



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 3

# Anthem Blue Cross Medical Plan Rates

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

**Region 3 Includes counties of:** 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)

### 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	465	355	232	202	167	426
	30-39	572	435	281	267	223	529
	40-49	766	585	385	387	322	580
	50-54	1030	785	507	467	386	726
	55-59	1269	965	629	594	492	922
	60-64	1654	1261	819	743	617	1239
	65+	2052	1567	1015	968	805	1598
65+ *	929	698	456	550	456	1161	
Member and Spouse	<30	1353	1030	668	412	341	1085
	30-39	1588	1217	788	551	457	1294
	40-49	1587	1217	787	795	660	1420
	50-54	2163	1646	1067	968	805	1468
	55-59	2664	2032	1317	1229	1019	2073
	60-64	3307	2521	1634	1502	1245	2266
	65+	4797	3658	2373	1849	1532	3267
65+ *	2431	1855	1205	1101	911	2779	
Member and Child(ren)	<30	1001	765	493	365	301	977
	30-39	1115	848	551	467	386	1094
	40-49	1134	870	564	607	503	1091
	50-54	1346	1028	664	665	553	1081
	55-59	1595	1208	788	761	632	1255
	60-64	1996	1523	987	886	734	1577
	65+	2385	1813	1174	1114	924	1966
65+ *	1017	774	503	765	633	1366	
Family	<30	1520	1157	751	564	468	1397
	30-39	1761	1340	866	750	622	1626
	40-49	1950	1485	964	964	799	1734
	50-54	2305	1755	1139	1009	836	1969
	55-59	2781	2124	1373	1279	1060	2174
	60-64	3565	2713	1763	1508	1250	2640
	65+	4856	3699	2405	1911	1586	3751
65+ *	2459	1883	1211	1126	935	3112	

\* Rate assumes Medicare is primary.

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

Anthem Blue Cross Medical Rating Region 3

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.