



Plan Rates 2012

Delta Preferred <i>(available Statewide)</i>		Effective 1-1-2012 to 12-31-2012		PPO Group: 2733-0001
		EE Only	EE + 1	Family
Total Billed		\$54.85	\$103.72	\$174.79
Waiting Period	Preventive None	Basic 12 months	Major 12 months	
Plan Maximum	\$1,000			
Deductible	\$50 per person			

DeltaCare® Plan A06-B		Effective 1-1-2012 to 12-31-2012		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		\$20.98	\$32.53	\$44.79
Waiting Period	Preventive None	Basic None	Major None	
Plan Maximum	None			
Deductible	None			

DeltaCare® Plan A06-C		Effective 1-1-2012 to 12-31-2012		DHMO Group: 5535-0002
<i>Available in all other Counties:</i>				
		EE Only	EE + 1	Family
Total Billed		\$32.48	\$52.31	\$73.43
Waiting Period	Preventive None	Basic None	Major None	
Plan Maximum	None			
Deductible	None			