

## NORTHERN CALIFORNIA



### HMO Plan Rates 2012

**Northern California** Effective Jan. 1, 2012 Group: 67691F  
**HMO Plan 2ST (replaces 91C)**

*Available in all other Counties not mentioned for Southern California:*

Total Billed	EE Only	EE + 1	Family
		<b>\$939.13</b>	<b>\$1,949.00</b>
Office Co-Pay	\$30	Surgery	100%
Inpatient Hospital	20%	X-ray & Lab	100%
Out-of-Pocket Max	\$3,500	Mental/Nervous	\$30
Rx Co-Pays	\$15/\$30/\$50	ER Room	\$200

**Northern California** Effective Jan. 1, 2012 Group: 67691K  
**HMO Plan 1YM (new plan)**

*Available in all other Counties not mentioned for Southern California:*

Total Billed	EE Only	EE + 1	Family
		<b>\$936.49</b>	<b>\$1,943.35</b>
Office Co-Pay	\$40	Surgery (Prof)	100%
Inpatient Hospital	20%	X-ray & Lab	100%
Out-of-Pocket Max	\$2,000	Mental/Nervous	\$20
Rx Co-Pays	\$15/\$30/\$50	ER Room	\$100

**Northern California** Effective Jan. 1, 2012 Group: 67691M  
**HMO Plan 2SU (replaces 91D)**

*Available in all other Counties not mentioned for Southern California:*

Total Billed	EE Only	EE + 1	Family
		<b>\$893.10</b>	<b>\$1,850.53</b>
Office Co-Pay	\$50	Surgery (Prof)	100%
Inpatient Hospital	20%	X-ray & Lab	100%
Out-of-Pocket Max	\$3,500	Mental/Nervous	\$50
Rx Co-Pays	\$15/\$30/\$50	ER Room	\$250

**NORTHERN CALIFORNIA**



**PPO Plan Rates 2012**

<b>Northern California</b>	<b>Effective Jan. 1, 2012</b>		<b>Group: N4091D</b>
<b>PPO Plan 4HW (new plan)</b>			
<i>Available in all other Counties not mentioned for Southern California:</i>			
	<b>EE Only</b>	<b>EE + 1</b>	<b>Family</b>
<b>Total Billed</b>	<b>\$1,053.75</b>	<b>\$2,194.29</b>	<b>\$2,990.85</b>
Annual Deductible	\$1,500	Family Max	\$4,500
Office Co-Pay	\$20 or 40%	Surgery	20%/40%
Inpatient Hospital - \$250 co-pay	20%/\$500+40%	X-ray & Lab	20%/40%
Out-of-Pocket Max (3x family max)	\$3,000	Non-Network	\$6,000
Rx Co-Pays	\$15/\$35/\$60	Mental/Nervous	Yes

<b>Northern California</b>	<b>Effective Jan. 1, 2012</b>		<b>Group: N4091B</b>
<b>PPO Plan 2AT (new plan)</b>			
<i>Available in all other Counties not mentioned for Southern California:</i>			
	<b>EE Only</b>	<b>EE + 1</b>	<b>Family</b>
<b>Total Billed</b>	<b>\$961.81</b>	<b>\$1,997.54</b>	<b>\$2,720.89</b>
Annual Deductible	\$2,000	Family Max	\$6,000
Office Co-Pay	\$30 or 50%	Surgery	30%/50%
Inpatient Hospital - \$250 co-pay	30%/50%	X-ray & Lab	30%/50%
Out-of-Pocket Max (3x family max)	\$4,000	Non-Network	\$8,000
Rx Co-Pays	\$15/\$35/\$60	Mental/Nervous	Yes