



Plan Rates 2010

LIMITED UNDERWRITING PLAN
 (subject to preexisting condition exclusions)
 (requires completion of Health Questionnaire)

Southern California		Effective Nov. 1, 2009		Group: 228614
<i>Available in the following Counties: San Diego, Orange, Riverside, Los Angeles, San Bernardino, Ventura and Kern Counties</i>				
	EE Only	EE + Spouse	EE + Child(ren)	Family
Total Billed	\$520.32	\$1,068.15	\$913.01	\$1,659.62
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		Effective Nov. 1, 2009		Group: 602274
<i>Available in all other Counties:</i>				
	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	