13	\$313	\$1,146	\$593	\$1,625	\$1,022
14	\$313	\$1,146	\$587	\$1,625	\$1,027
15	\$316	\$1,146	\$587	\$1,625	\$1,036
16	\$331	\$1,146	\$606	\$1,625	\$1,063
17	\$350	\$1,146	\$633	\$1,625	\$1,099
18	\$371	\$1,146	\$662	\$1,625	\$1,135
19	\$501	\$1,146	\$988	\$1,625	\$1,469
20	\$509	\$1,145	\$989	\$1,757	\$1,477
21	\$517	\$1,151	\$988	\$1,838	\$1,482
22	\$539	\$1,189	\$986	\$1,895	\$1,486
23	\$561	\$1,230	\$984	\$1,961	\$1,488
24	\$584	\$1,271	\$981	\$2,009	\$1,488
25	\$605	\$1,311	\$1,001	\$2,035	\$1,513
26	\$625	\$1,348	\$1,022	\$2,043	\$1,534
27	\$646	\$1,384	\$1,040	\$2,037	\$1,554
28	\$664	\$1,416	\$1,057	\$2,023	\$1,571
29	\$683	\$1,443	\$1,071	\$2,006	\$1,585
30	\$699	\$1,468	\$1,084	\$1,984	\$1,596
31	\$716	\$1,488	\$1,093	\$1,961	\$1,605
32	\$729	\$1,504	\$1,103	\$1,936	\$1,611

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
33	\$743	\$1,517	\$1,110	\$1,912	\$1,614
34	\$754	\$1,526	\$1,115	\$1,892	\$1,616
35	\$765	\$1,533	\$1,120	\$1,895	\$1,615
36	\$774	\$1,537	\$1,123	\$1,907	\$1,614
37	\$783	\$1,539	\$1,126	\$1,921	\$1,611
38	\$789	\$1,539	\$1,126	\$2,234	\$1,605
39	\$796	\$1,539	\$1,127	\$2,221	\$1,600
40	\$801	\$1,538	\$1,127	\$2,205	\$1,595
41	\$806	\$1,537	\$1,127	\$2,190	\$1,589
42	\$810	\$1,535	\$1,127	\$2,172	\$1,583
43	\$814	\$1,537	\$1,127	\$2,151	\$1,578
44	\$817	\$1,538	\$1,127	\$2,154	\$1,574
45	\$821	\$1,542	\$1,129	\$2,156	\$1,570
46	\$824	\$1,547	\$1,132	\$2,156	\$1,569
47	\$828	\$1,555	\$1,136	\$2,153	\$1,570
48	\$832	\$1,566	\$1,141	\$2,150	\$1,574
49	\$837	\$1,580	\$1,148	\$2,148	\$1,580
50	\$871	\$1,651	\$1,185	\$2,172	\$1,615
51	\$869	\$1,653	\$1,188	\$2,163	\$1,619
52	\$869	\$1,660	\$1,193	\$2,158	\$1,626
53	\$881	\$1,686	\$1,209	\$2,165	\$1,646
54	\$894	\$1,717	\$1,229	\$2,176	\$1,670
55	\$937	\$1,804	\$1,277	\$2,221	\$1,724
56	\$946	\$1,824	\$1,295	\$2,236	\$1,747
57	\$959	\$1,847	\$1,314	\$2,257	\$1,775
58	\$984	\$1,892	\$1,346	\$2,293	\$1,814
59	\$1,013	\$1,941	\$1,381	\$2,332	\$1,859
60	\$1,013	\$1,941	\$1,381	\$2,332	\$1,859
61	\$1,013	\$1,941	\$1,381	\$2,332	\$1,859
62	\$1,013	\$1,941	\$1,381	\$2,332	\$1,859
63	\$1,013	\$1,941	\$1,381	\$2,332	\$1,859
64	\$1,013	\$1,941	\$1,381	\$2,332	\$1,859

The HIPAA HMO Saver is offered by Anthem Blue Cross.

Notes:

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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 7

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$412	\$1,016	\$655	\$1,441	\$1,012
1	\$367	\$1,016	\$587	\$1,441	\$936
2	\$328	\$1,016	\$532	\$1,441	\$875
3	\$296	\$1,016	\$488	\$1,441	\$827
4	\$279	\$1,016	\$485	\$1,441	\$823
5	\$277	\$1,016	\$496	\$1,441	\$833
6	\$277	\$1,016	\$505	\$1,441	\$845
7	\$277	\$1,016	\$513	\$1,441	\$855
8	\$276	\$1,016	\$518	\$1,441	\$866
9	\$276	\$1,016	\$522	\$1,441	\$875
10	\$277	\$1,016	\$526	\$1,441	\$885
11	\$277	\$1,016	\$528	\$1,441	\$894
12	\$277	\$1,016	\$528	\$1,441	\$901
13	\$277	\$1,016	\$526	\$1,441	\$906
14	\$277	\$1,016	\$521	\$1,441	\$910
15	\$281	\$1,016	\$521	\$1,441	\$918
16	\$293	\$1,016	\$538	\$1,441	\$943
17	\$311	\$1,016	\$561	\$1,441	\$974
18	\$328	\$1,016	\$587	\$1,441	\$1,006
19	\$445	\$1,016	\$876	\$1,441	\$1,302
20	\$451	\$1,016	\$876	\$1,557	\$1,309
21	\$459	\$1,021	\$876	\$1,630	\$1,314
22	\$478	\$1,054	\$875	\$1,680	\$1,318
23	\$498	\$1,090	\$872	\$1,738	\$1,320
24	\$517	\$1,127	\$870	\$1,781	\$1,320
25	\$536	\$1,162	\$888	\$1,805	\$1,341
26	\$554	\$1,195	\$906	\$1,811	\$1,361
27	\$573	\$1,227	\$922	\$1,806	\$1,378
28	\$589	\$1,255	\$937	\$1,794	\$1,393
29	\$605	\$1,280	\$949	\$1,778	\$1,405
30	\$620	\$1,301	\$961	\$1,760	\$1,416
31	\$634	\$1,320	\$969	\$1,739	\$1,423
32	\$647	\$1,333	\$978	\$1,717	\$1,428

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
33	\$658	\$1,345	\$984	\$1,695	\$1,431
34	\$669	\$1,353	\$989	\$1,678	\$1,433
35	\$679	\$1,359	\$994	\$1,680	\$1,432
36	\$687	\$1,362	\$996	\$1,691	\$1,431
37	\$694	\$1,365	\$998	\$1,703	\$1,428
38	\$700	\$1,365	\$999	\$1,981	\$1,423
39	\$706	\$1,364	\$1,000	\$1,969	\$1,419
40	\$711	\$1,363	\$1,000	\$1,956	\$1,415
41	\$715	\$1,362	\$999	\$1,942	\$1,408
42	\$719	\$1,361	\$999	\$1,925	\$1,403
43	\$722	\$1,362	\$999	\$1,907	\$1,399
44	\$725	\$1,364	\$1,000	\$1,910	\$1,396
45	\$728	\$1,367	\$1,001	\$1,911	\$1,392
46	\$731	\$1,372	\$1,004	\$1,911	\$1,392
47	\$734	\$1,379	\$1,007	\$1,909	\$1,392
48	\$738	\$1,389	\$1,012	\$1,906	\$1,396
49	\$742	\$1,401	\$1,018	\$1,904	\$1,401
50	\$772	\$1,464	\$1,051	\$1,925	\$1,432
51	\$770	\$1,466	\$1,053	\$1,918	\$1,436
52	\$770	\$1,471	\$1,057	\$1,913	\$1,442
53	\$781	\$1,495	\$1,072	\$1,919	\$1,459
54	\$793	\$1,522	\$1,089	\$1,930	\$1,481
55	\$830	\$1,600	\$1,132	\$1,969	\$1,529
56	\$838	\$1,617	\$1,149	\$1,982	\$1,549
57	\$850	\$1,637	\$1,165	\$2,002	\$1,574
58	\$872	\$1,678	\$1,194	\$2,033	\$1,609
59	\$898	\$1,721	\$1,225	\$2,067	\$1,649
60	\$898	\$1,721	\$1,225	\$2,067	\$1,649
61	\$898	\$1,721	\$1,225	\$2,067	\$1,649
62	\$898	\$1,721	\$1,225	\$2,067	\$1,649
63	\$898	\$1,721	\$1,225	\$2,067	\$1,649
64	\$898	\$1,721	\$1,225	\$2,067	\$1,649

The HIPAA HMO Saver is offered by Anthem Blue Cross.

Notes:

For Subscriber & Spouse and Family, rates are based on the age of the younger spouse.

For more information, call your agent or Anthem Blue Cross at 800-333-0912.

MEDICAL RATING AREA DEFINITIONS – FOR HIPAA SELECT HMO

Rates for the Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company HIPAA plans are based upon the county in which you reside, your family status and age. In order to be eligible, you must reside or work in one of the rating areas. For Subscriber & Spouse and Family, rates are based on the age of the younger spouse. To determine your rate, find your county in the Rating Areas chart below and the rate for your area and category on the rate tables. Rates are recalculated at each billing period based on age and residence address.

Rating Area 1

San Mateo (except 94303)

Rating Area 2

Los Angeles ZIPs starting with 900, 914 and 916

Rating Area 3

Alameda (except ZIPs starting with 945, 946 and 953 and including 94505 and 94514), Contra Costa (except 94551), Placer (except 95715, 95724, 96140, 96141, 96142, 96143, 96145, 96146, 96148, 96161 and 95692), Sacramento (except ZIPs starting with 958), San Francisco, San Joaquin (94505, 94514, 95632, and 95690 only), San Mateo (94303 only), Santa Clara (ZIPs starting with 940 and 943)

Rating Area 4

Alameda (ZIPs starting with 945, 946 and 953 except 94505, 94514), Contra Costa (94551 only), Imperial (92225 and 92274 only), Los Angeles (ZIPs starting with 901-904 and 913), Merced (95380 only), Riverside (ZIPs starting with 922 except 92248, 92225, 92226, 92239), San Joaquin (except 94505, 94514, 95632, 95690), Santa Clara (94550, 95023, and 95076 only), Santa Cruz (except 95033), Stanislaus (except 95322), Ventura (except ZIPs starting with 930 or 932)

Rating Area 5

Fresno (93313 only), Imperial (92004 only), Kern (ZIPs starting with 933), Nevada (except 95602, 95728, 96111, 96160, 96161, 96162), Orange (ZIPs starting with 926), Placer (95692 only), Riverside (92028 only), Sacramento ZIPs starting with 958, San Diego (except ZIPs starting with 940, 943 and 91901, 91905, 91906, 91916, 91917, 91934, 91935, 91948, 91962, 91963, 91980, 92004, 92036, 92059, 92061, 92066 and 92086), Santa Clara (all ZIPs except 94550, 95023, 95076 and those starting with 940 and 943), Santa Cruz (95033 only), Yolo

Rating Area 6

Fresno (except 93313), Imperial (except 92004, 92225 and 92274), Kern (except ZIPs starting with 933), Kings, Los Angeles (ZIPs starting with 905-908, 935, 91709 and 93243), Orange (except ZIPs starting with 926), Riverside (ZIPs starting with 923-928), San Bernardino (except 91766, 91792, 92363, 92364, 92365), Stanislaus (95322 only), Tulare, Ventura (ZIPs starting with 930 and 932)

Rating Area 7

Los Angeles (ZIPs starting with 910-912, 915, 917, 918 except 91709), San Bernardino (91766 and 91792 only)

MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 1

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$554	\$1,391	\$856	\$1,950	\$1,372	33	\$899	\$1,808	\$1,361	\$2,310	\$1,994
1	\$495	\$1,391	\$768	\$1,950	\$1,273	34	\$913	\$1,818	\$1,367	\$2,291	\$1,997
2	\$444	\$1,391	\$696	\$1,950	\$1,193	35	\$926	\$1,827	\$1,372	\$2,287	\$1,997
3	\$401	\$1,391	\$637	\$1,950	\$1,129	36	\$935	\$1,830	\$1,376	\$2,301	\$1,994
4	\$377	\$1,391	\$639	\$1,950	\$1,128	37	\$946	\$1,833	\$1,379	\$2,317	\$1,990
5	\$374	\$1,391	\$646	\$1,950	\$1,136	38	\$954	\$1,834	\$1,379	\$2,756	\$1,983
6	\$367	\$1,391	\$644	\$1,950	\$1,136	39	\$961	\$1,833	\$1,381	\$2,734	\$1,978
7	\$366	\$1,391	\$651	\$1,950	\$1,149	40	\$967	\$1,831	\$1,381	\$2,711	\$1,971
8	\$364	\$1,391	\$658	\$1,950	\$1,159	41	\$974	\$1,830	\$1,381	\$2,685	\$1,964
9	\$367	\$1,391	\$666	\$1,950	\$1,175	42	\$978	\$1,829	\$1,381	\$2,657	\$1,957
10	\$372	\$1,391	\$680	\$1,950	\$1,199	43	\$982	\$1,830	\$1,381	\$2,626	\$1,952
11	\$378	\$1,391	\$696	\$1,950	\$1,223	44	\$986	\$1,832	\$1,381	\$2,630	\$1,946
12	\$383	\$1,391	\$706	\$1,950	\$1,243	45	\$990	\$1,836	\$1,382	\$2,631	\$1,944
13	\$387	\$1,391	\$708	\$1,950	\$1,255	46	\$994	\$1,844	\$1,386	\$2,631	\$1,942
14	\$393	\$1,391	\$714	\$1,950	\$1,273	47	\$998	\$1,852	\$1,390	\$2,628	\$1,944
15	\$399	\$1,391	\$718	\$1,950	\$1,286	48	\$1,004	\$1,865	\$1,397	\$2,624	\$1,947
16	\$413	\$1,391	\$733	\$1,950	\$1,311	49	\$1,009	\$1,882	\$1,406	\$2,622	\$1,955
17	\$436	\$1,391	\$765	\$1,950	\$1,353	50	\$1,055	\$1,976	\$1,453	\$2,656	\$2,003
18	\$460	\$1,391	\$798	\$1,950	\$1,394	51	\$1,051	\$1,976	\$1,455	\$2,644	\$2,004
19	\$626	\$1,391	\$1,252	\$1,950	\$1,859	52	\$1,049	\$1,978	\$1,458	\$2,634	\$2,011
20	\$632	\$1,383	\$1,246	\$2,099	\$1,861	53	\$1,062	\$2,009	\$1,478	\$2,644	\$2,033
21	\$637	\$1,382	\$1,239	\$2,189	\$1,861	54	\$1,078	\$2,044	\$1,501	\$2,658	\$2,060
22	\$663	\$1,427	\$1,230	\$2,256	\$1,859	55	\$1,133	\$2,160	\$1,565	\$2,717	\$2,132
23	\$689	\$1,474	\$1,221	\$2,336	\$1,855	56	\$1,143	\$2,179	\$1,582	\$2,733	\$2,156
24	\$714	\$1,522	\$1,209	\$2,388	\$1,847	57	\$1,156	\$2,202	\$1,603	\$2,754	\$2,186
25	\$740	\$1,568	\$1,234	\$2,403	\$1,877	58	\$1,184	\$2,254	\$1,639	\$2,796	\$2,232
26	\$763	\$1,612	\$1,257	\$2,409	\$1,903	59	\$1,218	\$2,310	\$1,681	\$2,842	\$2,284
27	\$786	\$1,653	\$1,278	\$2,402	\$1,924	60	\$1,218	\$2,310	\$1,681	\$2,842	\$2,284
28	\$809	\$1,689	\$1,297	\$2,389	\$1,944	61	\$1,218	\$2,310	\$1,681	\$2,842	\$2,284
29	\$829	\$1,722	\$1,314	\$2,377	\$1,960	62	\$1,218	\$2,310	\$1,681	\$2,842	\$2,284
30	\$850	\$1,751	\$1,329	\$2,365	\$1,973	63	\$1,218	\$2,310	\$1,681	\$2,842	\$2,284
31	\$867	\$1,774	\$1,342	\$2,348	\$1,983	64	\$1,218	\$2,310	\$1,681	\$2,842	\$2,284
32	\$884	\$1,792	\$1,351	\$2,326	\$1,990						

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Notes:

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MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 2

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$400	\$1,003	\$617	\$1,406	\$990
1	\$357	\$1,003	\$554	\$1,406	\$918
2	\$320	\$1,003	\$502	\$1,406	\$860
3	\$289	\$1,003	\$459	\$1,406	\$814
4	\$271	\$1,003	\$461	\$1,406	\$814
5	\$269	\$1,003	\$466	\$1,406	\$819
6	\$265	\$1,003	\$464	\$1,406	\$819
7	\$264	\$1,003	\$469	\$1,406	\$828
8	\$263	\$1,003	\$474	\$1,406	\$836
9	\$265	\$1,003	\$480	\$1,406	\$847
10	\$268	\$1,003	\$490	\$1,406	\$864
11	\$272	\$1,003	\$502	\$1,406	\$882
12	\$276	\$1,003	\$509	\$1,406	\$896
13	\$279	\$1,003	\$510	\$1,406	\$905
14	\$283	\$1,003	\$515	\$1,406	\$918
15	\$288	\$1,003	\$518	\$1,406	\$927
16	\$298	\$1,003	\$529	\$1,406	\$945
17	\$314	\$1,003	\$551	\$1,406	\$976
18	\$331	\$1,003	\$575	\$1,406	\$1,005
19	\$451	\$1,003	\$903	\$1,406	\$1,341
20	\$456	\$998	\$898	\$1,513	\$1,342
21	\$459	\$997	\$893	\$1,579	\$1,342
22	\$478	\$1,029	\$887	\$1,627	\$1,341
23	\$496	\$1,063	\$880	\$1,685	\$1,337
24	\$515	\$1,097	\$872	\$1,722	\$1,332
25	\$533	\$1,130	\$890	\$1,733	\$1,353
26	\$550	\$1,163	\$906	\$1,737	\$1,372
27	\$567	\$1,192	\$921	\$1,732	\$1,387
28	\$583	\$1,218	\$935	\$1,722	\$1,401
29	\$598	\$1,241	\$947	\$1,714	\$1,413
30	\$612	\$1,263	\$958	\$1,706	\$1,422
31	\$625	\$1,279	\$967	\$1,693	\$1,430
32	\$637	\$1,293	\$974	\$1,677	\$1,435

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
33	\$648	\$1,304	\$981	\$1,665	\$1,438
34	\$658	\$1,311	\$986	\$1,652	\$1,440
35	\$667	\$1,318	\$990	\$1,649	\$1,440
36	\$674	\$1,319	\$992	\$1,659	\$1,438
37	\$682	\$1,322	\$994	\$1,671	\$1,435
38	\$688	\$1,322	\$994	\$1,987	\$1,430
39	\$693	\$1,322	\$995	\$1,971	\$1,427
40	\$698	\$1,321	\$995	\$1,955	\$1,421
41	\$702	\$1,319	\$995	\$1,936	\$1,416
42	\$705	\$1,319	\$995	\$1,916	\$1,411
43	\$708	\$1,319	\$995	\$1,893	\$1,408
44	\$711	\$1,321	\$995	\$1,896	\$1,403
45	\$714	\$1,324	\$997	\$1,898	\$1,401
46	\$717	\$1,329	\$999	\$1,898	\$1,400
47	\$720	\$1,335	\$1,002	\$1,895	\$1,401
48	\$724	\$1,345	\$1,007	\$1,893	\$1,404
49	\$727	\$1,357	\$1,013	\$1,891	\$1,410
50	\$761	\$1,425	\$1,048	\$1,915	\$1,444
51	\$758	\$1,425	\$1,049	\$1,906	\$1,445
52	\$756	\$1,426	\$1,051	\$1,900	\$1,450
53	\$765	\$1,448	\$1,066	\$1,906	\$1,466
54	\$777	\$1,474	\$1,082	\$1,916	\$1,486
55	\$817	\$1,557	\$1,129	\$1,959	\$1,537
56	\$824	\$1,571	\$1,141	\$1,970	\$1,555
57	\$833	\$1,588	\$1,156	\$1,986	\$1,576
58	\$854	\$1,625	\$1,182	\$2,016	\$1,610
59	\$878	\$1,666	\$1,212	\$2,049	\$1,647
60	\$878	\$1,666	\$1,212	\$2,049	\$1,647
61	\$878	\$1,666	\$1,212	\$2,049	\$1,647
62	\$878	\$1,666	\$1,212	\$2,049	\$1,647
63	\$878	\$1,666	\$1,212	\$2,049	\$1,647
64	\$878	\$1,666	\$1,212	\$2,049	\$1,647

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Notes:

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MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 3

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$587	\$1,472	\$906	\$2,063	\$1,452
1	\$523	\$1,472	\$813	\$2,063	\$1,347
2	\$469	\$1,472	\$736	\$2,063	\$1,262
3	\$425	\$1,472	\$674	\$2,063	\$1,195
4	\$398	\$1,472	\$677	\$2,063	\$1,194
5	\$395	\$1,472	\$684	\$2,063	\$1,202
6	\$388	\$1,472	\$681	\$2,063	\$1,202
7	\$387	\$1,472	\$689	\$2,063	\$1,216
8	\$386	\$1,472	\$696	\$2,063	\$1,227
9	\$388	\$1,472	\$704	\$2,063	\$1,243
10	\$394	\$1,472	\$720	\$2,063	\$1,268
11	\$400	\$1,472	\$736	\$2,063	\$1,294
12	\$405	\$1,472	\$747	\$2,063	\$1,315
13	\$410	\$1,472	\$749	\$2,063	\$1,328
14	\$416	\$1,472	\$756	\$2,063	\$1,347
15	\$423	\$1,472	\$759	\$2,063	\$1,361
16	\$437	\$1,472	\$776	\$2,063	\$1,387
17	\$461	\$1,472	\$809	\$2,063	\$1,432
18	\$487	\$1,472	\$844	\$2,063	\$1,475
19	\$662	\$1,472	\$1,324	\$2,063	\$1,967
20	\$669	\$1,464	\$1,318	\$2,221	\$1,969
21	\$674	\$1,462	\$1,311	\$2,316	\$1,969
22	\$701	\$1,509	\$1,301	\$2,387	\$1,967
23	\$728	\$1,560	\$1,291	\$2,472	\$1,962
24	\$756	\$1,610	\$1,279	\$2,526	\$1,954
25	\$783	\$1,659	\$1,306	\$2,542	\$1,986
26	\$807	\$1,706	\$1,330	\$2,549	\$2,013
27	\$832	\$1,749	\$1,352	\$2,542	\$2,036
28	\$856	\$1,788	\$1,373	\$2,527	\$2,056
29	\$878	\$1,822	\$1,390	\$2,515	\$2,073
30	\$899	\$1,852	\$1,406	\$2,502	\$2,087
31	\$917	\$1,877	\$1,420	\$2,485	\$2,098
32	\$935	\$1,896	\$1,430	\$2,460	\$2,105

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
33	\$952	\$1,913	\$1,440	\$2,444	\$2,110
34	\$966	\$1,924	\$1,447	\$2,424	\$2,113
35	\$979	\$1,933	\$1,452	\$2,420	\$2,112
36	\$990	\$1,936	\$1,456	\$2,435	\$2,110
37	\$1,001	\$1,939	\$1,459	\$2,452	\$2,105
38	\$1,009	\$1,940	\$1,459	\$2,915	\$2,098
39	\$1,017	\$1,939	\$1,461	\$2,892	\$2,093
40	\$1,024	\$1,938	\$1,461	\$2,868	\$2,086
41	\$1,031	\$1,936	\$1,461	\$2,841	\$2,078
42	\$1,035	\$1,935	\$1,461	\$2,812	\$2,071
43	\$1,039	\$1,936	\$1,461	\$2,778	\$2,065
44	\$1,044	\$1,938	\$1,461	\$2,782	\$2,059
45	\$1,047	\$1,943	\$1,462	\$2,784	\$2,056
46	\$1,051	\$1,950	\$1,466	\$2,784	\$2,055
47	\$1,056	\$1,959	\$1,471	\$2,781	\$2,056
48	\$1,062	\$1,973	\$1,478	\$2,777	\$2,060
49	\$1,068	\$1,991	\$1,487	\$2,774	\$2,068
50	\$1,116	\$2,091	\$1,538	\$2,810	\$2,119
51	\$1,112	\$2,090	\$1,539	\$2,797	\$2,121
52	\$1,110	\$2,092	\$1,542	\$2,787	\$2,127
53	\$1,123	\$2,125	\$1,563	\$2,797	\$2,151
54	\$1,140	\$2,163	\$1,588	\$2,812	\$2,180
55	\$1,199	\$2,285	\$1,656	\$2,874	\$2,256
56	\$1,209	\$2,305	\$1,674	\$2,891	\$2,281
57	\$1,223	\$2,329	\$1,696	\$2,914	\$2,313
58	\$1,253	\$2,385	\$1,734	\$2,958	\$2,362
59	\$1,289	\$2,444	\$1,778	\$3,007	\$2,417
60	\$1,289	\$2,444	\$1,778	\$3,007	\$2,417
61	\$1,289	\$2,444	\$1,778	\$3,007	\$2,417
62	\$1,289	\$2,444	\$1,778	\$3,007	\$2,417
63	\$1,289	\$2,444	\$1,778	\$3,007	\$2,417
64	\$1,289	\$2,444	\$1,778	\$3,007	\$2,417

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Notes:

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MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 4

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$412	\$1,033	\$636	\$1,448	\$1,019	33	\$668	\$1,343	\$1,011	\$1,715	\$1,481
1	\$367	\$1,033	\$571	\$1,448	\$945	34	\$678	\$1,350	\$1,016	\$1,702	\$1,483
2	\$329	\$1,033	\$517	\$1,448	\$886	35	\$688	\$1,357	\$1,019	\$1,699	\$1,483
3	\$298	\$1,033	\$473	\$1,448	\$839	36	\$695	\$1,359	\$1,022	\$1,709	\$1,481
4	\$280	\$1,033	\$475	\$1,448	\$838	37	\$703	\$1,361	\$1,024	\$1,721	\$1,478
5	\$277	\$1,033	\$480	\$1,448	\$844	38	\$708	\$1,362	\$1,024	\$2,047	\$1,473
6	\$272	\$1,033	\$478	\$1,448	\$844	39	\$714	\$1,361	\$1,025	\$2,031	\$1,469
7	\$271	\$1,033	\$483	\$1,448	\$853	40	\$718	\$1,360	\$1,025	\$2,014	\$1,464
8	\$271	\$1,033	\$488	\$1,448	\$861	41	\$723	\$1,359	\$1,025	\$1,994	\$1,459
9	\$272	\$1,033	\$494	\$1,448	\$872	42	\$727	\$1,358	\$1,025	\$1,974	\$1,454
10	\$276	\$1,033	\$505	\$1,448	\$890	43	\$729	\$1,359	\$1,025	\$1,950	\$1,450
11	\$281	\$1,033	\$517	\$1,448	\$909	44	\$733	\$1,360	\$1,025	\$1,953	\$1,446
12	\$285	\$1,033	\$524	\$1,448	\$923	45	\$735	\$1,364	\$1,026	\$1,954	\$1,444
13	\$287	\$1,033	\$526	\$1,448	\$932	46	\$738	\$1,369	\$1,029	\$1,954	\$1,442
14	\$292	\$1,033	\$530	\$1,448	\$945	47	\$741	\$1,376	\$1,033	\$1,952	\$1,444
15	\$297	\$1,033	\$533	\$1,448	\$955	48	\$745	\$1,385	\$1,038	\$1,949	\$1,446
16	\$307	\$1,033	\$544	\$1,448	\$974	49	\$749	\$1,398	\$1,044	\$1,947	\$1,452
17	\$324	\$1,033	\$568	\$1,448	\$1,005	50	\$783	\$1,468	\$1,079	\$1,973	\$1,488
18	\$341	\$1,033	\$592	\$1,448	\$1,035	51	\$780	\$1,467	\$1,080	\$1,964	\$1,489
19	\$465	\$1,033	\$930	\$1,448	\$1,381	52	\$779	\$1,469	\$1,083	\$1,957	\$1,493
20	\$469	\$1,028	\$925	\$1,559	\$1,382	53	\$788	\$1,492	\$1,098	\$1,964	\$1,510
21	\$473	\$1,026	\$920	\$1,626	\$1,382	54	\$800	\$1,519	\$1,115	\$1,974	\$1,530
22	\$492	\$1,060	\$913	\$1,676	\$1,381	55	\$842	\$1,604	\$1,163	\$2,018	\$1,584
23	\$511	\$1,095	\$906	\$1,735	\$1,377	56	\$849	\$1,618	\$1,175	\$2,030	\$1,601
24	\$530	\$1,130	\$898	\$1,773	\$1,372	57	\$859	\$1,635	\$1,190	\$2,045	\$1,623
25	\$549	\$1,164	\$917	\$1,785	\$1,394	58	\$879	\$1,674	\$1,218	\$2,076	\$1,658
26	\$566	\$1,197	\$934	\$1,789	\$1,413	59	\$905	\$1,716	\$1,249	\$2,111	\$1,697
27	\$584	\$1,228	\$949	\$1,784	\$1,429	60	\$905	\$1,716	\$1,249	\$2,111	\$1,697
28	\$600	\$1,255	\$964	\$1,774	\$1,444	61	\$905	\$1,716	\$1,249	\$2,111	\$1,697
29	\$616	\$1,279	\$976	\$1,766	\$1,456	62	\$905	\$1,716	\$1,249	\$2,111	\$1,697
30	\$631	\$1,300	\$987	\$1,757	\$1,465	63	\$905	\$1,716	\$1,249	\$2,111	\$1,697
31	\$644	\$1,318	\$996	\$1,744	\$1,473	64	\$905	\$1,716	\$1,249	\$2,111	\$1,697
32	\$656	\$1,331	\$1,004	\$1,727	\$1,478						

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MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 5

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$435	\$1,093	\$673	\$1,532	\$1,078
1	\$388	\$1,093	\$603	\$1,532	\$1,000
2	\$348	\$1,093	\$546	\$1,532	\$937
3	\$315	\$1,093	\$500	\$1,532	\$887
4	\$296	\$1,093	\$502	\$1,532	\$886
5	\$294	\$1,093	\$508	\$1,532	\$892
6	\$288	\$1,093	\$505	\$1,532	\$892
7	\$287	\$1,093	\$511	\$1,532	\$902
8	\$286	\$1,093	\$516	\$1,532	\$911
9	\$288	\$1,093	\$523	\$1,532	\$923
10	\$292	\$1,093	\$534	\$1,532	\$942
11	\$297	\$1,093	\$546	\$1,532	\$961
12	\$301	\$1,093	\$555	\$1,532	\$976
13	\$304	\$1,093	\$556	\$1,532	\$986
14	\$309	\$1,093	\$561	\$1,532	\$1,000
15	\$314	\$1,093	\$564	\$1,532	\$1,010
16	\$324	\$1,093	\$576	\$1,532	\$1,030
17	\$342	\$1,093	\$600	\$1,532	\$1,063
18	\$361	\$1,093	\$626	\$1,532	\$1,095
19	\$491	\$1,093	\$983	\$1,532	\$1,460
20	\$496	\$1,087	\$979	\$1,649	\$1,462
21	\$500	\$1,086	\$973	\$1,720	\$1,462
22	\$520	\$1,121	\$966	\$1,772	\$1,460
23	\$541	\$1,158	\$959	\$1,835	\$1,457
24	\$561	\$1,196	\$950	\$1,876	\$1,451
25	\$581	\$1,232	\$969	\$1,887	\$1,474
26	\$599	\$1,266	\$988	\$1,893	\$1,495
27	\$618	\$1,299	\$1,004	\$1,887	\$1,511
28	\$635	\$1,327	\$1,019	\$1,876	\$1,527
29	\$651	\$1,352	\$1,032	\$1,867	\$1,539
30	\$667	\$1,375	\$1,044	\$1,858	\$1,550
31	\$681	\$1,394	\$1,054	\$1,845	\$1,557
32	\$694	\$1,408	\$1,062	\$1,827	\$1,563

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
33	\$706	\$1,420	\$1,069	\$1,814	\$1,566
34	\$717	\$1,428	\$1,074	\$1,800	\$1,569
35	\$727	\$1,435	\$1,078	\$1,797	\$1,568
36	\$735	\$1,437	\$1,081	\$1,807	\$1,566
37	\$743	\$1,440	\$1,083	\$1,820	\$1,563
38	\$749	\$1,441	\$1,083	\$2,165	\$1,558
39	\$755	\$1,440	\$1,084	\$2,147	\$1,554
40	\$760	\$1,438	\$1,084	\$2,129	\$1,548
41	\$765	\$1,437	\$1,084	\$2,109	\$1,543
42	\$768	\$1,437	\$1,084	\$2,088	\$1,538
43	\$771	\$1,437	\$1,084	\$2,063	\$1,533
44	\$775	\$1,439	\$1,084	\$2,066	\$1,529
45	\$778	\$1,442	\$1,086	\$2,067	\$1,527
46	\$781	\$1,448	\$1,089	\$2,067	\$1,525
47	\$784	\$1,455	\$1,092	\$2,064	\$1,527
48	\$788	\$1,465	\$1,097	\$2,062	\$1,529
49	\$793	\$1,479	\$1,104	\$2,060	\$1,536
50	\$828	\$1,552	\$1,142	\$2,086	\$1,574
51	\$825	\$1,552	\$1,143	\$2,077	\$1,575
52	\$824	\$1,553	\$1,145	\$2,069	\$1,580
53	\$834	\$1,578	\$1,161	\$2,077	\$1,597
54	\$847	\$1,606	\$1,179	\$2,088	\$1,619
55	\$890	\$1,697	\$1,229	\$2,134	\$1,675
56	\$898	\$1,711	\$1,243	\$2,146	\$1,693
57	\$908	\$1,730	\$1,259	\$2,163	\$1,717
58	\$930	\$1,771	\$1,288	\$2,196	\$1,753
59	\$957	\$1,814	\$1,320	\$2,232	\$1,794
60	\$957	\$1,814	\$1,320	\$2,232	\$1,794
61	\$957	\$1,814	\$1,320	\$2,232	\$1,794
62	\$957	\$1,814	\$1,320	\$2,232	\$1,794
63	\$957	\$1,814	\$1,320	\$2,232	\$1,794
64	\$957	\$1,814	\$1,320	\$2,232	\$1,794

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MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 6

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$410	\$1,029	\$634	\$1,443	\$1,016	33	\$665	\$1,338	\$1,007	\$1,709	\$1,475
1	\$366	\$1,029	\$568	\$1,443	\$942	34	\$675	\$1,345	\$1,012	\$1,696	\$1,478
2	\$328	\$1,029	\$515	\$1,443	\$883	35	\$685	\$1,352	\$1,016	\$1,693	\$1,477
3	\$297	\$1,029	\$471	\$1,443	\$835	36	\$692	\$1,354	\$1,018	\$1,703	\$1,475
4	\$279	\$1,029	\$473	\$1,443	\$835	37	\$700	\$1,356	\$1,020	\$1,715	\$1,472
5	\$276	\$1,029	\$478	\$1,443	\$840	38	\$706	\$1,357	\$1,020	\$2,039	\$1,468
6	\$271	\$1,029	\$476	\$1,443	\$840	39	\$711	\$1,356	\$1,022	\$2,023	\$1,464
7	\$271	\$1,029	\$482	\$1,443	\$850	40	\$716	\$1,355	\$1,022	\$2,006	\$1,459
8	\$270	\$1,029	\$486	\$1,443	\$858	41	\$721	\$1,354	\$1,022	\$1,987	\$1,454
9	\$271	\$1,029	\$493	\$1,443	\$869	42	\$724	\$1,353	\$1,022	\$1,967	\$1,449
10	\$275	\$1,029	\$503	\$1,443	\$887	43	\$727	\$1,354	\$1,022	\$1,943	\$1,444
11	\$280	\$1,029	\$515	\$1,443	\$905	44	\$730	\$1,355	\$1,022	\$1,946	\$1,440
12	\$283	\$1,029	\$522	\$1,443	\$920	45	\$732	\$1,359	\$1,023	\$1,947	\$1,438
13	\$286	\$1,029	\$524	\$1,443	\$929	46	\$735	\$1,364	\$1,025	\$1,947	\$1,437
14	\$291	\$1,029	\$528	\$1,443	\$942	47	\$738	\$1,371	\$1,029	\$1,945	\$1,438
15	\$295	\$1,029	\$531	\$1,443	\$952	48	\$743	\$1,380	\$1,034	\$1,942	\$1,441
16	\$305	\$1,029	\$543	\$1,443	\$970	49	\$747	\$1,393	\$1,040	\$1,940	\$1,447
17	\$322	\$1,029	\$566	\$1,443	\$1,001	50	\$780	\$1,462	\$1,075	\$1,965	\$1,482
18	\$340	\$1,029	\$590	\$1,443	\$1,032	51	\$778	\$1,462	\$1,076	\$1,957	\$1,483
19	\$463	\$1,029	\$926	\$1,443	\$1,376	52	\$776	\$1,463	\$1,079	\$1,950	\$1,488
20	\$467	\$1,024	\$922	\$1,553	\$1,377	53	\$786	\$1,486	\$1,093	\$1,957	\$1,505
21	\$471	\$1,023	\$917	\$1,620	\$1,377	54	\$797	\$1,513	\$1,110	\$1,967	\$1,525
22	\$490	\$1,056	\$910	\$1,669	\$1,376	55	\$838	\$1,598	\$1,158	\$2,010	\$1,578
23	\$509	\$1,091	\$903	\$1,729	\$1,372	56	\$845	\$1,612	\$1,171	\$2,022	\$1,595
24	\$528	\$1,126	\$895	\$1,767	\$1,367	57	\$855	\$1,629	\$1,186	\$2,038	\$1,617
25	\$547	\$1,160	\$913	\$1,778	\$1,389	58	\$876	\$1,668	\$1,213	\$2,069	\$1,652
26	\$564	\$1,193	\$930	\$1,783	\$1,408	59	\$902	\$1,709	\$1,244	\$2,103	\$1,690
27	\$582	\$1,223	\$945	\$1,778	\$1,424	60	\$902	\$1,709	\$1,244	\$2,103	\$1,690
28	\$598	\$1,250	\$960	\$1,768	\$1,438	61	\$902	\$1,709	\$1,244	\$2,103	\$1,690
29	\$614	\$1,274	\$972	\$1,759	\$1,450	62	\$902	\$1,709	\$1,244	\$2,103	\$1,690
30	\$629	\$1,296	\$983	\$1,750	\$1,460	63	\$902	\$1,709	\$1,244	\$2,103	\$1,690
31	\$641	\$1,313	\$993	\$1,738	\$1,467	64	\$902	\$1,709	\$1,244	\$2,103	\$1,690
32	\$654	\$1,326	\$1,000	\$1,721	\$1,472						

The HIPAA Select HMO is offered by Anthem Blue Cross.

Notes:

For Subscriber & Spouse and Family, rates are based on the age of the younger spouse.

For more information, call your agent or Anthem Blue Cross at 800-333-0912.

MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 7

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$366	\$919	\$565	\$1,288	\$906
1	\$326	\$919	\$507	\$1,288	\$841
2	\$293	\$919	\$459	\$1,288	\$787
3	\$265	\$919	\$420	\$1,288	\$745
4	\$248	\$919	\$422	\$1,288	\$745
5	\$247	\$919	\$427	\$1,288	\$750
6	\$242	\$919	\$425	\$1,288	\$750
7	\$241	\$919	\$430	\$1,288	\$758
8	\$240	\$919	\$434	\$1,288	\$765
9	\$242	\$919	\$440	\$1,288	\$776
10	\$245	\$919	\$449	\$1,288	\$791
11	\$249	\$919	\$459	\$1,288	\$808
12	\$253	\$919	\$466	\$1,288	\$820
13	\$256	\$919	\$467	\$1,288	\$828
14	\$260	\$919	\$472	\$1,288	\$841
15	\$264	\$919	\$474	\$1,288	\$849
16	\$272	\$919	\$484	\$1,288	\$866
17	\$288	\$919	\$505	\$1,288	\$893
18	\$303	\$919	\$526	\$1,288	\$920
19	\$413	\$919	\$826	\$1,288	\$1,227
20	\$417	\$913	\$823	\$1,386	\$1,228
21	\$420	\$912	\$818	\$1,445	\$1,228
22	\$437	\$942	\$812	\$1,490	\$1,227
23	\$454	\$974	\$806	\$1,542	\$1,225
24	\$472	\$1,005	\$798	\$1,576	\$1,220
25	\$488	\$1,035	\$815	\$1,587	\$1,239
26	\$504	\$1,064	\$830	\$1,591	\$1,257
27	\$519	\$1,092	\$844	\$1,586	\$1,270
28	\$534	\$1,116	\$857	\$1,577	\$1,283
29	\$548	\$1,137	\$867	\$1,569	\$1,294
30	\$561	\$1,156	\$878	\$1,562	\$1,302
31	\$572	\$1,172	\$886	\$1,551	\$1,309
32	\$583	\$1,183	\$892	\$1,535	\$1,314

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
33	\$594	\$1,194	\$898	\$1,525	\$1,317
34	\$603	\$1,200	\$903	\$1,513	\$1,318
35	\$611	\$1,206	\$906	\$1,510	\$1,318
36	\$617	\$1,208	\$909	\$1,519	\$1,317
37	\$624	\$1,210	\$911	\$1,530	\$1,314
38	\$629	\$1,211	\$911	\$1,819	\$1,309
39	\$635	\$1,210	\$912	\$1,805	\$1,306
40	\$639	\$1,209	\$912	\$1,790	\$1,301
41	\$643	\$1,208	\$912	\$1,773	\$1,297
42	\$646	\$1,207	\$912	\$1,755	\$1,292
43	\$648	\$1,208	\$912	\$1,734	\$1,289
44	\$651	\$1,209	\$912	\$1,737	\$1,285
45	\$653	\$1,213	\$912	\$1,737	\$1,283
46	\$656	\$1,217	\$915	\$1,737	\$1,282
47	\$659	\$1,223	\$918	\$1,735	\$1,283
48	\$663	\$1,231	\$922	\$1,733	\$1,286
49	\$666	\$1,243	\$928	\$1,731	\$1,291
50	\$696	\$1,305	\$959	\$1,754	\$1,323
51	\$694	\$1,304	\$960	\$1,746	\$1,323
52	\$692	\$1,306	\$962	\$1,739	\$1,328
53	\$701	\$1,326	\$976	\$1,746	\$1,343
54	\$712	\$1,350	\$991	\$1,755	\$1,361
55	\$748	\$1,426	\$1,033	\$1,794	\$1,408
56	\$754	\$1,438	\$1,045	\$1,804	\$1,423
57	\$763	\$1,454	\$1,058	\$1,818	\$1,443
58	\$782	\$1,488	\$1,082	\$1,846	\$1,474
59	\$804	\$1,525	\$1,110	\$1,877	\$1,508
60	\$804	\$1,525	\$1,110	\$1,877	\$1,508
61	\$804	\$1,525	\$1,110	\$1,877	\$1,508
62	\$804	\$1,525	\$1,110	\$1,877	\$1,508
63	\$804	\$1,525	\$1,110	\$1,877	\$1,508
64	\$804	\$1,525	\$1,110	\$1,877	\$1,508

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Notes:

For Subscriber & Spouse and Family, rates are based on the age of the younger spouse.

For more information, call your agent or Anthem Blue Cross at 800-333-0912.

No-Obligation Review Period

After you enroll in an Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company health plan, you will receive an Evidence of Coverage/Certificate booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You have 10 full days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your Evidence of Coverage/Certificate booklet along with a letter notifying us that you wish to discontinue coverage. Evidence of Coverage/Certificate booklets are available for you to examine prior to enrolling by contacting your agent or calling Anthem Blue Cross at 800-333-0912. Once you enroll in an Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company HIPAA plan, you will have 30 days from the date of enrollment to change to a different HIPAA plan. Your effective date will be the same as the date of your original enrollment. No further changes will be allowed after you have been enrolled for 30 days.

Incurred Medical Care Ratio

As required by law, we are advising you that Anthem Blue Cross' incurred medical care ratio for 2009 was 83.44 percent. The 2009 medical care ratio for Anthem Blue Cross Life and Health Insurance Company was 78.4 percent. These ratios were calculated after provider discounts were applied and based on regulatory rules and regulations.

**This brochure provides a brief summary of benefits and services.
If there is any difference between this brochure and the Policy, the Policy will prevail.**



The HIPAA HMO Saver and HIPAA Select HMO plans are offered by Anthem Blue Cross. The HIPAA Basic PPO 1000 and the HIPAA PPO 5000 Share plans are offered by Anthem Blue Cross Life and Health Insurance Company.

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