



NORTHERN CALIFORNIA



Plan Rates 2010

Northern California		Effective Jan. 1, 2010		Group: 67691K	
Health Net HMO Lo Option Plan 2L3 (replaces 32M)					
<i>Available in all other Counties not included in Southern California</i>					
	EE Only	EE + 1	Family		
Total Billed	\$695.12	\$1,445.69	\$1,969.86		
Office Co-Pay	\$20	Surgery	100%		
Inpatient Hospital	30%	X-ray & Lab	100%		
Out-of-Pocket Max	\$2,000	Mental/Nervous	Yes		
Rx Co-Pays	\$10/\$25/\$50	ER Room	\$100		

Northern California		Effective Jan. 1, 2010		Group: 67691F	
Health Net HMO Option Plan 91C (replaces 32B)					
<i>Available in all other Counties not included in Southern California</i>					
	EE Only	EE + 1	Family		
Total Billed	\$664.49	\$1,380.11	\$1,879.86		
Office Co-Pay	\$30	Surgery (Prof)	100%		
Inpatient Hospital	20%	X-ray & Lab	100%		
Out-of-Pocket Max	\$3,500	Mental/Nervous	Yes		
Rx Co-Pays	\$10/\$25/\$50	ER Room	\$200		

Northern California		Effective Jan. 1, 2010		Group: 67691M	
Health Net HMO Option Plan 91D					
<i>Available in all other Counties not included in Southern California</i>					
	EE Only	EE + 1	Family		
Total Billed	\$640.20	\$1,328.14	\$1,808.55		
Office Co-Pay	\$50	Surgery (Prof)	100%		
Inpatient Hospital	20%	X-ray & Lab	100%		
Out-of-Pocket Max	\$3,500	Mental/Nervous	Yes		
Rx Co-Pays	\$10/\$25/\$50	ER Room	\$250		



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Northern California Health Net PPO Option Plan 89H	Effective Jan. 1, 2010	Group: N4091B	
<i>Available in all other Counties not included in Southern California</i>			
Total Billed	EE Only	EE + 1	Family
	\$843.00	\$1,762.18	\$2,404.11
Annual Deductible	\$500	Family Max	\$1,500
Office Co-Pay	\$30 or 40%	Surgery	20%/40%
Inpatient Hospital - \$250 co-pay	20%/40%	X-ray & Lab	20%/40%
Out-of-Pocket Max - Network	\$4,000	Non-Network	\$8,000
Rx Co-Pays	\$10/\$35/\$50	Mental/Nervous	Yes

Northern California Health Net PPO Option Plan 4C9	Effective Jan. 1, 2010	Group: N4091D	
<i>Available in all other Counties not included in Southern California</i>			
Total Billed	EE Only	EE + 1	Family
	\$815.32	\$1,712.71	\$2,336.96
Annual Deductible	\$1,500	Family Max	\$4,500
Office Co-Pay	\$20 or 40%	Surgery	20%/40%
Inpatient Hospital - \$250 co-pay	20%/40%	X-ray & Lab	20%/40%
Out-of-Pocket Max - Network	\$3,000	Non-Network	\$6,000
Rx Co-Pays	\$10/\$35/\$50	Mental/Nervous	Yes



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Plan Rates 2010

Kaiser Northern California

Effective Nov. 1, 2009

Group: 602274

Available in all other Counties not included in Southern California

	EE Only	EE + Spouse	EE + Child(ren)	Family
Total Billed	\$589.05	\$1,215.69	\$1,038.23	\$1,892.23
Office Co-Pay	\$30	Surgery	\$250 for O.P.	
Inpatient Hospital	\$250	X-ray & Lab	\$10 Co-Pay	
Out-of-Pocket Max	\$3,000	Mental/Nervous	Yes	
Rx Co-Pays	\$10/\$30	ER Room	\$150 Co-Pay	



NORTHERN CALIFORNIA



Within reach, beyond expectation.

Plan Rates 2009

Western Health Northern California

Premier 20 Rxe

Effective 2-1-2009 to 1-31-2010

Group:

Available in selected parts of Sacramento, Yolo, Placer, Solano, and El Dorado Counties.

Please see Service Area Map.

Age Band	EE Only	EE + Spouse	EE + Child(ren)	Family
Under 30	\$318.05	\$638.39	\$727.17	\$1,059.38
30 - 39	\$357.70	\$734.30	\$787.11	\$1,218.49
40 - 49	\$416.66	\$867.72	\$820.29	\$1,304.68
50 - 54	\$552.17	\$1,071.53	\$955.86	\$1,442.32
55 - 59	\$660.79	\$1,254.31	\$1,074.52	\$1,578.08
60 - 64	\$795.63	\$1,527.42	\$1,256.29	\$1,857.28
65+	\$792.91	\$1,578.47	\$1,252.22	\$1,857.98
Office Co-Pay	\$20	Surgery	\$20/visit in office	\$100/visit facility
Inpatient Hospital	100%	X-ray & Lab	100%	
Out-of-Pocket Max	\$1,500/\$2,500	Mental/Nervous	\$20	
Rx Co-Pays	\$10/\$20/\$30			



NORTHERN CALIFORNIA



Within reach, beyond expectation.

Plan Rates 2009

Western Health Northern California

Advantage 40 Rxe

Effective 2-1-2009 to 1-31-2010

Group:

Available in selected parts of Sacramento, Yolo, Placer, Solano, and El Dorado Counties.

Please see Service Area Map.

Age Band	EE Only	EE + Spouse	EE + Child(ren)	Family
Under 30	\$245.83	\$485.17	\$551.49	\$799.71
30 - 39	\$275.46	\$556.80	\$596.27	\$918.55
40 - 49	\$319.51	\$656.49	\$621.07	\$982.96
50 - 54	\$420.75	\$808.77	\$722.36	\$1,085.79
55 - 59	\$501.90	\$945.32	\$810.99	\$1,187.20
60 - 64	\$602.65	\$1,149.37	\$946.79	\$1,395.81
65+	\$600.60	\$1,165.10	\$943.76	\$1,396.32
Office Co-Pay	\$40	Surgery	\$40/visit in office	30% copay facility
Inpatient Hospital	30% copay	X-ray & Lab	100%	
Out-of-Pocket Max	\$3,000/\$5,000	Mental/Nervous	\$40	
Rx Co-Pays	\$10/\$30/\$50			