



Monthly rates shown below are for Anthem Blue Cross medical premiums only. RealCare Insurance Marketing, Inc. will charge a separate \$20 monthly fee for administrative services provided to C.A.R. members.

Region 2

Anthem Blue Cross Medical Plan Rates

Rates Effective 6/1/09 through 5/31/10

Region 2 Includes the counties of: 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)

Anthem Blue Cross Medical Plans

	Monthly Rates Effective 6/1/09 through 5/31/10	Premier PPO \$20 Copay	PPO \$30 Copay	PPO \$35 Copay GenRx	PPO 2400 (HSA-Compatible) To Be Discontinued 6/1/10	NEW! 1/1/10 Lumenos \$3500 80/50 (HSA Compatible)	Saver HMO
Member Only	<30	510	391	249	223	184	462
	30-39	646	485	314	295	247	590
	40-49	858	653	429	432	357	631
	50-54	1153	876	574	519	427	804
	55-59	1411	1081	699	658	546	1021
	60-64	1828	1390	905	825	685	1338
	65+	2339	1783	1157	1074	891	1615
	65+ *	975	743	482	610	506	1140
Member and Spouse	<30	1510	1153	746	457	378	1158
	30-39	1773	1351	880	614	508	1367
	40-49	1767	1343	876	884	730	1477
	50-54	2415	1834	1185	1074	891	1547
	55-59	2983	2270	1472	1364	1130	2196
	60-64	3644	2780	1808	1665	1382	2345
	65+	5473	4181	2708	2051	1701	3269
	65+ *	2564	1953	1272	1219	1012	2708
Member and Child(ren)	<30	1127	859	555	401	334	1082
	30-39	1238	942	612	518	429	1195
	40-49	1270	963	629	672	557	1180
	50-54	1501	1147	737	741	612	1188
	55-59	1779	1354	878	844	700	1392
	60-64	2202	1680	1085	982	816	1714
	65+	2723	2072	1342	1235	1024	1972
	65+ *	1075	812	534	848	702	1339
Family	<30	1699	1291	842	627	518	1542
	30-39	1963	1494	974	833	690	1796
	40-49	2171	1654	1070	1071	888	1889
	50-54	2570	1954	1272	1119	928	2159
	55-59	3114	2377	1542	1419	1178	2392
	60-64	3930	2999	1950	1675	1389	2865
	65+	5529	4209	2736	2120	1760	3759
	65+ *	2600	1977	1280	1249	1037	3022

* Rate assumes Medicare is primary.

C.A.R. Member Program effective 6/1/09 through 5/31/10

Anthem Blue Cross Medical Rating Region 2

Rates are based on the subscriber's attained age and will change effective the first day of the month following the subscriber's birthday when the attained age moves to another age category.