



HEALTH | DENTAL | VISION | LIFE

2-50 Small Group EmployeeChoice Monthly Rates

Updated Rates – Effective January 1, 2012

Complete rates for health, dental, vision and life products,
including our newest plans

Offered by Anthem Blue Cross:

Health Plans

PPO \$30 Copay
Premier PPO \$20 Copay
Saver \$20 HMO
Lumenos HSA 3500 (80/50)
Lumenos HSA 3500 (80/50) MHP

Dental Plans

Dental Net DHMO
Voluntary Dental Saver Select DHMO

Offered by Anthem Blue Cross Life and Health Insurance Company:

Health Plans

PPO \$35 Copay GenRx

Dental Plans

Dental Blue Silver 100-80
Dental Blue Silver Plus 100-80
Dental Blue Gold 100-80
Dental Blue Gold Plus 100-80
Dental Blue Platinum 100-80
Dental Blue Platinum Plus 100-80
Basic Option Dental PPO
Standard Option Dental PPO
High Option Dental PPO
Voluntary Dental PPO

Vision Plans

Blue ViewSM
Blue View Plus
Voluntary Blue View
Voluntary Blue View Plus

Life Plans

Basic Term Life and AD&D Coverage
Optional Dependent Life Coverage
Supplemental Life Coverage

Health rates are subject to regulatory review.

Small Group 1.0 RAF health rates

Medical Rating Area Definitions - PPO

The following indicate rating area by county and ZIP code for the PPO plans. The employee's home address determines the rating area. If there is a question regarding area availability, please call your local agent or Anthem Blue Cross at 800-627-8797.

AREA 1:	Amador (except 95629,95646), Calaveras , Mono, Monterey
AREA 2:	Alpine, Amador (95646 only), Butte (95980 only), Del Norte, El Dorado (ZIP codes beginning with 961), Inyo , Lassen, Marin, Modoc, Nevada, Placer , Plumas, Sacramento (94243,94253,95857,95873), San Benito , San Joaquin , San Mateo, Shasta, Sierra , Siskiyou, Solano, Stanislaus (except 95329), Tehama , Trinity
AREA 3:	Alameda , Amador (95629 only), Butte (except 95980), Colusa, Contra Costa, El Dorado (ZIP codes beginning with 956, 957), Glenn, Humboldt, Lake, Mendocino, Napa , Sacramento (except 94243,94253,95857,95873), San Francisco, Santa Clara, Santa Cruz, Sonoma, Stanislaus (95329 only), Sutter, Tuolumne, Yolo, Yuba
AREA 4:	Orange, Riverside (92883 only)
AREA 5:	Los Angeles (except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (ZIP codes beginning with 913 only)
AREA 6:	Imperial, Los Angeles (91798 only), Riverside (except 92883), San Bernardino (except 93558), San Diego
AREA 7:	Fresno (except 93628), Kern, Kings, Madera, Mariposa, Merced, San Bernardino (93558 only), Tulare
AREA 8:	San Luis Obispo, Santa Barbara, Ventura (except ZIP codes beginning with 913)
AREA 9:	Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935)

Small Group 1.0 RAF health rates

Medical Rating Area Definitions - HMO (except Select HMO)

The following indicate rating area by county and ZIP code for the HMO plans, except for the Select HMO plans. The employee's home address determines the rating area. If there is a question regarding area availability, please call your local agent or Anthem Blue Cross at 800-627-8797.

AREA 1:	Not Available
AREA 2:	Marin, Nevada (except 95724, 95728, 96111, 96160-96162), Placer (except 96140,96141,96143,96145,96146,96148), Sacramento (94243,94253,95857,95873 only), San Benito (except 95043), San Joaquin, San Mateo, Solano, Stanislaus (except 95329)
AREA 3:	Alameda , Contra Costa, El Dorado (ZIP codes beginning with 956, 957 except 95720, 95721, 95735,96142,96150-96152, 96154-96158), Humboldt, Sacramento (except 94243,94253,95857,95873), San Francisco, Santa Clara, Santa Cruz, Sonoma (except 95412, 95480, 95497), Stanislaus (95329 only), Yolo
AREA 4:	Orange, Riverside (92883 only)
AREA 5:	Los Angeles (except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (ZIP codes beginning with 913 only)
AREA 6:	Imperial (except 92222, 92266, 92283), Los Angeles (91798 only), Riverside (except 92225, 92226, 92239, 92883), San Bernardino* (except - see note *), San Diego (except 92004)
AREA 7:	Fresno (except 93628), Kern (except 93555,93556), Kings, Madera, Merced, Tulare
AREA 8:	San Luis Obispo, Santa Barbara , Ventura (except ZIP codes beginning with 913)
AREA 9:	Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90704)

* The following San Bernardino zip codes are excluded from HMO coverage: 92242, 92267, 92280, 92304, 92309, 92310, 92317, 92321, 92322, 92323, 92325, 92326, 92327, 92332, 92338, 92352, 92363-92366, 92378, 92385, 92391, 93558, 93562, 93592)

How to convert these 1.0 RAF rates to other RAFs:

This file includes the Standard Employee Risk Rates (SERR) or 1.00 Risk Adjustment Factor (RAF) rates for all rating areas for small group health plans. The following calculations are provided to assist you in obtaining the monthly rates for RAFs other than 1.00. **TO OBTAIN ANOTHER RAF RATE, MULTIPLY THE 1.00 STANDARD RATE BY THE RAF.**

Examples:

To obtain 0.90 RAF rates, multiply the 1.00 standard rates by 0.90. If the result is not a whole dollar amount, round up to the next higher whole dollar amount.

Example: 1.00 standard rate is \$206.00.

$\$206.00 \times 0.90 = \185.40 . The 0.90 RAF rate would be \$186.00.

To obtain 1.10 RAF rates, multiply the 1.00 standard rates by 1.10. If the result is not a whole dollar amount, round down to the next lower whole dollar amount.

Example: 1.00 standard rate is \$206.00.

$\$206.00 \times 1.10 = \226.60 . The 1.10 RAF rate would be \$226.00.

To obtain all other RAF rates, multiply the 1.00 standard rates by the particular RAF. If the result is not a whole dollar amount, round to the (amounts with 50 cents or more, round up; amounts with 49 cents or less, round down).

.93 RAF example: 1.00 standard rate is \$206.00.

$\$206.00 \times 0.93 = \191.58 . The 0.93 RAF rate would be \$192.00.

1.05 RAF example: 1.00 standard rate is \$206.00.

$\$206.00 \times 1.05 = \216.30 . The 1.05 RAF rate would be \$216.00.

Anthem Blue Cross Small Group Employee Choice Health Rates

Rates rounded to whole dollars

AREA 1 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx	Lumenos HSA 3500 (80/50)	Lumenos HSA 3500 (80/50) MHP	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$862	\$621	\$376	\$335	\$336	n/a
	30 - 39	1,057	788	467	447	450	n/a
	40 - 49	1,414	1,038	629	650	652	n/a
	50 - 54	1,901	1,392	846	783	786	n/a
	55 - 59	2,332	1,721	1,041	995	998	n/a
	60 - 64	2,981	2,205	1,333	1,249	1,254	n/a
	65+ PRIMARY	3,485	2,568	1,559	1,627	1,632	n/a
	65+ SECONDARY	1,450	1,080	652	924	927	n/a
EMPLOYEE & SPOUSE	AGE - under 30	\$2,500	\$1,842	\$1,114	\$706	\$709	n/a
	30 - 39	2,940	2,164	1,301	960	964	n/a
	40 - 49	2,850	2,116	1,281	1,331	1,337	n/a
	50 - 54	3,956	2,923	1,761	1,623	1,630	n/a
	55 - 59	4,895	3,611	2,184	2,059	2,068	n/a
	60 - 64	5,876	4,335	2,618	2,515	2,525	n/a
	65+ PRIMARY	8,266	6,099	3,684	3,096	3,109	n/a
	65+ SECONDARY	3,901	2,868	1,726	1,842	1,850	n/a
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,955	\$1,427	\$867	\$653	\$656	n/a
	30 - 39	2,103	1,547	935	817	822	n/a
	40 - 49	2,190	1,609	972	1,065	1,070	n/a
	50 - 54	2,603	1,908	1,156	1,173	1,177	n/a
	55 - 59	3,097	2,282	1,375	1,338	1,343	n/a
	60 - 64	3,806	2,805	1,695	1,555	1,562	n/a
	65+ PRIMARY	4,252	3,142	1,886	1,957	1,964	n/a
	65+ SECONDARY	1,669	1,251	750	1,342	1,346	n/a
FAMILY	AGE - under 30	\$2,891	\$2,142	\$1,295	\$993	\$995	n/a
	30 - 39	3,243	2,400	1,446	1,297	1,301	n/a
	40 - 49	3,695	2,732	1,647	1,668	1,675	n/a
	50 - 54	4,378	3,235	1,952	1,744	1,750	n/a
	55 - 59	5,320	3,921	2,373	2,214	2,222	n/a
	60 - 64	6,694	4,929	2,985	2,611	2,622	n/a
	65+ PRIMARY	8,588	6,343	3,830	3,309	3,321	n/a
	65+ SECONDARY	4,059	2,991	1,805	1,953	1,960	n/a

Monthly rates effective January 1, 2012

AREA 2 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx	Lumenos HSA 3500 (80/50)	Lumenos HSA 3500 (80/50) MHP	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$649	\$506	\$294	\$268	\$269	\$593
	30 - 39	821	627	371	358	360	757
	40 - 49	1,086	843	506	518	519	808
	50 - 54	1,462	1,131	676	619	622	1,031
	55 - 59	1,787	1,394	824	792	794	1,310
	60 - 64	2,315	1,794	1,067	992	995	1,716
	65+ PRIMARY	2,963	2,302	1,364	1,292	1,296	2,073
	65+ SECONDARY	1,235	960	569	733	736	1,461
EMPLOYEE & SPOUSE	AGE - under 30	\$1,911	\$1,490	\$880	\$560	\$562	\$1,484
	30 - 39	2,246	1,747	1,037	762	764	1,754
	40 - 49	2,238	1,734	1,034	1,056	1,060	1,895
	50 - 54	3,061	2,366	1,398	1,289	1,295	1,984
	55 - 59	3,778	2,931	1,737	1,634	1,640	2,816
	60 - 64	4,617	3,590	2,132	1,999	2,007	3,007
	65+ PRIMARY	6,934	5,397	3,192	2,460	2,471	4,192
	65+ SECONDARY	3,247	2,522	1,500	1,461	1,468	3,472
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,496	\$1,160	\$687	\$521	\$522	\$1,453
	30 - 39	1,612	1,249	742	651	653	1,607
	40 - 49	1,695	1,310	781	844	847	1,586
	50 - 54	2,004	1,562	914	928	932	1,595
	55 - 59	2,375	1,841	1,090	1,062	1,065	1,871
	60 - 64	2,937	2,283	1,348	1,236	1,242	2,302
	65+ PRIMARY	3,633	2,818	1,667	1,553	1,557	2,650
	65+ SECONDARY	1,435	1,104	664	1,064	1,070	1,801
FAMILY	AGE - under 30	\$2,223	\$1,723	\$1,027	\$787	\$790	\$2,043
	30 - 39	2,497	1,937	1,152	1,031	1,034	2,379
	40 - 49	2,856	2,218	1,310	1,326	1,331	2,503
	50 - 54	3,382	2,619	1,557	1,385	1,390	2,859
	55 - 59	4,094	3,185	1,889	1,758	1,766	3,168
	60 - 64	5,168	4,020	2,386	2,074	2,080	3,796
	65+ PRIMARY	7,271	5,641	3,350	2,628	2,638	4,979
	65+ SECONDARY	3,420	2,649	1,566	1,548	1,555	4,002

Monthly rates effective January 1, 2012

Area 1 - Medical Rating Area Definitions - PPO - Amador (except 95629,95646), Calaveras , Mono, Monterey

Area 1 - Medical Rating Area Definitions - HMO (except Select HMO) Not Available

65+ PRIMARY: Anthem Blue Cross is primary to Medicare. 65+ SECONDARY: Anthem Blue Cross is secondary to Medicare.

Area 2 - Medical Rating Area Definitions - PPO - Alpine, Amador (95646 only), Butte (95980 only), Del Norte, El Dorado (ZIP codes beginning with 961), Inyo, Lassen, Marin, Modoc, Nevada, Placer , Plumas, Sacramento (94243,94253,95857,95873), San Benito , San Joaquin , San Mateo, Shasta, Sierra , Siskiyou, Solano, Stanislaus (except 95329), Tehama , Trinity

Area 2 - Medical Rating Area Definitions - HMO (except Select HMO) - Marin, Nevada (except 95724, 95728, 96111, 96160-96162), Placer (except 96140, 96141, 96143, 96145, 96146, 96148), Sacramento (94243, 94253, 95857, 95873 only), San Benito (except 95043), San Joaquin, San Mateo, Solano, Stanislaus (except 95329)

AREA 3 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx	Lumenos HSA 3500 (80/50)	Lumenos HSA 3500 (80/50) MHP	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$584	\$444	\$266	\$238	\$238	\$543
	30 - 39	719	545	323	317	318	671
	40 - 49	961	730	439	457	460	738
	50 - 54	1,293	981	580	549	551	921
	55 - 59	1,592	1,208	720	699	703	1,172
	60 - 64	2,075	1,575	937	876	878	1,574
	65+ PRIMARY	2,573	1,958	1,162	1,142	1,147	2,028
	65+ SECONDARY	1,164	871	522	648	651	1,475
EMPLOYEE & SPOUSE	AGE - under 30	\$1,698	\$1,289	\$765	\$495	\$496	\$1,378
	30 - 39	1,993	1,523	903	673	675	1,645
	40 - 49	1,992	1,523	902	936	939	1,804
	50 - 54	2,713	2,059	1,221	1,141	1,146	1,864
	55 - 59	3,342	2,541	1,508	1,445	1,449	2,633
	60 - 64	4,147	3,149	1,870	1,766	1,771	2,877
	65+ PRIMARY	6,017	4,571	2,716	2,171	2,181	4,147
	65+ SECONDARY	3,049	2,319	1,378	1,292	1,295	3,528
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,316	\$1,002	\$593	\$462	\$463	\$1,301
	30 - 39	1,438	1,087	649	573	576	1,456
	40 - 49	1,498	1,146	680	747	751	1,451
	50 - 54	1,779	1,354	800	822	824	1,439
	55 - 59	2,107	1,590	951	940	944	1,668
	60 - 64	2,639	2,004	1,190	1,091	1,094	2,097
	65+ PRIMARY	3,152	2,388	1,415	1,371	1,376	2,616
	65+ SECONDARY	1,344	1,020	607	941	945	1,817
FAMILY	AGE - under 30	\$1,970	\$1,495	\$887	\$697	\$700	\$1,831
	30 - 39	2,217	1,681	996	911	916	2,135
	40 - 49	2,540	1,925	1,147	1,171	1,175	2,276
	50 - 54	3,002	2,278	1,354	1,223	1,228	2,582
	55 - 59	3,623	2,756	1,632	1,554	1,558	2,852
	60 - 64	4,642	3,519	2,095	1,832	1,837	3,463
	65+ PRIMARY	6,325	4,799	2,859	2,323	2,332	4,918
	65+ SECONDARY	3,201	2,443	1,438	1,369	1,373	4,080

Monthly rates effective January 1, 2012

Area 3 - Medical Rating Area Definitions - PPO - Alameda , Amador (95629 only), Butte (except 95980), Colusa, Contra Costa, El Dorado (ZIP codes beginning with 956, 957), Glenn, Humboldt, Lake, Mendocino, Napa , Sacramento (except 94243,94253,95857,95873), San Francisco, Santa Clara, Santa Cruz, Sonoma, Stanislaus (95329 only), Sutter, Tuolumne, Yolo, Yuba

Area 3 - Medical Rating Area Definitions - HMO (except Select HMO) - Alameda , Contra Costa, El Dorado (ZIP codes beginning with 956, 957 except 95720, 95721, 95735,96142,96150-96152, 96154-96158), Humboldt, Sacramento (except 94243,94253,95857,95873), San Francisco, Santa Clara, Santa Cruz, Sonoma (except 95412, 95480, 95497), Stanislaus (95329 only), Yolo

AREA 4 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx	Lumenos HSA 3500 (80/50)	Lumenos HSA 3500 (80/50) MHP	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$633	\$482	\$279	\$262	\$262	\$421
	30 - 39	798	598	351	349	350	526
	40 - 49	1,071	810	471	503	505	585
	50 - 54	1,444	1,089	637	609	611	731
	55 - 59	1,765	1,344	789	772	776	929
	60 - 64	2,320	1,762	1,031	968	972	1,244
	65+ PRIMARY	3,048	2,313	1,361	1,258	1,264	1,646
	65+ SECONDARY	1,357	1,033	601	715	717	1,221
EMPLOYEE & SPOUSE	AGE - under 30	\$1,891	\$1,437	\$845	\$548	\$549	\$1,084
	30 - 39	2,228	1,688	993	741	744	1,289
	40 - 49	2,227	1,698	995	1,031	1,034	1,422
	50 - 54	3,039	2,303	1,351	1,256	1,262	1,475
	55 - 59	3,747	2,846	1,671	1,594	1,601	2,074
	60 - 64	4,663	3,541	2,076	1,946	1,954	2,276
	65+ PRIMARY	7,169	5,448	3,194	2,398	2,406	3,355
	65+ SECONDARY	3,630	2,763	1,617	1,428	1,432	2,894
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,465	\$1,109	\$655	\$506	\$509	\$1,019
	30 - 39	1,586	1,207	708	637	639	1,147
	40 - 49	1,662	1,269	749	825	829	1,145
	50 - 54	1,979	1,502	881	906	909	1,139
	55 - 59	2,343	1,777	1,043	1,036	1,040	1,321
	60 - 64	2,958	2,248	1,319	1,207	1,210	1,658
	65+ PRIMARY	3,744	2,837	1,664	1,514	1,520	2,122
	65+ SECONDARY	1,573	1,195	707	1,039	1,043	1,494
FAMILY	AGE - under 30	\$2,189	\$1,663	\$974	\$771	\$775	\$1,441
	30 - 39	2,478	1,876	1,102	1,007	1,012	1,689
	40 - 49	2,831	2,154	1,269	1,294	1,300	1,807
	50 - 54	3,359	2,554	1,494	1,350	1,355	2,028
	55 - 59	4,052	3,077	1,806	1,714	1,720	2,238
	60 - 64	5,206	3,954	2,322	2,020	2,028	2,732
	65+ PRIMARY	7,514	5,708	3,349	2,563	2,573	3,976
	65+ SECONDARY	3,800	2,891	1,692	1,511	1,517	3,341

Monthly rates effective January 1, 2012

Area 4 - Medical Rating Area Definitions - PPO - Orange, Riverside (92883 only)

Area 4 - Medical Rating Area Definitions - HMO (except Select HMO) - Orange, Riverside (92883 only)

65+ PRIMARY: Anthem Blue Cross is primary to Medicare. 65+ SECONDARY: Anthem Blue Cross is secondary to Medicare.

Anthem Blue Cross Small Group Employee Choice Health Rates

Rates rounded to whole dollars

AREA 5 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx	Lumenos HSA 3500 (80/50)	Lumenos HSA 3500 (80/50) MHP	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$688	\$526	\$312	\$280	\$282	\$400
	30 - 39	864	663	393	379	380	489
	40 - 49	1,163	891	523	546	549	543
	50 - 54	1,575	1,209	708	656	658	677
	55 - 59	1,930	1,469	873	837	839	856
	60 - 64	2,533	1,940	1,149	1,047	1,052	1,151
	65+ PRIMARY	3,043	2,340	1,381	1,359	1,364	1,451
	65+ SECONDARY	1,343	1,025	611	778	780	1,094
EMPLOYEE & SPOUSE	AGE - under 30	\$2,061	\$1,571	\$935	\$593	\$596	\$1,014
	30 - 39	2,426	1,861	1,102	805	808	1,196
	40 - 49	2,426	1,868	1,102	1,117	1,120	1,318
	50 - 54	3,311	2,535	1,499	1,358	1,362	1,357
	55 - 59	4,070	3,117	1,853	1,728	1,736	1,912
	60 - 64	5,076	3,889	2,297	2,113	2,123	2,112
	65+ PRIMARY	7,157	5,485	3,244	2,600	2,610	2,951
	65+ SECONDARY	3,614	2,778	1,640	1,546	1,553	2,570
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,599	\$1,226	\$725	\$549	\$551	\$955
	30 - 39	1,733	1,333	781	685	687	1,054
	40 - 49	1,824	1,393	828	891	896	1,055
	50 - 54	2,161	1,662	988	982	985	1,045
	55 - 59	2,565	1,956	1,160	1,123	1,127	1,213
	60 - 64	3,219	2,468	1,463	1,304	1,308	1,536
	65+ PRIMARY	3,732	2,857	1,691	1,643	1,649	1,873
	65+ SECONDARY	1,570	1,205	708	1,127	1,131	1,333
FAMILY	AGE - under 30	\$2,396	\$1,829	\$1,081	\$833	\$837	\$1,342
	30 - 39	2,704	2,069	1,225	1,091	1,094	1,555
	40 - 49	3,107	2,382	1,405	1,400	1,407	1,668
	50 - 54	3,679	2,821	1,665	1,467	1,472	1,887
	55 - 59	4,426	3,392	2,010	1,857	1,865	2,078
	60 - 64	5,692	4,361	2,578	2,191	2,199	2,531
	65+ PRIMARY	7,502	5,751	3,404	2,778	2,789	3,511
	65+ SECONDARY	3,787	2,905	1,725	1,636	1,644	2,973

Area 5 - Medical Rating Area Definitions - PPO - Los Angeles (except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (ZIP codes beginning with 913 only)

Area 5 - Medical Rating Area Definitions - HMO (except Select HMO) - Los Angeles (except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (ZIP codes beginning with 913 only)

65+ PRIMARY: Anthem Blue Cross is primary to Medicare. 65+ SECONDARY: Anthem Blue Cross is secondary to Medicare.

AREA 6 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx	Lumenos HSA 3500 (80/50)	Lumenos HSA 3500 (80/50) MHP	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$564	\$430	\$256	\$235	\$236	\$452
	30 - 39	710	539	315	312	313	580
	40 - 49	952	735	427	458	460	623
	50 - 54	1,298	986	573	549	551	804
	55 - 59	1,584	1,215	709	697	699	1,005
	60 - 64	2,065	1,581	926	873	876	1,343
	65+ PRIMARY	2,721	2,094	1,228	1,135	1,139	1,666
	65+ SECONDARY	1,202	929	539	645	647	1,241
EMPLOYEE & SPOUSE	AGE - under 30	\$1,689	\$1,293	\$752	\$491	\$493	\$1,174
	30 - 39	1,993	1,520	885	671	673	1,417
	40 - 49	1,994	1,520	893	930	933	1,529
	50 - 54	2,714	2,077	1,215	1,134	1,138	1,591
	55 - 59	3,349	2,572	1,508	1,440	1,445	2,240
	60 - 64	4,161	3,186	1,869	1,756	1,761	2,451
	65+ PRIMARY	6,391	4,895	2,866	2,163	2,171	3,389
	65+ SECONDARY	3,233	2,477	1,451	1,286	1,292	2,920
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,316	\$1,015	\$599	\$457	\$458	\$1,123
	30 - 39	1,414	1,088	637	574	576	1,241
	40 - 49	1,490	1,144	671	741	745	1,239
	50 - 54	1,769	1,350	794	817	820	1,228
	55 - 59	2,103	1,607	939	933	938	1,434
	60 - 64	2,636	2,019	1,182	1,084	1,087	1,793
	65+ PRIMARY	3,332	2,560	1,498	1,366	1,371	2,147
	65+ SECONDARY	1,416	1,083	635	934	939	1,503
FAMILY	AGE - under 30	\$1,958	\$1,506	\$878	\$695	\$698	\$1,558
	30 - 39	2,206	1,696	987	906	909	1,825
	40 - 49	2,539	1,948	1,143	1,165	1,169	1,968
	50 - 54	2,997	2,301	1,349	1,219	1,224	2,198
	55 - 59	3,619	2,765	1,623	1,545	1,551	2,440
	60 - 64	4,640	3,560	2,081	1,823	1,831	2,954
	65+ PRIMARY	6,707	5,136	3,009	2,310	2,320	4,029
	65+ SECONDARY	3,386	2,587	1,512	1,361	1,366	3,366

Area 6 - Medical Rating Area Definitions - PPO - Imperial, Los Angeles (91798 only), Riverside (except 92883), San Bernardino (except 93558), San Diego

Area 6 - Medical Rating Area Definitions - HMO (except Select HMO) - Imperial (except 92222, 92266, 92283), Los Angeles (91798 only), Riverside (except 92225, 92226, 92239, 92883), San Bernardino* (except - see note *), San Diego (except 92004)

Monthly rates effective January 1, 2012

Monthly rates effective January 1, 2012

AREA 7 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx	Lumenos HSA 3500 (80/50)	Lumenos HSA 3500 (80/50) MHP	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$519	\$392	\$234	\$211	\$211	\$484
	30 - 39	661	495	288	286	287	611
	40 - 49	875	664	397	415	416	657
	50 - 54	1,164	889	526	495	497	839
	55 - 59	1,440	1,091	649	631	634	1,063
	60 - 64	1,857	1,412	835	790	793	1,404
	65+ PRIMARY	2,385	1,805	1,068	1,032	1,035	1,680
	65+ SECONDARY	989	756	447	584	587	1,195
EMPLOYEE & SPOUSE	AGE - under 30	\$1,542	\$1,172	\$689	\$446	\$448	\$1,210
	30 - 39	1,806	1,371	811	608	610	1,430
	40 - 49	1,801	1,368	805	845	848	1,544
	50 - 54	2,454	1,858	1,097	1,031	1,034	1,607
	55 - 59	3,032	2,305	1,360	1,308	1,313	2,283
	60 - 64	3,707	2,814	1,668	1,595	1,601	2,444
	65+ PRIMARY	5,569	4,238	2,501	1,964	1,972	3,405
	65+ SECONDARY	2,608	1,990	1,178	1,170	1,173	2,824
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,200	\$912	\$539	\$416	\$418	\$1,189
	30 - 39	1,298	978	575	518	521	1,307
	40 - 49	1,366	1,030	608	676	678	1,290
	50 - 54	1,612	1,226	723	745	749	1,298
	55 - 59	1,909	1,446	854	850	853	1,528
	60 - 64	2,362	1,801	1,057	984	987	1,877
	65+ PRIMARY	2,914	2,219	1,303	1,240	1,245	2,164
	65+ SECONDARY	1,153	865	518	850	853	1,469
FAMILY	AGE - under 30	\$1,789	\$1,353	\$805	\$628	\$630	\$1,665
	30 - 39	2,003	1,523	901	823	827	1,939
	40 - 49	2,293	1,743	1,023	1,057	1,061	2,040
	50 - 54	2,710	2,065	1,222	1,107	1,112	2,327
	55 - 59	3,288	2,500	1,473	1,401	1,409	2,581
	60 - 64	4,146	3,154	1,866	1,655	1,662	3,089
	65+ PRIMARY	5,840	4,428	2,625	2,098	2,106	4,057
	65+ SECONDARY	2,754	2,078	1,232	1,237	1,240	3,255

Monthly rates effective January 1, 2012

Area 7 - Medical Rating Area Definitions - PPO - Fresno (except 93628), Kern, Kings, Madera, Mariposa, Merced, San Bernardino (93558 only), Tulare

Area 7 - Medical Rating Area Definitions - HMO (except Select HMO) - Fresno (except 93628), Kern (except 93555, 93556), Kings, Madera, Merced, Tulare

65+ PRIMARY: Anthem Blue Cross is primary to Medicare. 65+ SECONDARY: Anthem Blue Cross is secondary to Medicare.

AREA 8 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx	Lumenos HSA 3500 (80/50)	Lumenos HSA 3500 (80/50) MHP	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$564	\$426	\$250	\$224	\$225	\$473
	30 - 39	722	525	313	303	305	604
	40 - 49	956	708	421	436	437	655
	50 - 54	1,270	945	564	528	529	838
	55 - 59	1,561	1,163	692	669	671	1,045
	60 - 64	2,020	1,505	893	838	841	1,398
	65+ PRIMARY	2,592	1,927	1,143	1,092	1,097	1,737
	65+ SECONDARY	1,071	808	476	619	621	1,292
EMPLOYEE & SPOUSE	AGE - under 30	\$1,676	\$1,247	\$742	\$476	\$477	\$1,226
	30 - 39	1,972	1,463	873	644	646	1,470
	40 - 49	1,960	1,462	861	897	899	1,599
	50 - 54	2,669	1,984	1,175	1,089	1,092	1,664
	55 - 59	3,297	2,461	1,455	1,384	1,390	2,334
	60 - 64	4,036	3,001	1,787	1,690	1,697	2,563
	65+ PRIMARY	6,065	4,525	2,676	2,080	2,090	3,536
	65+ SECONDARY	2,842	2,122	1,260	1,238	1,242	3,051
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,311	\$976	\$578	\$442	\$444	\$1,174
	30 - 39	1,415	1,047	620	551	552	1,292
	40 - 49	1,481	1,094	650	715	717	1,285
	50 - 54	1,751	1,311	769	785	789	1,284
	55 - 59	2,075	1,548	913	898	901	1,494
	60 - 64	2,570	1,919	1,130	1,042	1,046	1,872
	65+ PRIMARY	3,182	2,370	1,396	1,313	1,320	2,237
	65+ SECONDARY	1,253	923	555	901	906	1,568
FAMILY	AGE - under 30	\$1,948	\$1,446	\$857	\$669	\$671	\$1,622
	30 - 39	2,187	1,629	968	873	878	1,905
	40 - 49	2,494	1,859	1,098	1,121	1,124	2,045
	50 - 54	2,951	2,198	1,307	1,172	1,177	2,283
	55 - 59	3,575	2,665	1,574	1,486	1,491	2,546
	60 - 64	4,515	3,369	1,996	1,754	1,762	3,078
	65+ PRIMARY	6,355	4,732	2,807	2,223	2,231	4,200
	65+ SECONDARY	2,994	2,223	1,316	1,313	1,320	3,509

Monthly rates effective January 1, 2012

Area 8 - Medical Rating Area Definitions - PPO - San Luis Obispo, Santa Barbara, Ventura (except ZIP codes beginning with 913)

Area 8 - Medical Rating Area Definitions - HMO (except Select HMO) - San Luis Obispo, Santa Barbara, Ventura (except ZIP codes beginning with 913)

Anthem Blue Cross Small Group Employee Choice Health Rates

Rates rounded to whole dollars

AREA 9 1.0 RAF

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx	Lumenos HSA 3500 (80/50)	Lumenos HSA 3500 (80/50) MHP	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$524	\$396	\$239	\$216	\$217	\$376
	30 - 39	662	498	300	293	294	466
	40 - 49	900	674	400	419	422	516
	50 - 54	1,202	909	539	506	507	647
	55 - 59	1,485	1,111	664	647	649	811
	60 - 64	1,951	1,462	875	807	812	1,093
	65+ PRIMARY	2,338	1,763	1,051	1,049	1,054	1,380
	65+ SECONDARY	1,037	787	470	598	600	1,035
EMPLOYEE & SPOUSE	AGE - under 30	\$1,574	\$1,180	\$707	\$458	\$460	\$962
	30 - 39	1,865	1,401	834	621	623	1,139
	40 - 49	1,865	1,401	835	859	862	1,251
	50 - 54	2,545	1,911	1,142	1,048	1,053	1,294
	55 - 59	3,129	2,350	1,410	1,331	1,336	1,819
	60 - 64	3,907	2,927	1,749	1,625	1,631	2,004
	65+ PRIMARY	5,496	4,128	2,466	2,001	2,008	2,805
	65+ SECONDARY	2,814	2,116	1,262	1,193	1,197	2,442
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,233	\$930	\$558	\$421	\$423	\$906
	30 - 39	1,334	1,003	593	527	529	999
	40 - 49	1,402	1,044	626	687	690	1,001
	50 - 54	1,663	1,253	748	756	758	990
	55 - 59	1,966	1,476	879	865	870	1,163
	60 - 64	2,471	1,860	1,110	1,006	1,010	1,461
	65+ PRIMARY	2,867	2,152	1,285	1,261	1,265	1,781
	65+ SECONDARY	1,221	905	547	869	872	1,273
FAMILY	AGE - under 30	\$1,838	\$1,378	\$822	\$642	\$643	\$1,272
	30 - 39	2,073	1,551	930	839	842	1,474
	40 - 49	2,387	1,794	1,066	1,078	1,081	1,584
	50 - 54	2,822	2,122	1,265	1,128	1,132	1,789
	55 - 59	3,396	2,556	1,528	1,430	1,435	1,973
	60 - 64	4,374	3,278	1,963	1,689	1,695	2,407
	65+ PRIMARY	5,762	4,325	2,584	2,139	2,148	3,325
	65+ SECONDARY	2,944	2,220	1,326	1,261	1,265	2,825

Monthly rates effective January 1, 2012

Area 9 - Medical Rating Area Definitions - PPO - Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935)

Area 9 - Medical Rating Area Definitions - HMO (except Select HMO) - Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90704)

Dental Blue[®] PPO Plan Rates

Monthly rates effective January 1, 2012

Out-of-network (ODN) reimbursement for Dental Blue plans is at the 80th percentile.

Rating areas are the same as all other Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company small group products.

		Dental Blue Silver 100 - 80			Dental Blue Silver Plus 100 - 80			Dental Blue Gold 100 - 80		
Areas:		1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	Group Size 2-9	\$48	\$55	\$61	\$53	\$63	\$69	\$53	\$62	\$70
	10-24	43	49	54	48	57	63	48	56	63
	25-50	40	45	50	43	51	57	44	51	58
Employee & Spouse	Group Size 2-9	94	107	117	104	122	137	105	123	139
	10-24	84	96	105	95	111	125	95	111	125
	25-50	77	88	96	86	100	113	87	102	114
Employee & Child	Group Size 2-9	92	104	114	92	109	121	100	119	132
	10-24	82	93	103	84	99	110	90	108	119
	25-50	75	85	94	76	90	99	83	99	109
Employee & Children	Group Size 2-9	137	154	172	137	161	180	151	178	200
	10-24	123	138	154	125	147	164	136	160	180
	25-50	113	126	141	113	132	148	125	147	165
Employee & Family	Group Size 2-9	165	187	208	167	197	219	183	217	242
	10-24	148	168	187	152	179	199	165	195	218
	25-50	136	153	171	137	162	180	151	179	200

		Dental Blue Gold Plus 100 - 80			Dental Blue Platinum 100 - 80			Dental Blue Platinum Plus 100 - 80		
Areas:		1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	Group Size 2-9	\$55	\$65	\$72	\$74	\$80	\$88	\$87	\$97	\$106
	10-24	50	59	65	66	71	78	77	86	94
	25-50	45	53	59	63	68	75	73	81	89
Employee & Spouse	Group Size 2-9	108	127	143	146	158	176	174	193	211
	10-24	98	116	130	130	140	157	154	171	187
	25-50	89	104	117	124	134	150	146	162	177
Employee & Child	Group Size 2-9	104	123	136	140	155	170	166	185	202
	10-24	95	112	124	124	138	151	147	164	179
	25-50	85	101	112	119	132	144	139	155	169
Employee & Children	Group Size 2-9	155	182	204	208	231	253	250	277	302
	10-24	141	166	186	185	205	225	222	245	268
	25-50	127	150	168	177	197	215	210	232	253
Employee & Family	Group Size 2-9	188	222	247	255	282	308	302	334	367
	10-24	172	203	225	226	250	273	268	296	325
	25-50	155	183	203	217	240	262	253	280	308

Dental PPO and Dental HMO Plan Rates Monthly rates effective January 1, 2012

Areas:	Basic Option Dental PPO			Standard Option Dental PPO			High Option Dental PPO		
	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	\$38	\$40	\$45	\$51	\$59	\$64	\$75	\$80	\$84
Employee & Spouse	71	80	86	104	113	124	146	157	171
Employee & Child	60	65	68	87	99	108	143	153	162
Employee & Children	85	94	101	137	146	162	211	228	244
Employee & Family	119	130	143	169	190	207	257	275	296

Areas:	Dental Net		
	1, 2, 3, 7	4, 5, 6, 9	8
Employee Only	\$25	\$20	\$23
Employee & Spouse	38	29	35
Employee & Child	38	29	35
Employee & Children	58	44	53
Employee & Family	58	44	53

Areas:	Voluntary Dental PPO
All Areas	
Employee Only	\$40
Employee & Spouse	82
Employee & Child	64
Employee & Children	89
Employee & Family	126

Areas:	Voluntary Dental Saver SelectDHMO Plan
All Areas	
Single	\$13
Two-party	24
Three-party*	35

*Employee, spouse and child(ren), or employee and child(ren).

Blue View Vision Plan Rates

Blue View	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Rate	\$7	\$12	\$13	\$19

Blue View Plus	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Rate	\$14	\$23	\$25	\$37

Voluntary Vision Rates*	Blue View	Blue View Plus
Rate Structure - 4 Tier	Monthly Premium	Monthly Premium
Employee Only	\$9	\$17
Employee + Spouse	15	29
Employee + Child(ren)	16	31
Employee + Family	24	47

*Voluntary vision rates effective October 1, 2011.



Basic Term Life and AD&D Plan Rates

For groups with 11-50 eligible employees, the employee basic term life rate is based on the group's composite rate. The composite rate is determined by the characteristics of the group and is calculated by rating systems.

LIFE AND AD&D

Basic Term Life and AD&D rates per \$1,000 of coverage for groups of 2-10 enrolling employees:		
Age	Less than \$25,000	\$25,000 or more
Under 30	\$0.20	\$0.16
30-39	\$0.25	\$0.20
40-44	\$0.41	\$0.33
45-49	\$0.58	\$0.46
50-54	\$0.86	\$0.70
55-59	\$1.53	\$1.22
60-64	\$2.27	\$1.82
65-69	\$3.77	\$3.02
70-74	\$5.36	\$4.29
75-79	\$8.44	\$6.75
80-84	\$12.12	\$9.70
85-89	\$18.14	\$14.51

Supplemental Life Rates per:				
Age	\$15,000	\$25,000	\$50,000	\$100,000
Under 30	\$3.00	\$5.00	\$10.00	\$20.00
30-39	\$3.75	\$6.25	\$12.50	\$25.00
40-44	\$6.15	\$10.25	\$20.50	\$41.00
45-49	\$8.70	\$14.50	\$29.00	\$58.00
50-54	\$12.90	\$21.50	\$43.00	\$86.00
55-59	\$22.95	\$38.26	\$76.50	\$153.00
60-64	\$34.05	\$56.75	\$113.50	\$227.00
65-69	\$56.55	\$94.26	\$188.50	\$377.00

For groups with 2-10 employees, the maximum amount of supplemental life employees can only elect is \$50,000.

Rates for Optional Dependent Life coverage

\$5,000 spouse, \$5,000 children 6 months to 26 years; \$500 children under 6 months

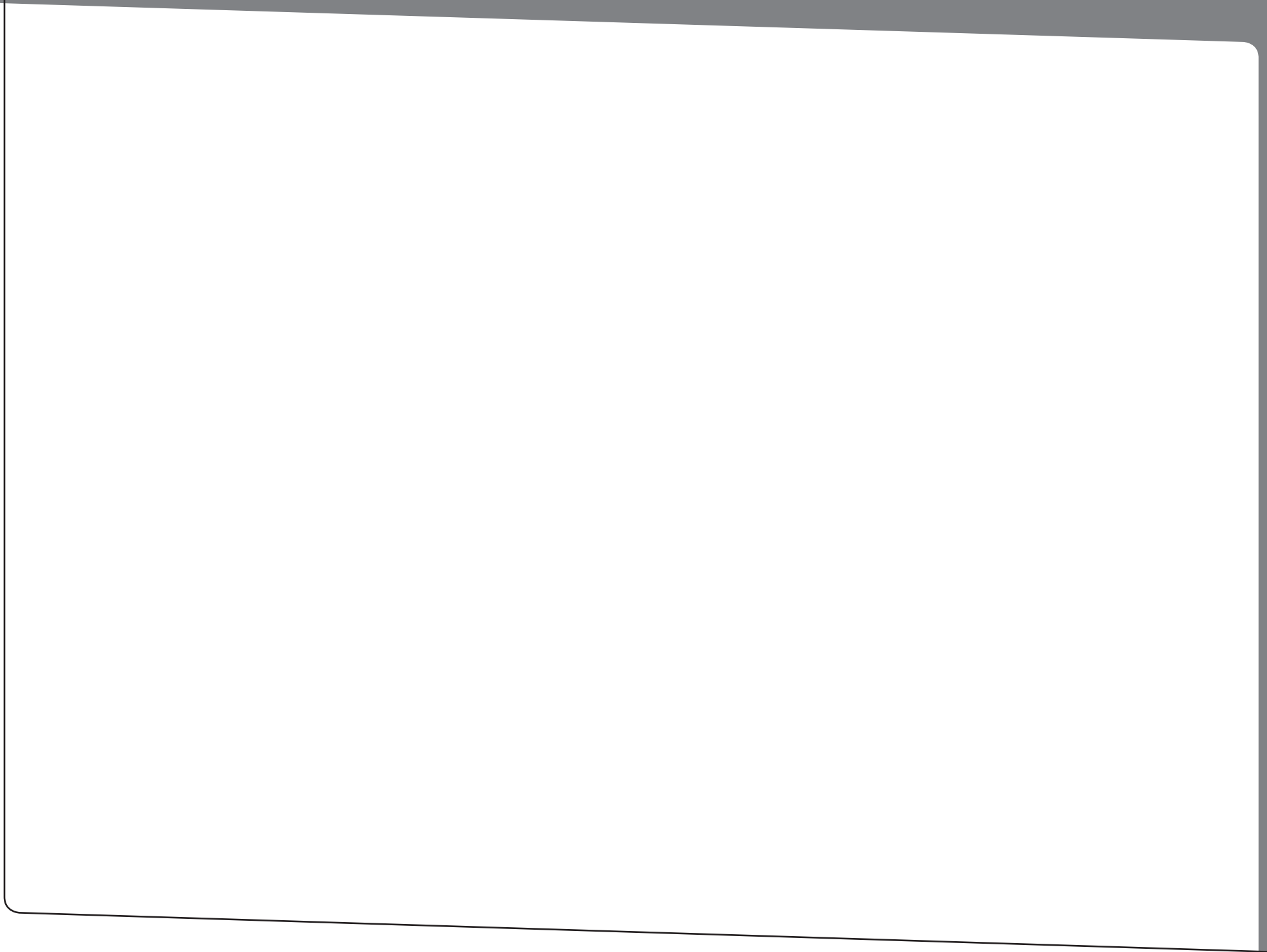
\$2 per family

This option only available if employee life benefits is \$20,000 or more:

\$10,000 spouse, \$10,000 children 6 months to 26 years; \$1,000 children under 6 months

\$4 per family

Please Note: Life and AD&D benefits are reduced by 35% at age 65 and further reduced by 50% of the original benefit amount at age 70. Benefits terminate upon retirement. Availability of group life Insurance is subject to underwriting.









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