



Plan Rates 2009 / 2010

HMO		Effective Feb. 1, 2009		Group: 2001AA(wRx)	
<i>Available in Los Angeles, Orange and San Bernardino counties only.</i>					
Total Billed	EE Only	EE + Spouse	EE + 1	Family	
	\$467.44	\$975.92	\$840.40	\$1,411.60	
Office Co-Pay	\$20	Surgery	\$20 for O.P.		
Inpatient Hospital	\$250	X-ray & Lab	20%		
Out-of-Pocket Max	\$2,000/\$4,000	Mental/Nervous	20%		
Rx Co-Pays	\$10/\$20	ER Room	\$50 or 50%		

HMO		Effective Feb. 1, 2010		Group: 2001AA(wRx)	
<i>Available in Los Angeles, Orange and San Bernardino counties only.</i>					
Total Billed	EE Only	EE + Spouse	EE + 1	Family	
	\$531.49	\$1,110.89	\$954.84	\$1,603.17	
Office Co-Pay	\$20	Surgery	\$20 for O.P.		
Inpatient Hospital	\$250	X-ray & Lab	20%		
Out-of-Pocket Max	\$2,000/\$4,000	Mental/Nervous	20%		
Rx Co-Pays	\$10/\$20	ER Room	\$50 or 50%		

HMO		Effective Aug. 1, 2010		Group: 2001AA(wRx)	
<i>Available in Los Angeles, Orange and San Bernardino counties only.</i>					
Total Billed	EE Only	EE + Spouse	EE + 1	Family	
	\$580.77	\$1,216.01	\$1,044.63	\$1,757.56	
Office Co-Pay	\$20	Surgery	\$20 for O.P.		
Inpatient Hospital	\$250	X-ray & Lab	20%		
Out-of-Pocket Max	\$2,000/\$4,000	Mental/Nervous	20%		
Rx Co-Pays	\$10/\$20	ER Room	\$50 or 50%		