

NORTHERN CALIFORNIA



HMO Plan Rates 2010

Northern California Effective Jan. 1, 2010 Group: 67691K
HMO Lo Option Plan 2L3 (replaces 32M)

Available in all other Counties not mentioned for Southern California:

Total Billed	EE Only	EE + 1	Family
		\$695.12	\$1,445.69
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
HMO Lo Option Plan 91C (replaces 32B)

Available in all other Counties not mentioned for Southern California:

Total Billed	EE Only	EE + 1	Family
		\$664.49	\$1,380.11
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
HMO Option Plan 91D

Available in all other Counties not mentioned for Southern California:

Total Billed	EE Only	EE + 1	Family
		\$640.20	\$1,328.14
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

NORTHERN CALIFORNIA



PPO Plan Rates 2010

Northern California Effective Jan. 1, 2010 **Group: 15343D**
PPO Option Plan 89H

Available in all other Counties not mentioned for Southern California:

	EE Only	EE + 1	Family
Total Billed	\$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	\$4,000	Non-Network	\$8,000
Rx Co-Pays	\$10/\$35/\$50	Mental/Nervous	Yes

Northern California Effective Jan. 1, 2010 **Group: 15343F**
PPO Option Plan 4C9

Available in all other Counties not mentioned for Southern California:

	EE Only	EE + 1	Family
Total Billed	\$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	\$3,000	Non-Network	\$6,000
Rx Co-Pays	\$10/\$35/\$50	Mental/Nervous	Yes