



Plan Rates 2009

Delta Preferred <i>(available Statewide)</i>	Effective 3-1-2009 to 12-31-2010	PPO Group: 2733-0001		
		EE Only	EE + 1	Family
Total Billed		\$45.29	\$85.75	\$144.61
Waiting Period	Preventive None	Basic 12 months	Major 12 months	
Plan Maximum	\$1,000			
Deductible	\$50 per person			

DeltaCare® Plan A06-B	Effective 3-1-2009 to 12-31-2010	DHMO Group: 5535-0001		
<i>Available in the following Counties: Alameda, Contra Costa, Fresno, Los Angeles, Kern, Mariposa, Orange, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Ventura</i>				
		EE Only	EE + 1	Family
Total Billed		\$20.51	\$31.73	\$43.63
Waiting Period	Preventive None	Basic None	Major None	
Plan Maximum	None			
Deductible	None			

DeltaCare® Plan A06-C	Effective 3-1-2009 to 12-31-2010	DHMO Group: 5535-0002		
<i>Available in all other Counties:</i>				
		EE Only	EE + 1	Family
Total Billed		\$31.68	\$50.93	\$71.44
Waiting Period	Preventive None	Basic None	Major None	
Plan Maximum	None			
Deductible	None			