



2-50 Small Group EmployeeChoice Monthly Rates

Updated Rates – Effective July 1, 2009

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

Dental Plans

Dental Net DHMO
Voluntary Dental Saver SelectHMO

For Health Rates Online – All RAFs

- 1) Log in to the Small Group Agent website at anthem.com/ca.
- 2) Click on "Small Group Information."
- 3) Select "Monthly Rates for Small Group Medical Plans" or visit anthem.com/easyrenew.

Offered by Anthem Blue Cross Life and Health Insurance Company:

Health Plans

PPO \$35 Copay GenRx
Lumenos HSA 3500 (80/50)
PPO 2400 (HSA-Compatible)

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 View Plus
Blue View

Life Plans

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

* Dental rates effective date 5/1/09

Small Group 1.0 RAF health rates

Health/Dental rating area definitions

The following tables indicate rating area by county and ZIP code. 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), Calaveras (except 95230, 95236), Mono (except 93514), Monterey (except 93451, 95076), San Benito (93930, 95004 only), San Luis Obispo (93426 only)
AREA 2:	Alameda (95304, 95377, 95391 only), Alpine, Calaveras (95230, 95236 only), Del Norte, El Dorado (ZIP codes beginning with 961), Humboldt (95552 only), Inyo (except 93527), Lassen, Marin, Modoc, Mono (93514 only), Napa (94589, 94590 only), Nevada, Placer (except 95626, 95668, 95692), Plumas (except 95981), Sacramento (94571 only), San Benito (except 93210, 93930, 95004), San Joaquin (except 94505, 94514, 95632, 95690), San Mateo, Shasta, Sierra (except 95922), Siskiyou, Solano (except 94503, 95616, 95618, 95690, 95694), Stanislaus (except 95322, 95329), Sutter (95648 only), Tehama (except 95963, 95973), Trinity (except 95526), Tuolumne (95230 only), Yuba (95960, 95977 only)
AREA 3:	Alameda (except 95304, 95377, 95391), Amador (95629 only), Butte, Colusa, Contra Costa, El Dorado (ZIP codes beginning with 956, 957), Glenn, Humboldt (except 95552), Lake, Mariposa (95321, 95329 only), Mendocino, Monterey (95076 only), Napa (except 94589, 94590), Placer (95626, 95668, 95692 only), Plumas (95981 only), Sacramento (except 94571), San Francisco, San Joaquin (94505, 94514, 95632, 95690 only), Santa Clara, Santa Cruz, Sierra (95922 only), Solano (94503, 95616, 95618, 95690, 95694 only), Sonoma, Stanislaus (95329 only), Sutter (except 95648), Tehama (95963, 95973 only), Trinity (95526 only), Tuolumne (except 95230, 95311), Yolo, Yuba (except 95960, 95977)
AREA 4:	Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)
AREA 5:	Los Angeles (except 91709, 93243, 93560 and except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (90265 and ZIP codes beginning with 913 only)
AREA 6:	Imperial, Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555, 93558), San Diego
AREA 7:	Fresno, Inyo (93527 only), Kern (except 93536), Kings, Los Angeles (93243, 93560 only), Madera, Mariposa (except 95321, 95329), Merced, San Benito (93210 only), San Bernardino (93516, 93555, 93558 only), San Luis Obispo (93252 only), Santa Barbara (93252 only), Stanislaus (95322 only), Tulare, Tuolumne (95311 only), Ventura (93252 only)
AREA 8:	Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)
AREA 9:	Kern (93536 only), Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560), Orange (90638 only), San Bernardino (91766, 91792 only)

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 nearest whole dollar amount (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.

Health/Dental rates online – All RAFs

- 1) Log in to the Small Group Agent website at anthem.com/ca.
- 2) Click on “Small Group Information.”
- 3) Select “Monthly Rates for Small Group Medical Plans” or visit anthem.com/easyrenew.

Small Group 1.0 RAF health rates rounded to whole dollars

AREA 1

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA-Compatible)*	Lumenos HSA 3500 (80/50)*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$591	\$430	\$286	\$248	\$207	\$519
	30 - 39	725	544	356	334	277	654
	40 - 49	970	716	478	486	403	713
	50 - 54	1,306	960	644	582	484	901
	55 - 59	1,600	1,188	793	742	616	1,144
	60 - 64	2,046	1,522	1,015	930	773	1,520
	65+ PRIMARY	2,392	1,773	1,188	1,208	1,006	1,897
	65+ SECONDARY	995	745	498	688	571	1,292
EMPLOYEE & SPOUSE	AGE - under 30	\$1,715	\$1,272	\$849	\$514	\$428	\$1,378
	30 - 39	2,018	1,494	990	690	574	1,625
	40 - 49	1,956	1,461	976	993	826	1,778
	50 - 54	2,716	2,018	1,343	1,208	1,006	1,830
	55 - 59	3,361	2,495	1,664	1,536	1,276	2,615
	60 - 64	4,035	2,992	1,995	1,874	1,558	2,798
	65+ PRIMARY	5,675	4,212	2,808	2,308	1,918	3,939
	65+ SECONDARY	2,678	1,981	1,316	1,373	1,142	3,148
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,282	\$941	\$630	\$452	\$377	\$1,228
	30 - 39	1,406	1,042	695	581	483	1,357
	40 - 49	1,429	1,054	703	758	630	1,345
	50 - 54	1,697	1,251	837	833	693	1,328
	55 - 59	2,018	1,497	995	952	791	1,586
	60 - 64	2,481	1,840	1,227	1,107	921	1,934
	65+ PRIMARY	2,771	2,061	1,364	1,391	1,157	2,335
	65+ SECONDARY	1,087	820	543	953	793	1,521
FAMILY	AGE - under 30	\$1,921	\$1,432	\$957	\$705	\$586	\$1,742
	30 - 39	2,217	1,650	1,098	939	779	2,028
	40 - 49	2,444	1,817	1,209	1,205	1,001	2,150
	50 - 54	2,894	2,152	1,433	1,259	1,047	2,431
	55 - 59	3,517	2,607	1,741	1,598	1,328	2,735
	60 - 64	4,426	3,278	2,191	1,886	1,567	3,242
	65+ PRIMARY	5,680	4,218	2,812	2,387	1,985	4,463
	65+ SECONDARY	2,684	1,989	1,325	1,406	1,171	3,443

AREA 2

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA-Compatible)*	Lumenos HSA 3500 (80/50)*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$464	\$356	\$227	\$203	\$168	\$420
	30 - 39	588	441	286	269	225	537
	40 - 49	780	594	390	393	325	574
	50 - 54	1,049	797	522	472	389	731
	55 - 59	1,283	983	636	599	497	929
	60 - 64	1,662	1,264	823	750	623	1,217
	65+ PRIMARY	2,127	1,621	1,052	977	810	1,469
	65+ SECONDARY	887	676	439	555	460	1,037
EMPLOYEE & SPOUSE	AGE - under 30	\$1,373	\$1,049	\$679	\$416	\$344	\$1,053
	30 - 39	1,612	1,229	800	559	462	1,243
	40 - 49	1,607	1,221	797	804	664	1,343
	50 - 54	2,196	1,668	1,078	977	810	1,407
	55 - 59	2,712	2,064	1,339	1,240	1,028	1,997
	60 - 64	3,313	2,528	1,644	1,514	1,257	2,132
	65+ PRIMARY	4,976	3,801	2,462	1,865	1,547	2,972
	65+ SECONDARY	2,331	1,776	1,157	1,109	920	2,462
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,025	\$781	\$505	\$365	\$304	\$984
	30 - 39	1,126	857	557	471	390	1,087
	40 - 49	1,155	876	572	611	507	1,073
	50 - 54	1,365	1,043	670	674	557	1,080
	55 - 59	1,618	1,231	799	768	637	1,266
	60 - 64	2,002	1,528	987	893	742	1,559
	65+ PRIMARY	2,476	1,884	1,220	1,123	931	1,793
	65+ SECONDARY	978	739	486	771	639	1,218
FAMILY	AGE - under 30	\$1,545	\$1,174	\$766	\$570	\$471	\$1,402
	30 - 39	1,785	1,359	886	758	628	1,633
	40 - 49	1,974	1,504	973	974	808	1,718
	50 - 54	2,337	1,777	1,157	1,018	844	1,963
	55 - 59	2,831	2,161	1,402	1,290	1,071	2,175
	60 - 64	3,573	2,727	1,773	1,523	1,263	2,605
	65+ PRIMARY	5,027	3,827	2,488	1,928	1,600	3,418
	65+ SECONDARY	2,364	1,797	1,164	1,135	943	2,747

Monthly rates effective July 1, 2009

Monthly rates effective July 1, 2009

Area 1: Amador (except 95629), Calaveras (except 95230, 95236), Mono (except 93514), Monterey (except 93451, 95076), San Benito (93930, 95004 only), San Luis Obispo (93426 only)

65+ PRIMARY: Anthem Blue Cross is primary to Medicare. 65+ SECONDARY: Anthem Blue Cross is secondary to Medicare.
 * Underwritten by Anthem Blue Cross Life and Health Insurance Company; all other plans underwritten by Anthem Blue Cross.
 Lumenos HSA 3500 available for effective dates of 8/1/09 or later.

Area 2: Alameda (95304, 95377, 95391 only), Alpine, Calaveras (95230, 95236 only), Del Norte, El Dorado (ZIP codes beginning with 961), Humboldt (95552 only), Inyo (except 93527), Lassen, Marin, Modoc, Mono (93514 only), Napa (94589, 94590 only), Nevada, Placer (except 95626, 95668, 95692), Plumas (except 95981), Sacramento (94571 only), San Benito (except 93210, 93930, 95004), San Joaquin (except 94505, 94514, 95632, 95690), San Mateo, Shasta, Sierra (except 95922), Siskiyou, Solano (except 94503, 95616, 95618, 95690, 95694), Stanislaus (except 95322, 95329), Sutter (95648 only), Tehama (except 95963, 95973), Trinity (except 95526), Tuolumne (95230 only), Yuba (95960, 95977 only)

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 Lumenos HSA 3500 available for effective dates of 8/1/09 or later.

AREA 3

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA-Compatible)*	Lumenos HSA 3500 (80/50)*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$423	\$323	\$211	\$184	\$152	\$388
	30 - 39	520	396	256	243	203	481
	40 - 49	697	532	350	352	293	528
	50 - 54	937	714	461	425	351	660
	55 - 59	1,154	878	572	540	448	839
	60 - 64	1,504	1,147	745	676	561	1,127
	65+ PRIMARY	1,866	1,425	923	880	732	1,453
	65+ SECONDARY	845	635	415	500	415	1,056
	EMPLOYEE & SPOUSE	AGE - under 30	\$1,230	\$937	\$608	\$375	\$310
30 - 39		1,444	1,107	717	501	416	1,177
40 - 49		1,443	1,107	716	723	600	1,291
50 - 54		1,967	1,497	970	880	732	1,335
55 - 59		2,422	1,848	1,198	1,118	927	1,885
60 - 64		3,007	2,292	1,486	1,366	1,132	2,060
65+ PRIMARY		4,361	3,326	2,158	1,681	1,393	2,970
65+ SECONDARY		2,210	1,687	1,096	1,001	829	2,527
EMPLOYEE & CHILD(REN)		AGE - under 30	\$910	\$696	\$449	\$332	\$274
	30 - 39	1,014	771	501	425	351	995
	40 - 49	1,031	791	513	552	458	992
	50 - 54	1,224	935	604	605	503	983
	55 - 59	1,450	1,099	717	692	575	1,141
	60 - 64	1,815	1,385	898	806	668	1,434
	65+ PRIMARY	2,169	1,649	1,068	1,013	840	1,788
	65+ SECONDARY	925	704	458	696	576	1,242
	FAMILY	AGE - under 30	\$1,382	\$1,052	\$683	\$513	\$426
30 - 39		1,601	1,219	788	682	566	1,479
40 - 49		1,773	1,350	877	877	727	1,577
50 - 54		2,096	1,596	1,036	918	760	1,790
55 - 59		2,529	1,931	1,249	1,163	964	1,977
60 - 64		3,241	2,467	1,603	1,371	1,137	2,400
65+ PRIMARY		4,415	3,363	2,187	1,738	1,442	3,410
65+ SECONDARY		2,235	1,712	1,101	1,024	850	2,829

Area 3: Alameda (except 95304, 95377, 95391), Amador (95629 only), Butte, Colusa, Contra Costa, El Dorado (ZIP codes beginning with 956, 957), Glenn, Humboldt (except 95552), Lake, Mariposa (95321, 95329 only), Mendocino, Monterey (95076 only), Napa (except 94589, 94590), Placer (95626, 95668, 95692 only), Plumas (95981 only), Sacramento (except 94571), San Francisco, San Joaquin (94505, 94514, 95632, 95690 only), Santa Clara, Santa Cruz, Sierra (95922 only), Solano (94503, 95616, 95618, 95690, 95694 only), Sonoma, Stanislaus (95329 only), Sutter (except 95648), Tehama (95963, 95973 only), Trinity (95526 only), Tuolumne (except 95230, 95311), Yolo, Yuba (except 95960, 95977)

* Underwritten by Anthem Blue Cross Life and Health Insurance Company; all other plans underwritten by Anthem Blue Cross. Lumenos HSA 3500 available for effective dates of 8/1/09 or later.

AREA 4

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA-Compatible)*	Lumenos HSA 3500 (80/50)*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$463	\$354	\$227	\$203	\$169	\$311
	30 - 39	585	440	284	272	226	389
	40 - 49	784	595	383	393	326	432
	50 - 54	1,057	801	519	471	393	540
	55 - 59	1,292	986	642	602	500	687
	60 - 64	1,698	1,294	838	755	627	920
	65+ PRIMARY	2,231	1,700	1,106	981	814	1,218
	65+ SECONDARY	993	759	488	559	463	904
	EMPLOYEE & SPOUSE	AGE - under 30	\$1,385	\$1,056	\$687	\$418	\$347
30 - 39		1,632	1,241	808	560	464	954
40 - 49		1,631	1,246	810	806	668	1,053
50 - 54		2,224	1,693	1,099	981	814	1,091
55 - 59		2,742	2,092	1,358	1,247	1,032	1,535
60 - 64		3,413	2,602	1,688	1,523	1,262	1,684
65+ PRIMARY		5,249	4,004	2,596	1,875	1,553	2,482
65+ SECONDARY		2,657	2,031	1,315	1,117	925	2,140
EMPLOYEE & CHILD(REN)		AGE - under 30	\$1,024	\$778	\$508	\$367	\$305
	30 - 39	1,131	864	560	471	393	811
	40 - 49	1,156	885	578	616	510	809
	50 - 54	1,375	1,048	680	677	560	804
	55 - 59	1,630	1,241	806	772	641	932
	60 - 64	2,055	1,569	1,018	900	746	1,170
	65+ PRIMARY	2,602	1,980	1,284	1,129	936	1,498
	65+ SECONDARY	1,093	833	545	774	643	1,055
	FAMILY	AGE - under 30	\$1,552	\$1,183	\$767	\$571	\$476
30 - 39		1,807	1,373	893	761	632	1,211
40 - 49		1,996	1,524	993	977	811	1,294
50 - 54		2,368	1,808	1,169	1,022	847	1,453
55 - 59		2,858	2,178	1,414	1,299	1,075	1,604
60 - 64		3,671	2,800	1,818	1,530	1,268	1,957
65+ PRIMARY		5,298	4,041	2,622	1,939	1,608	2,848
65+ SECONDARY		2,679	2,047	1,325	1,144	948	2,394

Area 4: Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)

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

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Monthly rates effective July 1, 2009

Monthly rates effective July 1, 2009

Small Group 1.0 RAF health rates rounded to whole dollars

AREA 5

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA-Compatible)*	Lumenos HSA 3500 (80/50)*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$516	\$393	\$256	\$225	\$188	\$304
	30 - 39	648	495	322	303	252	372
	40 - 49	873	665	428	440	364	413
	50 - 54	1,182	901	580	527	438	516
	55 - 59	1,449	1,096	714	673	558	652
	60 - 64	1,902	1,447	941	843	699	877
	65+ PRIMARY	2,285	1,746	1,130	1,097	907	1,106
	65+ SECONDARY	1,008	765	500	623	518	833
EMPLOYEE & SPOUSE	AGE - under 30	\$1,545	\$1,172	\$765	\$468	\$388	\$771
	30 - 39	1,822	1,388	901	627	519	912
	40 - 49	1,822	1,393	901	901	746	1,004
	50 - 54	2,485	1,892	1,228	1,097	907	1,035
	55 - 59	3,056	2,327	1,517	1,394	1,154	1,458
	60 - 64	3,812	2,900	1,880	1,702	1,411	1,608
	65+ PRIMARY	5,372	4,093	2,655	2,094	1,736	2,247
	65+ SECONDARY	2,712	2,072	1,343	1,248	1,033	1,958
EMPLOYEE & CHILD(REN)	AGE - under 30	\$1,146	\$872	\$566	\$414	\$341	\$694
	30 - 39	1,267	969	623	527	437	766
	40 - 49	1,300	987	643	688	569	767
	50 - 54	1,540	1,178	767	756	626	761
	55 - 59	1,827	1,386	901	863	715	882
	60 - 64	2,293	1,748	1,136	1,003	831	1,117
	65+ PRIMARY	2,661	2,023	1,315	1,262	1,047	1,362
	65+ SECONDARY	1,119	853	551	866	718	970
FAMILY	AGE - under 30	\$1,742	\$1,321	\$857	\$640	\$530	\$989
	30 - 39	2,022	1,537	998	851	705	1,148
	40 - 49	2,245	1,711	1,108	1,095	906	1,231
	50 - 54	2,660	2,027	1,313	1,143	948	1,391
	55 - 59	3,199	2,438	1,585	1,450	1,201	1,533
	60 - 64	4,115	3,132	2,034	1,710	1,417	1,867
	65+ PRIMARY	5,424	4,132	2,683	2,167	1,796	2,589
	65+ SECONDARY	2,738	2,087	1,360	1,278	1,059	2,193

AREA 6

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA-Compatible)*	Lumenos HSA 3500 (80/50)*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$411	\$315	\$206	\$180	\$151	\$333
	30 - 39	517	394	253	244	200	426
	40 - 49	694	538	343	353	293	458
	50 - 54	945	722	461	420	351	591
	55 - 59	1,154	888	571	538	446	740
	60 - 64	1,505	1,157	746	672	559	988
	65+ PRIMARY	1,982	1,529	988	875	727	1,226
	65+ SECONDARY	875	679	433	498	413	913
EMPLOYEE & SPOUSE	AGE - under 30	\$1,230	\$945	\$605	\$374	\$308	\$863
	30 - 39	1,452	1,111	713	500	415	1,042
	40 - 49	1,453	1,111	719	720	596	1,126
	50 - 54	1,977	1,519	979	875	727	1,172
	55 - 59	2,439	1,881	1,214	1,113	923	1,648
	60 - 64	3,031	2,330	1,504	1,358	1,126	1,805
	65+ PRIMARY	4,655	3,580	2,306	1,672	1,387	2,494
	65+ SECONDARY	2,356	1,813	1,168	996	825	2,150
EMPLOYEE & CHILD(REN)	AGE - under 30	\$914	\$709	\$460	\$327	\$272	\$789
	30 - 39	1,004	775	500	420	351	872
	40 - 49	1,031	794	512	549	454	870
	50 - 54	1,224	937	607	603	500	863
	55 - 59	1,455	1,116	719	690	571	1,008
	60 - 64	1,823	1,403	903	803	664	1,261
	65+ PRIMARY	2,304	1,778	1,144	1,008	836	1,509
	65+ SECONDARY	980	752	485	691	572	1,057
FAMILY	AGE - under 30	\$1,382	\$1,066	\$684	\$510	\$424	\$1,110
	30 - 39	1,599	1,236	791	680	563	1,300
	40 - 49	1,782	1,371	885	873	724	1,402
	50 - 54	2,103	1,621	1,046	914	757	1,566
	55 - 59	2,539	1,948	1,259	1,154	959	1,739
	60 - 64	3,256	2,507	1,613	1,366	1,132	2,105
	65+ PRIMARY	4,704	3,618	2,333	1,730	1,435	2,872
	65+ SECONDARY	2,376	1,823	1,172	1,020	846	2,399

Monthly rates effective July 1, 2009

Monthly rates effective July 1, 2009

AREA 5: Los Angeles (except 91709, 93243, 93560 and except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (90265 and ZIP codes beginning with 913 only)

AREA 6: Imperial, Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555, 93558), San Diego

65+ PRIMARY: Anthem Blue Cross is primary to Medicare. 65+ SECONDARY: Anthem Blue Cross is secondary to Medicare.
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 Lumenos HSA 3500 available for effective dates of 8/1/09 or later.

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AREA 7

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA-Compatible)*	Lumenos HSA 3500 (80/50)*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$389	\$296	\$194	\$170	\$139	\$368
	30 - 39	497	373	239	226	189	466
	40 - 49	658	500	328	329	273	500
	50 - 54	875	670	435	395	327	639
	55 - 59	1,080	822	536	502	417	811
	60 - 64	1,393	1,065	690	630	522	1,069
	65+ PRIMARY	1,790	1,361	884	822	681	1,279
	65+ SECONDARY	741	570	370	466	386	911
	EMPLOYEE & SPOUSE	AGE - under 30	\$1,157	\$882	\$571	\$349	\$289
30 - 39		1,357	1,033	671	470	388	1,089
40 - 49		1,352	1,030	666	672	558	1,176
50 - 54		1,842	1,399	908	822	681	1,224
55 - 59		2,276	1,738	1,125	1,043	865	1,739
60 - 64		2,783	2,120	1,380	1,273	1,054	1,861
65+ PRIMARY		4,181	3,194	2,068	1,568	1,299	2,595
65+ SECONDARY		1,958	1,499	973	930	773	2,151
EMPLOYEE & CHILD(REN)		AGE - under 30	\$860	\$656	\$426	\$308	\$255
	30 - 39	949	717	464	395	327	950
	40 - 49	973	737	478	512	426	938
	50 - 54	1,149	876	568	564	470	943
	55 - 59	1,361	1,035	671	644	536	1,111
	60 - 64	1,684	1,288	830	750	622	1,364
	65+ PRIMARY	2,078	1,587	1,023	944	782	1,574
	65+ SECONDARY	822	618	407	649	536	1,068
	FAMILY	AGE - under 30	\$1,300	\$987	\$645	\$479	\$396
30 - 39		1,498	1,144	741	635	527	1,430
40 - 49		1,658	1,265	815	817	677	1,504
50 - 54		1,960	1,499	973	855	709	1,716
55 - 59		2,377	1,815	1,174	1,083	898	1,903
60 - 64		2,999	2,289	1,487	1,281	1,060	2,279
65+ PRIMARY		4,222	3,214	2,090	1,621	1,344	2,991
65+ SECONDARY		1,991	1,509	981	956	791	2,400

AREA 7: Fresno, Inyo (93527 only), Kern (except 93536), Kings, Los Angeles (93243, 93560 only), Madera, Mariposa (except 95321, 95329), Merced, San Benito (93210 only), San Bernardino (93516, 93555, 93558 only), San Luis Obispo (93252 only), Santa Barbara (93252 only), Stanislaus (95322 only), Tulare, Tuolumne (95311 only), Ventura (93252 only)

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Monthly rates effective July 1, 2009

AREA 8

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA-Compatible)*	Lumenos HSA 3500 (80/50)*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$405	\$313	\$201	\$175	\$146	\$355
	30 - 39	518	386	252	238	198	454
	40 - 49	686	521	339	344	284	490
	50 - 54	911	695	454	413	342	629
	55 - 59	1,120	856	557	526	435	784
	60 - 64	1,450	1,106	719	659	545	1,049
	65+ PRIMARY	1,861	1,416	920	856	710	1,304
	65+ SECONDARY	769	593	383	486	403	969
	EMPLOYEE & SPOUSE	AGE - under 30	\$1,203	\$916	\$597	\$363	\$303
30 - 39		1,414	1,074	702	490	405	1,103
40 - 49		1,408	1,073	693	704	584	1,200
50 - 54		1,915	1,458	945	856	709	1,249
55 - 59		2,366	1,809	1,172	1,086	901	1,751
60 - 64		2,896	2,206	1,439	1,329	1,101	1,923
65+ PRIMARY		4,353	3,326	2,154	1,634	1,355	2,653
65+ SECONDARY		2,039	1,559	1,014	971	806	2,289
EMPLOYEE & CHILD(REN)		AGE - under 30	\$898	\$684	\$444	\$320	\$267
	30 - 39	989	749	485	413	342	926
	40 - 49	1,010	763	497	535	445	920
	50 - 54	1,193	914	588	590	489	919
	55 - 59	1,414	1,081	699	674	558	1,070
	60 - 64	1,751	1,339	865	784	648	1,340
	65+ PRIMARY	2,168	1,653	1,066	984	817	1,603
	65+ SECONDARY	854	644	424	676	561	1,123
	FAMILY	AGE - under 30	\$1,354	\$1,029	\$668	\$500	\$415
30 - 39		1,563	1,191	776	664	550	1,385
40 - 49		1,723	1,316	851	853	707	1,486
50 - 54		2,039	1,556	1,013	891	739	1,659
55 - 59		2,471	1,886	1,219	1,129	937	1,849
60 - 64		3,121	2,385	1,548	1,334	1,106	2,236
65+ PRIMARY		4,393	3,349	2,176	1,691	1,401	3,050
65+ SECONDARY		2,070	1,574	1,020	995	828	2,549

AREA 8: Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)

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Monthly rates effective July 1, 2009

Small Group 1.0 RAF health rates rounded to whole dollars

AREA 9

		PPO					HMO
		Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx*	PPO 2400 (HSA- Compatible)*	Lumenos HSA 3500 (80/50)*	Saver \$20 HMO
EMPLOYEE ONLY	AGE - under 30	\$394	\$300	\$198	\$174	\$144	\$286
	30 - 39	498	380	248	234	194	353
	40 - 49	676	513	330	338	280	391
	50 - 54	902	692	445	405	337	490
	55 - 59	1,114	845	550	520	430	614
	60 - 64	1,463	1,113	724	648	539	829
	65+ PRIMARY	1,756	1,343	869	845	700	1,047
	65+ SECONDARY	780	600	388	481	398	786
EMPLOYEE & SPOUSE	AGE - under 30	\$1,181	\$899	\$585	\$360	\$299	\$731
	30 - 39	1,401	1,068	689	482	399	863
	40 - 49	1,401	1,068	690	694	574	948
	50 - 54	1,912	1,455	945	845	700	982
	55 - 59	2,349	1,787	1,165	1,073	889	1,381
	60 - 64	2,933	2,228	1,446	1,310	1,085	1,520
	65+ PRIMARY	4,126	3,144	2,039	1,611	1,336	2,128
	65+ SECONDARY	2,112	1,611	1,044	959	796	1,852
EMPLOYEE & CHILD (REN)	AGE - under 30	\$883	\$676	\$441	\$315	\$262	\$657
	30 - 39	975	743	478	404	336	723
	40 - 49	1,000	756	492	528	438	725
	50 - 54	1,185	905	587	581	482	717
	55 - 59	1,403	1,067	690	665	551	842
	60 - 64	1,762	1,343	871	773	641	1,058
	65+ PRIMARY	2,043	1,555	1,009	969	805	1,289
	65+ SECONDARY	871	655	430	666	553	921
FAMILY	AGE - under 30	\$1,336	\$1,015	\$658	\$493	\$408	\$934
	30 - 39	1,550	1,176	765	655	543	1,083
	40 - 49	1,726	1,316	849	841	697	1,163
	50 - 54	2,041	1,556	1,008	881	730	1,314
	55 - 59	2,457	1,874	1,216	1,115	925	1,449
	60 - 64	3,163	2,403	1,563	1,316	1,091	1,768
	65+ PRIMARY	4,166	3,172	2,058	1,668	1,383	2,443
	65+ SECONDARY	2,129	1,627	1,055	983	815	2,074

Monthly rates effective July 1, 2009

AREA 9: Kern (93536 only), Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560), Orange (90638 only), San Bernardino (91766, 91792 only)

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 Lumenos HSA 3500 available for effective dates of 8/1/09 or later.

Dental Blue[®] PPO plan rates

Monthly rates effective May 1, 2009

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	\$45	\$51	\$56	\$49	\$59	\$65	\$47	\$54	\$61
	10-24	40	46	50	45	53	59	42	49	55
	25-50	37	42	46	41	48	53	38	45	51
Employee & Spouse	Group Size 2-9	87	99	109	97	114	129	92	108	121
	10-24	78	89	98	89	104	117	83	97	109
	25-50	71	81	89	80	94	106	76	89	100
Employee & Child	Group Size 2-9	82	93	103	84	99	110	86	102	113
	10-24	74	84	92	76	90	100	77	92	102
	25-50	68	76	84	69	81	90	71	84	93
Employee & Children	Group Size 2-9	123	138	154	125	146	164	129	151	170
	10-24	111	124	138	113	133	149	116	136	153
	25-50	101	114	127	102	120	135	106	125	140
Employee & Family	Group Size 2-9	149	168	187	152	179	199	156	184	206
	10-24	133	151	168	138	163	181	140	166	186
	25-50	122	138	154	125	147	164	129	152	170

		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	\$50	\$59	\$65	\$60	\$65	\$72	\$69	\$76	\$84
	10-24	46	54	60	53	58	64	61	68	74
	25-50	41	49	54	51	56	61	58	64	70
Employee & Spouse	Group Size 2-9	98	116	130	119	128	143	137	152	167
	10-24	90	105	118	105	114	127	122	135	148
	25-50	81	95	107	101	109	122	115	128	140
Employee & Child	Group Size 2-9	92	109	120	111	123	134	127	142	154
	10-24	84	99	110	98	109	119	113	126	137
	25-50	75	89	99	94	105	114	107	119	130
Employee & Children	Group Size 2-9	137	161	180	164	182	200	191	212	231
	10-24	125	147	164	146	162	177	170	188	205
	25-50	113	132	148	140	155	170	161	178	194
Employee & Family	Group Size 2-9	167	197	219	201	222	243	231	256	281
	10-24	152	179	199	179	198	216	205	227	249
	25-50	137	162	180	171	189	207	194	214	236

Dental PPO and Dental HMO plan rates

Monthly rates effective May 1, 2009

Areas:	Basic Option Dental PPO			Standard Option 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	\$31	\$33	\$37	\$42	\$49	\$53	\$62	\$67	\$70
Employee & Spouse	59	67	71	87	93	103	121	130	142
Employee & Child	48	52	55	70	80	87	115	124	130
Employee & Children	69	76	82	110	118	130	170	184	196
Employee & Family	96	105	115	137	152	167	207	222	239

Areas:	Dental Net		
	1, 2, 3, 7	4, 5, 6, 9	8
Employee Only	\$22	\$17	\$20
Employee & Spouse	34	26	31
Employee & Child	34	26	31
Employee & Children	52	40	47
Employee & Family	52	40	47

Areas:	Voluntary Dental PPO
All Areas	
Employee Only	\$33
Employee & Spouse	69
Employee & Child	51
Employee & Children	72
Employee & Family	101

Areas:	Voluntary Dental Saver SelectHMO Plan
All Areas	
Single	\$11
Two-party	21
Three-party*	31

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

Blue View VisionSM plan rates

Blue View Plus	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Rate	\$13	\$23	\$24	\$36

Blue View	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Rate	\$7	\$11	\$12	\$18

Rates listed above are based on current enrollment information. Any enrollment activity, including but not limited to additions, cancellations or benefit plan changes, may result in a change to these rates.



Basic Term Life and AD&D plan rates

For groups with 10-50 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	\$0.69
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	\$38.25	\$76.50	\$153.00
60-64	\$34.05	\$56.75	\$113.50	\$227.00
65-69	\$56.55	\$94.25	\$188.50	\$377.00

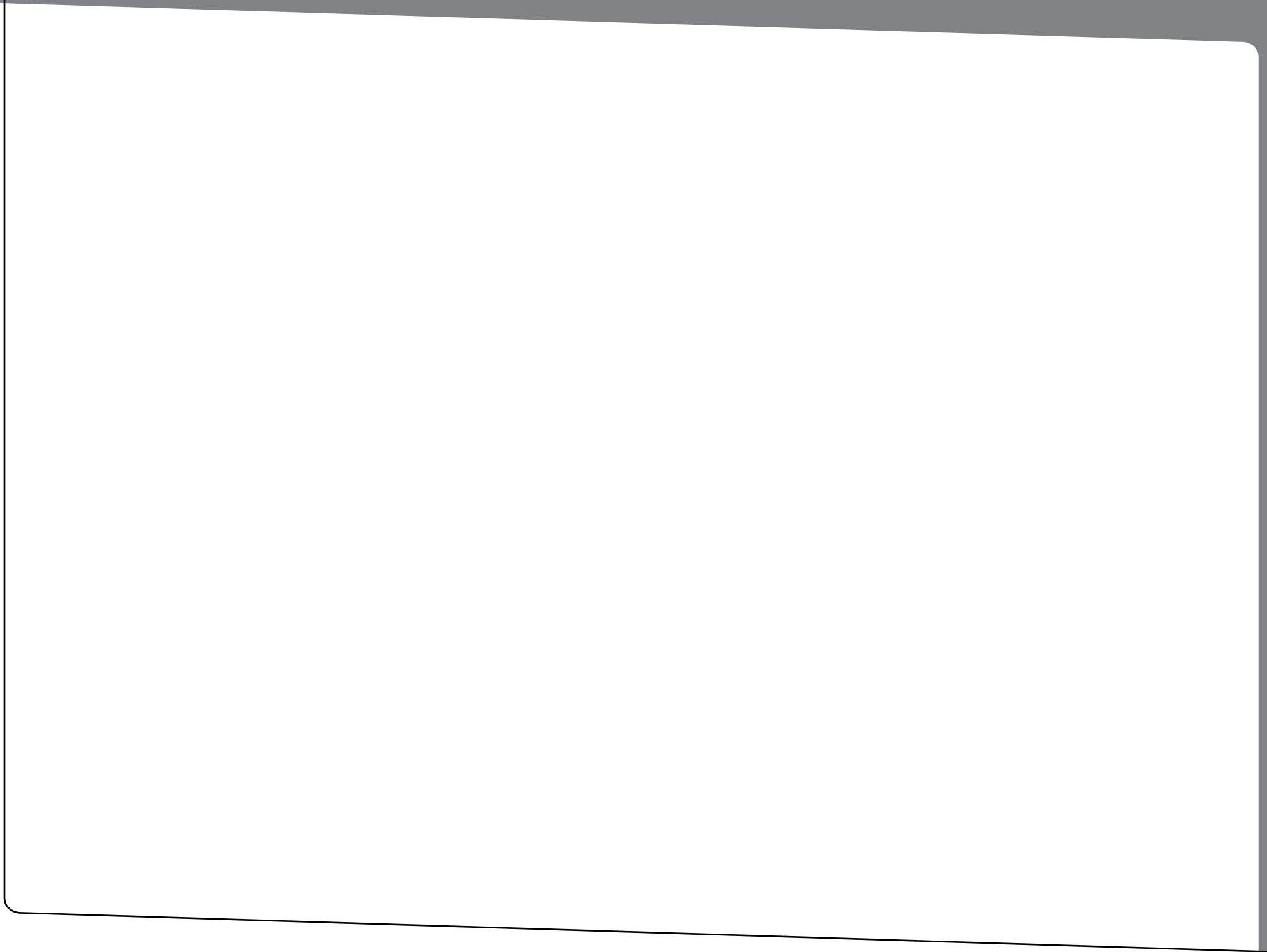
Rates for Optional Dependent Life coverage

\$5,000 spouse, \$5,000 children 6 months to 19 years (age 24 if full-time student); \$500 children under 6 months	\$2 per family
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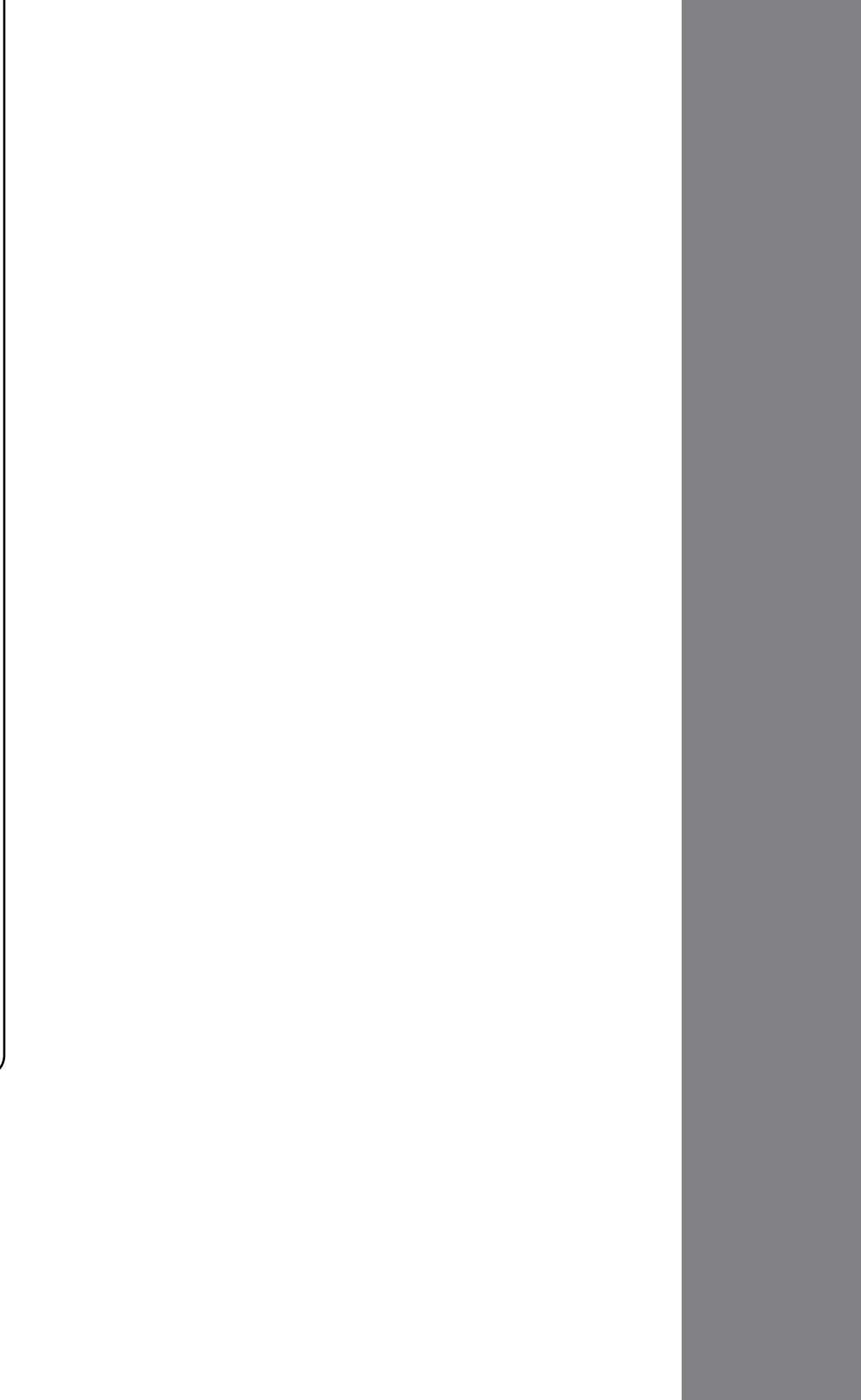
This option only available if employee life benefit is \$20,000 or more:

\$10,000 spouse, \$10,000 children 6 months to 19 years (age 24 if full-time student); \$1,000 children under 6 months	\$4 per family
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Please Note: Life and AD&D benefits are reduced by 35 percent at age 65 and further reduced by 50 percent 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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