

## Individual and Family Health Programs



# HIPAA Plans

Health Insurance Portability and Accountability Act of 1996

**HIPAA Basic PPO 1000 and PPO Share 5000 - Rates effective 1/1/10**

**HIPAA HMO Saver and Select HMO - Rates effective 4/1/11**

# HIPAA Plans

Thank you for choosing Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company for your health care coverage needs.

Eligibility - In order to be eligible for an Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company HIPAA plan, you must:

- ♦ Have completed a minimum of 18 months of continuous health coverage, most recently under an employer-sponsored group health plan;
- ♦ Have elected and exhausted continuation of coverage under COBRA or Cal-COBRA, if available;
- ♦ Have lost coverage within the last 63 days\*;  
\*For reasons other than fraud or non-payment of premiums.
- ♦ Not be eligible for coverage under a group health plan, Medi-Cal, or Medicare, and have no other medical health insurance coverage; and
- ♦ Live or work in the service area of the plan applying for.

Eligibility of family members/dependents - must be a permanent legal resident of California and one of the following:

- ♦ the applicant's spouse or qualified Domestic Partner who is not Medicare-eligible
- ♦ the applicant's children (under 26 years of age), or the children (under 26 years of age) of the enrolling applicant's spouse or qualified Domestic Partner
- ♦ the applicant's child (of any age) who is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition and chiefly dependent upon the applicant for support and maintenance

Checklist: Please follow these general guidelines to make sure your application is completed correctly. Applications may take up to 30 days to review from the date Anthem receives them. If complete information is not provided, the application may be returned to you, or we may try to call you to obtain the necessary information.

Please review the checklist before submitting your application.

- The completed application must be received by Anthem within 63 days of losing your prior group or COBRA coverage.
- Print clearly and complete the application in blue or black ink.
- If you make any changes while completing this form, be sure to initial and date those changes.
- The primary applicant, spouse/Domestic Partner, and any applicant 18 years or older if applicable, must sign and date the application.
- Enclose all certificates of creditable coverage from former group health plan(s) or health insurance company(s). Your coverage will be delayed if proof of creditable coverage is not provided.

The following lists the various situations and the certificates of creditable coverage or alternate documentation we require when submitting a HIPAA application.

The applicant needs to have completed a minimum of 18 months of continuous health coverage, most recently under an employer-sponsored group health plan. Either of the following will meet this requirement:

- Certificate of Creditable Coverage - This must reflect the applicant's last 18 months of continuous coverage and have an end date.
- A letter from the prior employer or insurance carrier reflecting their last 18 months of continuous coverage. This letter needs to have a start and end date and must state the type of plan you were covered under.

# HIPAA Plans

(Continued from page 1)

The applicant has elected and exhausted continuation of coverage under COBRA or Cal-COBRA, if available. If COBRA was exhausted, we will need one of the following:

- COBRA Expiration/Termination Letter - This document is usually sent 30-90 days prior to the applicant's COBRA expiration and simply explains that their COBRA will be coming to an end on a specific date.
- A letter from the prior employer or insurance carrier indicating COBRA was exhausted. This letter also needs to list the specific end date.

If Cal-COBRA was offered, we will need:

- A letter from the applicant's prior employer or insurance carrier indicating Cal-COBRA was exhausted. This letter needs to list the specific end date.

If Cal-COBRA was not offered, we will need one of the following:

- A letter from the applicant's prior employer or insurance carrier indicating they are self-insured.
- A letter from the applicant's prior employer or insurance carrier indicating they do not have a contract in the state of California.
- A copy of an Anthem Blue Cross ID card.

Miscellaneous Scenarios:

If the applicant's prior group coverage ended and COBRA/Cal-COBRA was not offered, we will need:

- A letter from the employer indicating the reason they are no longer offering group health benefits.

If the applicant's COBRA/Cal-COBRA ended and was not exhausted, we will need:

- A letter from the prior employer indicating the reason why COBRA/Cal-COBRA could not be exhausted.

If Anthem approves your application for coverage, Anthem will send you billing information within 30 days of receiving your application. Payment must be provided within 30 days. If payment is not received within 30 days, you will not be enrolled under the HIPAA plan applied for and will have no coverage. If your payment is delivered or postmarked, whichever occurs earlier, within the first 15 days of the month, coverage shall begin no later than the first day of the following month. When that payment is neither delivered nor postmarked until after the 15th day of a month, coverage shall become effective no later than the first day of the second month following delivery or postmark of the payment.

# OVERVIEW OF COVERAGE – YOUR HIPAA PLAN CHOICES

... and your share of costs (after deductible, if any)

Your Plan Features	HIPAA Basic PPO 1000		HIPAA PPO Share 5000	
	Network	Non-Network	Network	Non-Network
<b>Lifetime Maximum</b>	Unlimited		Unlimited	
<b>Annual Out-of-Pocket Maximum</b> (in addition to deductible)	\$2,500 per member Each family member has an individual out-of-pocket maximum. Once 2 members each reach their individual out-of-pocket maximum, the maximum is satisfied for the entire family.		\$2,500 per member Each family member has an individual out-of-pocket maximum. Once 2 members each reach their individual out-of-pocket maximum, the maximum is satisfied for the entire family.	
<b>Annual Deductible</b>	\$1,000 per member - Inpatient or surgical procedures only Each family member has an individual deductible. Once 2 members each reach their individual deductible, the deductible is satisfied for the entire family.		\$5,000 per member Each family member has an individual deductible. Once 2 members each reach their individual deductible, the deductible is satisfied for the entire family.	
<b>Doctors' Office Visits</b>	No office visit benefits until out-of-pocket maximum is met, then you pay 0% coinsurance.	No office visit benefits until out-of-pocket maximum is met, then you pay 50% coinsurance plus all excess charges.	\$40 copay (deductible waived)	50% coinsurance plus all excess charges (deductible waived)
<b>Professional and Diagnostic Services</b> (X-ray, lab, anesthesia, surgeon, etc.)	20% coinsurance for inpatient or surgical procedures only	50% coinsurance plus all excess charges, for covered inpatient or surgical procedures only	30% coinsurance	50% coinsurance plus all excess charges
<b>Hospital Inpatient/Outpatient</b>	20% coinsurance	All charges except \$650/day inpatient, \$380/day outpatient	30% coinsurance	All charges except \$650/day inpatient, \$380/day outpatient
<b>Emergency Room Services<sup>1</sup></b>	20% coinsurance	20% coinsurance plus all excess charges	30% coinsurance	30% coinsurance plus all excess charges
<b>Maternity</b>	Not covered	Not covered	30% coinsurance	50% coinsurance plus all excess charges
<b>Preventive Care</b>	Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.  0% coinsurance (not subject to deductible)	Routine mammogram, Pap and PSA tests: 50% coinsurance plus all excess charges (deductible waived)	Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.  0% coinsurance (not subject to deductible)	50% coinsurance plus all excess charges (deductible waived)
<b>Prescription Drugs</b> <b>(Anthem Blue Cross Formulary)</b> Amounts shown are for each 30-day retail or in-network mail order supply	Not covered	Not covered	Generic (Tier 1): \$15 copay Brand-name (Tier 2): \$35 copay after \$750 annual brand-name deductible (2-member maximum)	50% of drug limited-fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$750 brand-name prescription drug deductible

HIPAA HMO Saver	HIPAA Select HMO
<p align="center"><b>Network</b></p>	<p align="center"><b>Network</b></p>
<p align="center">Unlimited</p>	<p align="center">Unlimited</p>
<p align="center">\$1,500 per member Each family member has an individual out-of-pocket maximum. Once 2 members each reach their individual out-of-pocket maximum, the maximum is satisfied for the entire family.</p>	<p align="center">\$3,000 per member Each family member has an individual out-of-pocket maximum. Once 2 members each reach their individual out-of-pocket maximum, the maximum is satisfied for the entire family.</p>
<p align="center">\$1,500 per member Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers</p>	<p align="center">\$0</p>
<p align="center">\$10 copay</p>	<p align="center">\$25 copay</p>
<p align="center">No charge for office-related services</p>	<p align="center">No charge for office-related services</p>
<p align="center">20% coinsurance</p>	<p align="center">Inpatient: \$250 copay per day up to the first four days, then 0% coinsurance per admission. Outpatient: 20% coinsurance for services; \$250 per surgery</p>
<p align="center">20% coinsurance</p>	<p align="center">20% coinsurance</p>
<p align="center">Office visits: \$10 copay Inpatient/Outpatient: 20% coinsurance</p>	<p align="center">Office visits: \$25 copay Inpatient: \$250 copay per day up to the first four days, then 0% of negotiated fee per admission. Outpatient: 20% coinsurance</p>
<p align="center">Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.  \$0 copay (not subject to deductible)</p>	<p align="center">Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.  \$0 copay</p>
<p align="center">Generic: \$10 copay Brand-name: \$30 copay after \$250 brand-name prescription drug deductible<sup>2</sup> (2-member maximum)</p>	<p align="center">Generic: \$10 copay Brand-name: \$30 copay after \$250 brand-name prescription drug deductible<sup>2</sup> (2-member maximum)</p>

Notes for HIPAA Basic PPO 1000 and HIPAA PPO Share 5000 plans:

- For non-network services, member is responsible for the coinsurance plus charges in excess of the allowable amount.
- Copays/Coinsurance to network and non-network providers apply to annual out-of-pocket maximum except where specifically noted in the policy.

<sup>1</sup> Additional \$100 copay applies for each emergency room visit (waived if admitted as inpatient).

<sup>2</sup> The brand-name drug deductible does not apply to the out-of-pocket maximum.

This overview provides a brief summary of benefits and services. A more detailed listing of coverage can be found in the Evidence of Coverage/Certificate booklet.

For a copy, contact your agent or call Anthem Blue Cross at 800-333-0912.

# WHAT THE MEDICAL PLANS DO NOT COVER

Every health plan has exclusions and limitations that describe what the plans do not cover. General exclusions and limitations are listed below for the health plans described in this brochure. Please take a few moments to review these listings. We want you to understand what your coverage does not include before you enroll. These listings are an overview only. Plan-specific Evidence of Coverage and Disclosure Form/Certificate booklets contain a comprehensive list of each plan's exclusions and limitations. For a sample copy of an Evidence of Coverage and Disclosure Form/Certificate booklet, ask your agent or contact us at 800-333-0912.

## Exclusions and Limitations

- Conditions covered by workers' compensation or similar law
- Experimental or investigative services
- Services provided by a local, state, federal or foreign government, unless you have to pay for them
- Services or supplies not specifically listed as covered under the plan agreement
- Services received before your effective date
- Services received after coverage ends
- Services you wouldn't have to pay for without insurance
- Services from relatives
- Any services received by Medicare benefits without payment of additional premium
- Services or supplies that are not medically necessary
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered)
- Any amounts in excess of the maximum amounts listed in the Evidence of Coverage and Disclosure Form/Certificate
- Sex changes
- Cosmetic surgery
- Services primarily for weight reduction, except medically necessary treatment of morbid obesity
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Hearing aids
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Infertility services
- Private duty nursing
- Eyeglasses or contact lenses, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Mental and nervous disorders and substance abuse, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Outdoor treatment programs
- Telephone or facsimile machine consultations
- Educational services, except as specifically provided or arranged by Anthem Blue Cross
- Nutritional counseling
- Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU)
- Care or treatment furnished in a non-contracting hospital, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Personal comfort items
- Custodial care
- Certain genetic testing
- Outpatient speech therapy, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate
- Any amounts in excess of maximums stated in the Combined Evidence of Coverage and Disclosure Form/Certificate
- Services or supplies supplied to any person not covered under the Agreement in connection with a surrogate pregnancy
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting

> *continued on next page*

# WHAT THE MEDICAL PLANS DO NOT COVER

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## **Additional Exclusions and Limitations for the HIPAA Basic PPO 1000 Only**

- Maternity or pregnancy care
- Outpatient prescription drugs
- Acupuncture/Acupressure
- Physician office visits and associated costs, except as specifically described in the Certificate
- Physical or occupational medicine or chiropractic services, except those provided during an inpatient hospital confinement
- Eye glasses and eye examinations

## **Additional Exclusions and Limitations for the HIPAA HMO Saver and HIPAA Select HMO Only**

- Growth hormone treatment
- Acupuncture/Acupressure
- Chiropractic services
- Immunizations for foreign travel
- Treatment for chronic alcoholism or other substance abuse except as specifically stated in the Evidence of Coverage and Disclosure Form
- Inpatient mental care, including acute alcoholism and drug addiction benefits, except detoxification
- Treatment of mental and nervous disorders, except as specifically stated in the Evidence of Coverage and Disclosure Form
- Rehabilitative care specifically stated in the Evidence of Coverage and Disclosure Form
- Reconstructive surgery, purchase or replacement of artificial limbs or prosthesis except as specifically stated in the Evidence of Coverage and Disclosure Form
- Medical, surgical and/or psychological treatment of a sexual dysfunction, except when a sexual dysfunction is a result of a physical abnormality, defect or disease
- Medical, surgical services, supplies or treatment to the joint of the jaw (temporomandibular joint), upper jaw (maxilla) or lower jaw (mandible), unless related to a tumor or accident occurring while covered
- Routine physical examinations or tests that do not directly treat an acute illness, injury or condition unless authorized by your Primary Care Physician, except in no event will any physical examination or test required by employment or government authority, or at the request of a third party, such as a school, camp or sports affiliated organization, be covered unless medically necessary
- Care or treatment of a pregnancy, or any condition related to pregnancy (except treatment of complications of pregnancy or Cesarean-section deliveries) when conception has occurred before the effective date of the plan agreement. However, if you were covered under creditable coverage within 63 days of becoming covered, the time spent under creditable coverage will be used to satisfy, or partially satisfy, the six (6) month period

# MEDICAL RATING AREA DEFINITIONS – FOR HIPAA BASIC PPO 1000 AND HIPAA PPO SHARE 5000

Rates for the Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company HIPAA plans are based upon the county in which you reside, your family status and age. For Subscriber & Spouse and Family, rates are based on the age of the younger spouse. To determine your rate, find your county in the Rating Areas chart below and the rate for your area and category on the rate tables. Rates are recalculated at each billing period based on age and the residence address.

## Rating Areas

**Area 1:** Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Mendocino, Modoc, Mono, Monterey, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba

**Area 2:** Fresno, Imperial, Kern, Madera, Mariposa, Merced, Napa, Sacramento, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Sonoma, Stanislaus

**Area 3:** Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara

**Area 4:** Orange, Santa Barbara, Ventura

**Area 5:** Los Angeles

**Area 6:** Riverside, San Bernardino, San Diego



# MONTHLY RATES — FOR HIPAA BASIC PPO 1000 AND HIPAA PPO SHARE 5000

Effective January 1, 2010

		HIPAA Basic PPO 1000					
Age Range		Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Single	<15	\$295	\$268	\$277	\$251	\$256	\$250
	15-29	\$425	\$369	\$381	\$348	\$354	\$346
	30-34	\$526	\$450	\$466	\$424	\$431	\$421
	35-39	\$571	\$487	\$504	\$459	\$467	\$456
	40-44	\$642	\$547	\$566	\$516	\$525	\$513
	45-49	\$680	\$586	\$606	\$553	\$562	\$549
	50-54	\$808	\$690	\$715	\$651	\$662	\$647
	55-59	\$937	\$797	\$824	\$752	\$764	\$747
	60-64	\$937	\$797	\$824	\$752	\$764	\$747
Subscriber & Spouse	<15	\$520	\$501	\$501	\$462	\$461	\$451
	15-29	\$860	\$759	\$753	\$715	\$728	\$699
	30-34	\$966	\$859	\$851	\$820	\$821	\$788
	35-39	\$1,037	\$930	\$921	\$886	\$895	\$860
	40-44	\$1,132	\$1,019	\$1,011	\$968	\$962	\$937
	45-49	\$1,215	\$1,084	\$1,078	\$1,041	\$1,036	\$993
	50-54	\$1,448	\$1,294	\$1,283	\$1,246	\$1,224	\$1,178
	55-59	\$1,699	\$1,491	\$1,476	\$1,435	\$1,407	\$1,341
	60-64	\$1,699	\$1,491	\$1,476	\$1,435	\$1,407	\$1,341
Subscriber & Child	<15	\$520	\$501	\$501	\$462	\$461	\$451
	15-29	\$860	\$759	\$753	\$715	\$728	\$699
	30-34	\$966	\$859	\$851	\$820	\$821	\$788
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Family	<15	\$759	\$774	\$780	\$744	\$756	\$716
	15-29	\$1,240	\$1,144	\$1,164	\$1,120	\$1,142	\$1,112
	30-34	\$1,421	\$1,341	\$1,342	\$1,261	\$1,267	\$1,231
	35-39	\$1,488	\$1,376	\$1,392	\$1,295	\$1,309	\$1,266
	40-44	\$1,526	\$1,407	\$1,457	\$1,325	\$1,354	\$1,324
	45-49	\$1,657	\$1,483	\$1,526	\$1,397	\$1,425	\$1,392
	50-54	\$1,870	\$1,661	\$1,707	\$1,565	\$1,596	\$1,538
	55-59	\$2,063	\$1,773	\$1,834	\$1,672	\$1,701	\$1,653
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The HIPAA Basic PPO 1000 and HIPAA PPO Share 5000 plans are offered by Anthem Blue Cross Life and Health Insurance Company.

Notes:  
For Subscriber & Spouse and Family, rates are based on the age of the younger spouse.  
For more information, call your agent or Anthem Blue Cross at 800-333-0912.

# MEDICAL RATING AREA DEFINITIONS — FOR HIPAA HMO SAVER

Rates for the Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company HIPAA plans are based upon the county in which you reside, your family status and age. In order to be eligible, you must reside or work in one of the rating areas. For Subscriber & Spouse and Family, rates are based on the age of the younger spouse. To determine your rate, find your county in the Rating Areas chart below and the rate for your area and category on the rate tables. Rates are recalculated at each billing period based on age and residence address.

## **Rating Area 1**

Marin, Monterey (except 95076 and 93451), San Benito (93930 and 95004 only), San Luis Obispo (93426 only), San Mateo (except 94303)

## **Rating Area 2**

Los Angeles ZIPs starting with 900, 914 and 916

## **Rating Area 3**

Alameda (except ZIPs starting with 945, 946 and 953 and including 94505, 94514), Alpine, Amador, Colusa (95957 only), Contra Costa (except 94551), El Dorado, Inyo (except 93527), Mono, Napa (94589 or 94590 only), Nevada (95602 only), Placer (except 95692 and 96161), Sacramento (except ZIPs starting with 958), San Francisco, San Joaquin (94505, 94514, 95632, and 95690 only), San Mateo (94303 only), Santa Clara (ZIPs starting with 940 and 943), Solano (except 94503, 95616, 95618, and 95694), Sutter (except 95645, 95692, 95836, 95837, 95948)

## **Rating Area 4**

Alameda (ZIPs starting with 945, 946 and 953 except 94505, 94514), Calaveras, Contra Costa (94551 only), Imperial (92225 and 92274 only), Los Angeles (ZIPs starting with 901-904 and 913), Mariposa (95329 only), Merced (95380 only), Riverside (ZIPs starting with 922 except 92248), San Benito (except 93210, 93930, 95004), San Joaquin (except 94505, 94514, 95632, 95690), Santa Clara (94550, 95023, 95076 only), Santa Cruz (except 95033), Stanislaus (except 95322), Tuolumne (95230 or 95329 only), Ventura (ZIPs starting with 913 and 90265)

## **Rating Area 5**

Butte, Colusa (except 95957), Del Norte, Fresno (93313 only), Glenn, Humboldt, Imperial (92004 only), Kern (ZIPs starting with 933), Lake, Lassen, Los Angeles (96056 only), Mendocino, Modoc, Napa (except 94589 and 94590), Nevada (except 95602), Orange (ZIPs starting with 926), Placer (95692 and 96161 only), Plumas, Riverside (92028 only), Sacramento (ZIPs starting with 958), San Diego, Santa Clara (except ZIPs starting with 940, 943, 94550, 95023, and 95076), Santa Cruz (95033 only), Shasta, Sierra, Siskiyou, Solano (94503, 95616, 95618 and 95694 only), Sonoma, Sutter (95645, 95692, 95836, 95837 and 95948 only), Tehama, Trinity, Yolo, Yuba

## **Rating Area 6**

Fresno (except 93313), Imperial (except 92004, 92225 and 92274), Inyo (93527 only), Kern (except ZIPs starting with 933), Kings, Los Angeles (ZIPs starting with 905-908, 935, 91709 and 93243), Madera, Mariposa (except 95329), Merced (except 95380), Monterey (93451 only), Orange (except ZIPs starting with 926), Riverside (except 92028 and ZIPs starting with 922 but including 92248), San Benito (93210 only), San Bernardino (except 91766 and 91792), San Luis Obispo (except 93426), Santa Barbara, Stanislaus (95322 only), Tulare, Tuolumne (except 95230 and 95329), Ventura (ZIPs starting with 930 and 932)

## **Rating Area 7**

Los Angeles (ZIPs starting with 910-912, 915, 917, 918 except 91709), San Bernardino (91766 and 91792 only)

# MONTHLY RATES – FOR HIPAA HMO SAVER

Effective April 1, 2011

## Area 1

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$946	\$1,963	\$1,526	\$3,011	\$2,080	33	\$1,362	\$2,828	\$2,195	\$3,960	\$2,643
1	\$946	\$1,963	\$1,526	\$3,011	\$2,080	34	\$1,383	\$2,862	\$2,217	\$3,994	\$2,665
2	\$946	\$1,963	\$1,526	\$3,011	\$2,080	35	\$1,406	\$2,895	\$2,146	\$4,047	\$2,658
3	\$946	\$1,963	\$1,526	\$3,011	\$2,080	36	\$1,428	\$2,930	\$2,169	\$4,082	\$2,680
4	\$946	\$1,963	\$1,526	\$3,011	\$2,080	37	\$1,452	\$2,965	\$2,192	\$4,117	\$2,703
5	\$472	\$1,963	\$955	\$3,011	\$1,629	38	\$1,463	\$2,983	\$2,203	\$4,136	\$2,714
6	\$472	\$1,963	\$955	\$3,011	\$1,629	39	\$1,475	\$3,002	\$2,215	\$4,153	\$2,726
7	\$472	\$1,963	\$955	\$3,011	\$1,629	40	\$1,487	\$3,019	\$2,098	\$4,163	\$2,689
8	\$472	\$1,963	\$955	\$3,011	\$1,629	41	\$1,499	\$3,039	\$2,110	\$4,182	\$2,701
9	\$472	\$1,963	\$955	\$3,011	\$1,629	42	\$1,511	\$3,058	\$2,122	\$4,200	\$2,713
10	\$472	\$1,963	\$955	\$3,011	\$1,629	43	\$1,518	\$3,079	\$2,128	\$4,222	\$2,719
11	\$472	\$1,963	\$955	\$3,011	\$1,629	44	\$1,524	\$3,101	\$2,135	\$4,244	\$2,726
12	\$472	\$1,963	\$955	\$3,011	\$1,629	45	\$1,531	\$3,124	\$2,032	\$4,206	\$2,677
13	\$472	\$1,963	\$955	\$3,011	\$1,629	46	\$1,538	\$3,146	\$2,039	\$4,227	\$2,683
14	\$472	\$1,963	\$955	\$3,011	\$1,629	47	\$1,544	\$3,169	\$2,046	\$4,251	\$2,691
15	\$472	\$1,963	\$949	\$3,011	\$1,453	48	\$1,559	\$3,214	\$2,061	\$4,295	\$2,706
16	\$472	\$1,963	\$949	\$3,011	\$1,453	49	\$1,575	\$3,258	\$2,076	\$4,340	\$2,721
17	\$472	\$1,963	\$949	\$3,011	\$1,453	50	\$1,591	\$3,304	\$2,070	\$4,229	\$2,702
18	\$472	\$1,963	\$949	\$3,011	\$1,453	51	\$1,607	\$3,351	\$2,086	\$4,275	\$2,717
19	\$907	\$1,963	\$1,705	\$3,011	\$2,217	52	\$1,622	\$3,398	\$2,102	\$4,323	\$2,733
20	\$935	\$2,023	\$1,732	\$3,071	\$2,245	53	\$1,652	\$3,483	\$2,131	\$4,407	\$2,762
21	\$963	\$2,084	\$1,761	\$3,133	\$2,274	54	\$1,681	\$3,570	\$2,160	\$4,495	\$2,792
22	\$992	\$2,148	\$1,791	\$3,196	\$2,304	55	\$1,711	\$3,660	\$2,189	\$4,469	\$2,767
23	\$1,023	\$2,213	\$1,821	\$3,262	\$2,335	56	\$1,742	\$3,752	\$2,219	\$4,561	\$2,799
24	\$1,054	\$2,281	\$1,852	\$3,330	\$2,366	57	\$1,773	\$3,847	\$2,250	\$4,656	\$2,829
25	\$1,086	\$2,350	\$1,885	\$3,400	\$2,398	58	\$1,829	\$3,902	\$2,306	\$4,712	\$2,885
26	\$1,120	\$2,423	\$1,917	\$3,471	\$2,430	59	\$1,887	\$3,960	\$2,364	\$4,769	\$2,943
27	\$1,153	\$2,496	\$1,952	\$3,544	\$2,466	60	\$1,887	\$3,960	\$2,364	\$4,769	\$2,943
28	\$1,189	\$2,552	\$1,987	\$3,601	\$2,500	61	\$1,887	\$3,960	\$2,364	\$4,769	\$2,943
29	\$1,225	\$2,611	\$2,024	\$3,660	\$2,537	62	\$1,887	\$3,960	\$2,364	\$4,769	\$2,943
30	\$1,263	\$2,670	\$2,095	\$3,804	\$2,544	63	\$1,887	\$3,960	\$2,364	\$4,769	\$2,943
31	\$1,301	\$2,732	\$2,134	\$3,864	\$2,582	64	\$1,887	\$3,960	\$2,364	\$4,769	\$2,943
32	\$1,341	\$2,794	\$2,174	\$3,927	\$2,622						

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**Notes:**

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# MONTHLY RATES – FOR HIPAA HMO SAVER

Effective April 1, 2011

Area 2											
Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$672	\$1,395	\$1,084	\$2,139	\$1,478	33	\$968	\$2,009	\$1,560	\$2,813	\$1,878
1	\$672	\$1,395	\$1,084	\$2,139	\$1,478	34	\$983	\$2,033	\$1,575	\$2,837	\$1,893
2	\$672	\$1,395	\$1,084	\$2,139	\$1,478	35	\$999	\$2,057	\$1,524	\$2,876	\$1,888
3	\$672	\$1,395	\$1,084	\$2,139	\$1,478	36	\$1,015	\$2,082	\$1,541	\$2,900	\$1,904
4	\$672	\$1,395	\$1,084	\$2,139	\$1,478	37	\$1,031	\$2,107	\$1,557	\$2,925	\$1,920
5	\$335	\$1,395	\$678	\$2,139	\$1,157	38	\$1,040	\$2,119	\$1,565	\$2,938	\$1,928
6	\$335	\$1,395	\$678	\$2,139	\$1,157	39	\$1,048	\$2,133	\$1,574	\$2,951	\$1,937
7	\$335	\$1,395	\$678	\$2,139	\$1,157	40	\$1,057	\$2,145	\$1,490	\$2,958	\$1,910
8	\$335	\$1,395	\$678	\$2,139	\$1,157	41	\$1,065	\$2,159	\$1,499	\$2,971	\$1,919
9	\$335	\$1,395	\$678	\$2,139	\$1,157	42	\$1,073	\$2,172	\$1,507	\$2,984	\$1,927
10	\$335	\$1,395	\$678	\$2,139	\$1,157	43	\$1,078	\$2,187	\$1,512	\$3,000	\$1,932
11	\$335	\$1,395	\$678	\$2,139	\$1,157	44	\$1,082	\$2,203	\$1,517	\$3,015	\$1,936
12	\$335	\$1,395	\$678	\$2,139	\$1,157	45	\$1,088	\$2,219	\$1,444	\$2,988	\$1,902
13	\$335	\$1,395	\$678	\$2,139	\$1,157	46	\$1,093	\$2,235	\$1,448	\$3,003	\$1,906
14	\$335	\$1,395	\$678	\$2,139	\$1,157	47	\$1,097	\$2,251	\$1,453	\$3,020	\$1,912
15	\$335	\$1,395	\$674	\$2,139	\$1,032	48	\$1,108	\$2,283	\$1,464	\$3,051	\$1,922
16	\$335	\$1,395	\$674	\$2,139	\$1,032	49	\$1,119	\$2,315	\$1,475	\$3,083	\$1,933
17	\$335	\$1,395	\$674	\$2,139	\$1,032	50	\$1,130	\$2,347	\$1,471	\$3,004	\$1,919
18	\$335	\$1,395	\$674	\$2,139	\$1,032	51	\$1,142	\$2,381	\$1,482	\$3,037	\$1,930
19	\$644	\$1,395	\$1,211	\$2,139	\$1,575	52	\$1,152	\$2,414	\$1,494	\$3,071	\$1,942
20	\$664	\$1,437	\$1,230	\$2,182	\$1,595	53	\$1,173	\$2,475	\$1,514	\$3,131	\$1,962
21	\$684	\$1,480	\$1,251	\$2,226	\$1,616	54	\$1,194	\$2,536	\$1,535	\$3,194	\$1,983
22	\$705	\$1,526	\$1,272	\$2,271	\$1,637	55	\$1,216	\$2,600	\$1,555	\$3,175	\$1,966
23	\$726	\$1,572	\$1,293	\$2,317	\$1,659	56	\$1,237	\$2,665	\$1,576	\$3,240	\$1,988
24	\$749	\$1,621	\$1,315	\$2,366	\$1,681	57	\$1,259	\$2,733	\$1,598	\$3,308	\$2,010
25	\$771	\$1,670	\$1,339	\$2,415	\$1,703	58	\$1,300	\$2,772	\$1,638	\$3,348	\$2,050
26	\$795	\$1,721	\$1,362	\$2,466	\$1,727	59	\$1,341	\$2,813	\$1,679	\$3,388	\$2,091
27	\$819	\$1,773	\$1,387	\$2,518	\$1,752	60	\$1,341	\$2,813	\$1,679	\$3,388	\$2,091
28	\$844	\$1,813	\$1,412	\$2,558	\$1,776	61	\$1,341	\$2,813	\$1,679	\$3,388	\$2,091
29	\$870	\$1,855	\$1,438	\$2,600	\$1,802	62	\$1,341	\$2,813	\$1,679	\$3,388	\$2,091
30	\$897	\$1,897	\$1,489	\$2,702	\$1,807	63	\$1,341	\$2,813	\$1,679	\$3,388	\$2,091
31	\$924	\$1,941	\$1,516	\$2,745	\$1,834	64	\$1,341	\$2,813	\$1,679	\$3,388	\$2,091
32	\$952	\$1,985	\$1,545	\$2,790	\$1,863						

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# MONTHLY RATES – FOR HIPAA HMO SAVER

Effective April 1, 2011

## Area 3

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$1,003	\$2,081	\$1,618	\$3,192	\$2,205	33	\$1,444	\$2,998	\$2,327	\$4,198	\$2,802
1	\$1,003	\$2,081	\$1,618	\$3,192	\$2,205	34	\$1,467	\$3,034	\$2,350	\$4,234	\$2,825
2	\$1,003	\$2,081	\$1,618	\$3,192	\$2,205	35	\$1,491	\$3,069	\$2,275	\$4,291	\$2,817
3	\$1,003	\$2,081	\$1,618	\$3,192	\$2,205	36	\$1,514	\$3,107	\$2,299	\$4,328	\$2,841
4	\$1,003	\$2,081	\$1,618	\$3,192	\$2,205	37	\$1,539	\$3,143	\$2,324	\$4,365	\$2,866
5	\$501	\$2,081	\$1,013	\$3,192	\$1,727	38	\$1,551	\$3,163	\$2,336	\$4,385	\$2,878
6	\$501	\$2,081	\$1,013	\$3,192	\$1,727	39	\$1,564	\$3,183	\$2,348	\$4,403	\$2,890
7	\$501	\$2,081	\$1,013	\$3,192	\$1,727	40	\$1,577	\$3,201	\$2,224	\$4,413	\$2,850
8	\$501	\$2,081	\$1,013	\$3,192	\$1,727	41	\$1,589	\$3,222	\$2,237	\$4,434	\$2,863
9	\$501	\$2,081	\$1,013	\$3,192	\$1,727	42	\$1,602	\$3,242	\$2,249	\$4,453	\$2,876
10	\$501	\$2,081	\$1,013	\$3,192	\$1,727	43	\$1,609	\$3,264	\$2,256	\$4,476	\$2,883
11	\$501	\$2,081	\$1,013	\$3,192	\$1,727	44	\$1,615	\$3,287	\$2,263	\$4,499	\$2,890
12	\$501	\$2,081	\$1,013	\$3,192	\$1,727	45	\$1,624	\$3,312	\$2,154	\$4,459	\$2,838
13	\$501	\$2,081	\$1,013	\$3,192	\$1,727	46	\$1,631	\$3,335	\$2,161	\$4,482	\$2,844
14	\$501	\$2,081	\$1,013	\$3,192	\$1,727	47	\$1,637	\$3,359	\$2,169	\$4,506	\$2,853
15	\$501	\$2,081	\$1,007	\$3,192	\$1,540	48	\$1,653	\$3,407	\$2,185	\$4,553	\$2,869
16	\$501	\$2,081	\$1,007	\$3,192	\$1,540	49	\$1,670	\$3,454	\$2,201	\$4,601	\$2,885
17	\$501	\$2,081	\$1,007	\$3,192	\$1,540	50	\$1,687	\$3,503	\$2,195	\$4,483	\$2,864
18	\$501	\$2,081	\$1,007	\$3,192	\$1,540	51	\$1,704	\$3,552	\$2,211	\$4,532	\$2,880
19	\$961	\$2,081	\$1,807	\$3,192	\$2,351	52	\$1,720	\$3,602	\$2,229	\$4,583	\$2,898
20	\$991	\$2,144	\$1,836	\$3,255	\$2,380	53	\$1,751	\$3,693	\$2,260	\$4,673	\$2,928
21	\$1,021	\$2,209	\$1,867	\$3,321	\$2,411	54	\$1,782	\$3,785	\$2,290	\$4,765	\$2,960
22	\$1,052	\$2,277	\$1,898	\$3,388	\$2,442	55	\$1,814	\$3,880	\$2,320	\$4,738	\$2,934
23	\$1,084	\$2,346	\$1,930	\$3,458	\$2,475	56	\$1,846	\$3,977	\$2,352	\$4,835	\$2,967
24	\$1,118	\$2,419	\$1,963	\$3,530	\$2,508	57	\$1,879	\$4,078	\$2,385	\$4,936	\$2,999
25	\$1,151	\$2,492	\$1,999	\$3,604	\$2,542	58	\$1,939	\$4,137	\$2,445	\$4,996	\$3,059
26	\$1,187	\$2,568	\$2,033	\$3,680	\$2,577	59	\$2,000	\$4,198	\$2,506	\$5,056	\$3,120
27	\$1,223	\$2,646	\$2,069	\$3,758	\$2,614	60	\$2,000	\$4,198	\$2,506	\$5,056	\$3,120
28	\$1,260	\$2,706	\$2,107	\$3,818	\$2,650	61	\$2,000	\$4,198	\$2,506	\$5,056	\$3,120
29	\$1,299	\$2,768	\$2,145	\$3,880	\$2,689	62	\$2,000	\$4,198	\$2,506	\$5,056	\$3,120
30	\$1,339	\$2,831	\$2,221	\$4,032	\$2,697	63	\$2,000	\$4,198	\$2,506	\$5,056	\$3,120
31	\$1,379	\$2,896	\$2,263	\$4,097	\$2,737	64	\$2,000	\$4,198	\$2,506	\$5,056	\$3,120
32	\$1,421	\$2,962	\$2,305	\$4,164	\$2,779						

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# MONTHLY RATES – FOR HIPAA HMO SAVER

Effective April 1, 2011

## Area 4

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$693	\$1,439	\$1,119	\$2,206	\$1,524	33	\$998	\$2,072	\$1,609	\$2,902	\$1,937
1	\$693	\$1,439	\$1,119	\$2,206	\$1,524	34	\$1,014	\$2,097	\$1,625	\$2,927	\$1,953
2	\$693	\$1,439	\$1,119	\$2,206	\$1,524	35	\$1,030	\$2,122	\$1,573	\$2,966	\$1,948
3	\$693	\$1,439	\$1,119	\$2,206	\$1,524	36	\$1,047	\$2,148	\$1,589	\$2,992	\$1,964
4	\$693	\$1,439	\$1,119	\$2,206	\$1,524	37	\$1,064	\$2,173	\$1,606	\$3,017	\$1,981
5	\$346	\$1,439	\$700	\$2,206	\$1,194	38	\$1,072	\$2,186	\$1,615	\$3,031	\$1,989
6	\$346	\$1,439	\$700	\$2,206	\$1,194	39	\$1,081	\$2,200	\$1,623	\$3,044	\$1,998
7	\$346	\$1,439	\$700	\$2,206	\$1,194	40	\$1,090	\$2,213	\$1,537	\$3,051	\$1,970
8	\$346	\$1,439	\$700	\$2,206	\$1,194	41	\$1,099	\$2,228	\$1,546	\$3,065	\$1,979
9	\$346	\$1,439	\$700	\$2,206	\$1,194	42	\$1,107	\$2,241	\$1,555	\$3,078	\$1,988
10	\$346	\$1,439	\$700	\$2,206	\$1,194	43	\$1,112	\$2,256	\$1,559	\$3,095	\$1,993
11	\$346	\$1,439	\$700	\$2,206	\$1,194	44	\$1,117	\$2,273	\$1,564	\$3,111	\$1,998
12	\$346	\$1,439	\$700	\$2,206	\$1,194	45	\$1,122	\$2,289	\$1,489	\$3,083	\$1,962
13	\$346	\$1,439	\$700	\$2,206	\$1,194	46	\$1,127	\$2,305	\$1,494	\$3,098	\$1,966
14	\$346	\$1,439	\$700	\$2,206	\$1,194	47	\$1,131	\$2,322	\$1,499	\$3,115	\$1,972
15	\$346	\$1,439	\$696	\$2,206	\$1,064	48	\$1,143	\$2,355	\$1,510	\$3,148	\$1,983
16	\$346	\$1,439	\$696	\$2,206	\$1,064	49	\$1,155	\$2,388	\$1,521	\$3,181	\$1,994
17	\$346	\$1,439	\$696	\$2,206	\$1,064	50	\$1,166	\$2,421	\$1,517	\$3,099	\$1,980
18	\$346	\$1,439	\$696	\$2,206	\$1,064	51	\$1,178	\$2,456	\$1,529	\$3,133	\$1,991
19	\$664	\$1,439	\$1,249	\$2,206	\$1,625	52	\$1,189	\$2,490	\$1,541	\$3,168	\$2,003
20	\$685	\$1,482	\$1,269	\$2,250	\$1,646	53	\$1,210	\$2,553	\$1,562	\$3,230	\$2,024
21	\$706	\$1,527	\$1,291	\$2,296	\$1,667	54	\$1,232	\$2,616	\$1,583	\$3,294	\$2,046
22	\$727	\$1,574	\$1,312	\$2,342	\$1,688	55	\$1,254	\$2,682	\$1,604	\$3,275	\$2,028
23	\$749	\$1,622	\$1,334	\$2,390	\$1,711	56	\$1,276	\$2,750	\$1,626	\$3,342	\$2,051
24	\$772	\$1,672	\$1,357	\$2,440	\$1,734	57	\$1,299	\$2,819	\$1,649	\$3,412	\$2,074
25	\$796	\$1,722	\$1,382	\$2,492	\$1,757	58	\$1,341	\$2,860	\$1,690	\$3,454	\$2,114
26	\$821	\$1,776	\$1,405	\$2,544	\$1,781	59	\$1,383	\$2,902	\$1,732	\$3,495	\$2,157
27	\$845	\$1,829	\$1,430	\$2,598	\$1,807	60	\$1,383	\$2,902	\$1,732	\$3,495	\$2,157
28	\$871	\$1,871	\$1,456	\$2,639	\$1,832	61	\$1,383	\$2,902	\$1,732	\$3,495	\$2,157
29	\$898	\$1,913	\$1,483	\$2,682	\$1,859	62	\$1,383	\$2,902	\$1,732	\$3,495	\$2,157
30	\$925	\$1,957	\$1,536	\$2,788	\$1,864	63	\$1,383	\$2,902	\$1,732	\$3,495	\$2,157
31	\$953	\$2,002	\$1,564	\$2,832	\$1,892	64	\$1,383	\$2,902	\$1,732	\$3,495	\$2,157
32	\$982	\$2,047	\$1,593	\$2,878	\$1,921						

The HIPAA HMO Saver is offered by Anthem Blue Cross.

**Notes:**

For Subscriber & Spouse and Family, rates are based on the age of the younger spouse.  
For more information, call your agent or Anthem Blue Cross at 800-333-0912.

# MONTHLY RATES – FOR HIPAA HMO SAVER

Effective April 1, 2011

Area 5											
Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$735	\$1,526	\$1,187	\$2,340	\$1,617	33	\$1,059	\$2,198	\$1,706	\$3,078	\$2,054
1	\$735	\$1,526	\$1,187	\$2,340	\$1,617	34	\$1,075	\$2,225	\$1,723	\$3,105	\$2,072
2	\$735	\$1,526	\$1,187	\$2,340	\$1,617	35	\$1,093	\$2,250	\$1,668	\$3,146	\$2,066
3	\$735	\$1,526	\$1,187	\$2,340	\$1,617	36	\$1,110	\$2,278	\$1,686	\$3,173	\$2,083
4	\$735	\$1,526	\$1,187	\$2,340	\$1,617	37	\$1,128	\$2,305	\$1,704	\$3,201	\$2,101
5	\$367	\$1,526	\$742	\$2,340	\$1,266	38	\$1,138	\$2,319	\$1,713	\$3,215	\$2,110
6	\$367	\$1,526	\$742	\$2,340	\$1,266	39	\$1,147	\$2,334	\$1,722	\$3,229	\$2,119
7	\$367	\$1,526	\$742	\$2,340	\$1,266	40	\$1,156	\$2,347	\$1,631	\$3,236	\$2,090
8	\$367	\$1,526	\$742	\$2,340	\$1,266	41	\$1,165	\$2,363	\$1,640	\$3,251	\$2,099
9	\$367	\$1,526	\$742	\$2,340	\$1,266	42	\$1,174	\$2,377	\$1,649	\$3,265	\$2,109
10	\$367	\$1,526	\$742	\$2,340	\$1,266	43	\$1,180	\$2,393	\$1,654	\$3,282	\$2,114
11	\$367	\$1,526	\$742	\$2,340	\$1,266	44	\$1,184	\$2,411	\$1,659	\$3,299	\$2,119
12	\$367	\$1,526	\$742	\$2,340	\$1,266	45	\$1,190	\$2,428	\$1,580	\$3,270	\$2,081
13	\$367	\$1,526	\$742	\$2,340	\$1,266	46	\$1,196	\$2,445	\$1,585	\$3,286	\$2,086
14	\$367	\$1,526	\$742	\$2,340	\$1,266	47	\$1,200	\$2,463	\$1,590	\$3,304	\$2,092
15	\$367	\$1,526	\$738	\$2,340	\$1,129	48	\$1,212	\$2,498	\$1,602	\$3,339	\$2,103
16	\$367	\$1,526	\$738	\$2,340	\$1,129	49	\$1,225	\$2,533	\$1,614	\$3,374	\$2,116
17	\$367	\$1,526	\$738	\$2,340	\$1,129	50	\$1,237	\$2,568	\$1,609	\$3,287	\$2,100
18	\$367	\$1,526	\$738	\$2,340	\$1,129	51	\$1,249	\$2,605	\$1,621	\$3,323	\$2,112
19	\$705	\$1,526	\$1,325	\$2,340	\$1,724	52	\$1,261	\$2,641	\$1,634	\$3,360	\$2,125
20	\$727	\$1,572	\$1,346	\$2,387	\$1,745	53	\$1,284	\$2,708	\$1,657	\$3,426	\$2,147
21	\$749	\$1,620	\$1,369	\$2,435	\$1,768	54	\$1,307	\$2,775	\$1,679	\$3,494	\$2,170
22	\$771	\$1,670	\$1,392	\$2,485	\$1,791	55	\$1,330	\$2,845	\$1,701	\$3,474	\$2,151
23	\$795	\$1,721	\$1,415	\$2,535	\$1,815	56	\$1,354	\$2,916	\$1,725	\$3,545	\$2,176
24	\$819	\$1,773	\$1,439	\$2,588	\$1,839	57	\$1,378	\$2,990	\$1,749	\$3,619	\$2,199
25	\$844	\$1,827	\$1,465	\$2,643	\$1,864	58	\$1,422	\$3,033	\$1,793	\$3,663	\$2,243
26	\$870	\$1,883	\$1,490	\$2,699	\$1,889	59	\$1,467	\$3,078	\$1,838	\$3,707	\$2,288
27	\$897	\$1,940	\$1,517	\$2,755	\$1,917	60	\$1,467	\$3,078	\$1,838	\$3,707	\$2,288
28	\$924	\$1,984	\$1,545	\$2,799	\$1,943	61	\$1,467	\$3,078	\$1,838	\$3,707	\$2,288
29	\$952	\$2,029	\$1,573	\$2,845	\$1,972	62	\$1,467	\$3,078	\$1,838	\$3,707	\$2,288
30	\$982	\$2,076	\$1,629	\$2,957	\$1,977	63	\$1,467	\$3,078	\$1,838	\$3,707	\$2,288
31	\$1,011	\$2,124	\$1,659	\$3,004	\$2,007	64	\$1,467	\$3,078	\$1,838	\$3,707	\$2,288
32	\$1,042	\$2,172	\$1,690	\$3,053	\$2,038						

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**Notes:**

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# MONTHLY RATES – FOR HIPAA HMO SAVER

Effective April 1, 2011

## Area 6

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$690	\$1,433	\$1,114	\$2,198	\$1,518	33	\$994	\$2,064	\$1,603	\$2,891	\$1,929
1	\$690	\$1,433	\$1,114	\$2,198	\$1,518	34	\$1,010	\$2,089	\$1,619	\$2,916	\$1,946
2	\$690	\$1,433	\$1,114	\$2,198	\$1,518	35	\$1,026	\$2,113	\$1,566	\$2,955	\$1,940
3	\$690	\$1,433	\$1,114	\$2,198	\$1,518	36	\$1,043	\$2,139	\$1,583	\$2,980	\$1,956
4	\$690	\$1,433	\$1,114	\$2,198	\$1,518	37	\$1,060	\$2,165	\$1,600	\$3,006	\$1,973
5	\$345	\$1,433	\$697	\$2,198	\$1,189	38	\$1,068	\$2,178	\$1,609	\$3,020	\$1,982
6	\$345	\$1,433	\$697	\$2,198	\$1,189	39	\$1,077	\$2,192	\$1,617	\$3,032	\$1,990
7	\$345	\$1,433	\$697	\$2,198	\$1,189	40	\$1,086	\$2,204	\$1,531	\$3,039	\$1,963
8	\$345	\$1,433	\$697	\$2,198	\$1,189	41	\$1,094	\$2,219	\$1,540	\$3,053	\$1,972
9	\$345	\$1,433	\$697	\$2,198	\$1,189	42	\$1,103	\$2,232	\$1,549	\$3,067	\$1,980
10	\$345	\$1,433	\$697	\$2,198	\$1,189	43	\$1,108	\$2,248	\$1,553	\$3,083	\$1,985
11	\$345	\$1,433	\$697	\$2,198	\$1,189	44	\$1,112	\$2,264	\$1,558	\$3,099	\$1,990
12	\$345	\$1,433	\$697	\$2,198	\$1,189	45	\$1,118	\$2,281	\$1,484	\$3,071	\$1,955
13	\$345	\$1,433	\$697	\$2,198	\$1,189	46	\$1,123	\$2,297	\$1,488	\$3,086	\$1,959
14	\$345	\$1,433	\$697	\$2,198	\$1,189	47	\$1,127	\$2,313	\$1,494	\$3,103	\$1,965
15	\$345	\$1,433	\$693	\$2,198	\$1,060	48	\$1,138	\$2,346	\$1,504	\$3,136	\$1,975
16	\$345	\$1,433	\$693	\$2,198	\$1,060	49	\$1,150	\$2,379	\$1,516	\$3,168	\$1,987
17	\$345	\$1,433	\$693	\$2,198	\$1,060	50	\$1,162	\$2,412	\$1,511	\$3,087	\$1,972
18	\$345	\$1,433	\$693	\$2,198	\$1,060	51	\$1,173	\$2,446	\$1,523	\$3,121	\$1,983
19	\$662	\$1,433	\$1,245	\$2,198	\$1,619	52	\$1,184	\$2,480	\$1,535	\$3,156	\$1,995
20	\$683	\$1,477	\$1,264	\$2,242	\$1,639	53	\$1,206	\$2,543	\$1,556	\$3,218	\$2,017
21	\$703	\$1,521	\$1,286	\$2,287	\$1,660	54	\$1,227	\$2,606	\$1,577	\$3,282	\$2,038
22	\$724	\$1,568	\$1,307	\$2,333	\$1,682	55	\$1,249	\$2,672	\$1,598	\$3,263	\$2,020
23	\$747	\$1,616	\$1,329	\$2,381	\$1,705	56	\$1,271	\$2,739	\$1,620	\$3,330	\$2,043
24	\$770	\$1,666	\$1,352	\$2,431	\$1,727	57	\$1,294	\$2,808	\$1,643	\$3,399	\$2,066
25	\$793	\$1,716	\$1,376	\$2,482	\$1,750	58	\$1,336	\$2,849	\$1,684	\$3,440	\$2,106
26	\$817	\$1,769	\$1,400	\$2,534	\$1,774	59	\$1,378	\$2,891	\$1,726	\$3,482	\$2,149
27	\$842	\$1,822	\$1,425	\$2,588	\$1,800	60	\$1,378	\$2,891	\$1,726	\$3,482	\$2,149
28	\$868	\$1,863	\$1,451	\$2,629	\$1,825	61	\$1,378	\$2,891	\$1,726	\$3,482	\$2,149
29	\$894	\$1,906	\$1,477	\$2,672	\$1,852	62	\$1,378	\$2,891	\$1,726	\$3,482	\$2,149
30	\$922	\$1,949	\$1,530	\$2,777	\$1,857	63	\$1,378	\$2,891	\$1,726	\$3,482	\$2,149
31	\$950	\$1,995	\$1,558	\$2,821	\$1,885	64	\$1,378	\$2,891	\$1,726	\$3,482	\$2,149
32	\$979	\$2,040	\$1,587	\$2,867	\$1,914						

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**Notes:**

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# MONTHLY RATES – FOR HIPAA HMO SAVER

Effective April 1, 2011

## Area 7

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$612	\$1,271	\$988	\$1,949	\$1,346	33	\$882	\$1,830	\$1,421	\$2,563	\$1,711
1	\$612	\$1,271	\$988	\$1,949	\$1,346	34	\$895	\$1,853	\$1,435	\$2,585	\$1,725
2	\$612	\$1,271	\$988	\$1,949	\$1,346	35	\$910	\$1,874	\$1,389	\$2,620	\$1,720
3	\$612	\$1,271	\$988	\$1,949	\$1,346	36	\$924	\$1,897	\$1,404	\$2,643	\$1,735
4	\$612	\$1,271	\$988	\$1,949	\$1,346	37	\$940	\$1,919	\$1,419	\$2,665	\$1,750
5	\$306	\$1,271	\$618	\$1,949	\$1,055	38	\$947	\$1,931	\$1,426	\$2,677	\$1,757
6	\$306	\$1,271	\$618	\$1,949	\$1,055	39	\$955	\$1,943	\$1,434	\$2,689	\$1,765
7	\$306	\$1,271	\$618	\$1,949	\$1,055	40	\$963	\$1,955	\$1,358	\$2,695	\$1,740
8	\$306	\$1,271	\$618	\$1,949	\$1,055	41	\$970	\$1,968	\$1,366	\$2,707	\$1,748
9	\$306	\$1,271	\$618	\$1,949	\$1,055	42	\$978	\$1,979	\$1,373	\$2,719	\$1,756
10	\$306	\$1,271	\$618	\$1,949	\$1,055	43	\$982	\$1,993	\$1,377	\$2,733	\$1,760
11	\$306	\$1,271	\$618	\$1,949	\$1,055	44	\$986	\$2,007	\$1,382	\$2,748	\$1,764
12	\$306	\$1,271	\$618	\$1,949	\$1,055	45	\$991	\$2,022	\$1,315	\$2,723	\$1,733
13	\$306	\$1,271	\$618	\$1,949	\$1,055	46	\$996	\$2,036	\$1,320	\$2,737	\$1,737
14	\$306	\$1,271	\$618	\$1,949	\$1,055	47	\$999	\$2,051	\$1,324	\$2,752	\$1,742
15	\$306	\$1,271	\$614	\$1,949	\$940	48	\$1,009	\$2,080	\$1,334	\$2,780	\$1,752
16	\$306	\$1,271	\$614	\$1,949	\$940	49	\$1,020	\$2,109	\$1,344	\$2,809	\$1,762
17	\$306	\$1,271	\$614	\$1,949	\$940	50	\$1,030	\$2,139	\$1,340	\$2,738	\$1,749
18	\$306	\$1,271	\$614	\$1,949	\$940	51	\$1,040	\$2,169	\$1,350	\$2,767	\$1,759
19	\$587	\$1,271	\$1,104	\$1,949	\$1,435	52	\$1,050	\$2,199	\$1,361	\$2,798	\$1,769
20	\$605	\$1,309	\$1,121	\$1,988	\$1,453	53	\$1,069	\$2,255	\$1,380	\$2,853	\$1,788
21	\$623	\$1,349	\$1,140	\$2,028	\$1,472	54	\$1,088	\$2,311	\$1,398	\$2,910	\$1,807
22	\$642	\$1,390	\$1,159	\$2,069	\$1,491	55	\$1,108	\$2,369	\$1,417	\$2,893	\$1,791
23	\$662	\$1,433	\$1,178	\$2,111	\$1,511	56	\$1,127	\$2,429	\$1,436	\$2,952	\$1,812
24	\$682	\$1,477	\$1,199	\$2,155	\$1,531	57	\$1,147	\$2,490	\$1,456	\$3,014	\$1,832
25	\$703	\$1,521	\$1,220	\$2,201	\$1,552	58	\$1,184	\$2,526	\$1,493	\$3,051	\$1,868
26	\$725	\$1,568	\$1,241	\$2,247	\$1,573	59	\$1,221	\$2,563	\$1,530	\$3,087	\$1,905
27	\$747	\$1,616	\$1,263	\$2,295	\$1,596	60	\$1,221	\$2,563	\$1,530	\$3,087	\$1,905
28	\$769	\$1,652	\$1,286	\$2,331	\$1,618	61	\$1,221	\$2,563	\$1,530	\$3,087	\$1,905
29	\$793	\$1,690	\$1,310	\$2,369	\$1,642	62	\$1,221	\$2,563	\$1,530	\$3,087	\$1,905
30	\$817	\$1,728	\$1,356	\$2,462	\$1,647	63	\$1,221	\$2,563	\$1,530	\$3,087	\$1,905
31	\$842	\$1,769	\$1,382	\$2,502	\$1,671	64	\$1,221	\$2,563	\$1,530	\$3,087	\$1,905
32	\$868	\$1,808	\$1,407	\$2,542	\$1,697						

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**Notes:**

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# MEDICAL RATING AREA DEFINITIONS – FOR HIPAA SELECT HMO

Rates for the Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company HIPAA plans are based upon the county in which you reside, your family status and age. In order to be eligible, you must reside or work in one of the rating areas. For Subscriber & Spouse and Family, rates are based on the age of the younger spouse. To determine your rate, find your county in the Rating Areas chart below and the rate for your area and category on the rate tables. Rates are recalculated at each billing period based on age and residence address.

## **Rating Area 1**

San Mateo (except 94303)

## **Rating Area 2**

Los Angeles ZIPs starting with 900, 914 and 916

## **Rating Area 3**

Alameda (except ZIPs starting with 945, 946 and 953 and including 94505 and 94514), Contra Costa (except 94551), Placer (except 95715, 95724, 96140, 96141, 96142, 96143, 96145, 96146, 96148, 96161 and 95692), Sacramento (except ZIPs starting with 958), San Francisco, San Joaquin (94505, 94514, 95632, and 95690 only), San Mateo (94303 only), Santa Clara (ZIPs starting with 940 and 943)

## **Rating Area 4**

Alameda (ZIPs starting with 945, 946 and 953 except 94505, 94514), Contra Costa (94551 only), Imperial (92225 and 92274 only), Los Angeles (ZIPs starting with 901-904 and 913), Merced (95380 only), Riverside (ZIPs starting with 922 except 92248, 92225, 92226, 92239), San Joaquin (except 94505, 94514, 95632, 95690), Santa Clara (94550, 95023, and 95076 only), Santa Cruz (except 95033), Stanislaus (except 95322), Ventura (except ZIPs starting with 930 or 932)

## **Rating Area 5**

Fresno (93313 only), Imperial (92004 only), Kern (ZIPs starting with 933), Nevada (except 95602, 95728, 96111, 96160, 96161, 96162), Orange (ZIPs starting with 926), Placer (95692 only), Riverside (92028 only), Sacramento ZIPs starting with 958, San Diego (except ZIPs starting with 940, 943 and 91901, 91905, 91906, 91916, 91917, 91934, 91935, 91948, 91962, 91963, 91980, 92004, 92036, 92059, 92061, 92066 and 92086), Santa Clara (all ZIPs except 94550, 95023, 95076 and those starting with 940 and 943), Santa Cruz (95033 only), Yolo

## **Rating Area 6**

Fresno (except 93313), Imperial (except 92004, 92225 and 92274), Kern (except ZIPs starting with 933), Kings, Los Angeles (ZIPs starting with 905-908, 935, 91709 and 93243), Orange (except ZIPs starting with 926), Riverside (ZIPs starting with 923-928), San Bernardino (except 91766, 91792, 92363, 92364, 92365), Stanislaus (95322 only), Tulare, Ventura (ZIPs starting with 930 and 932)

## **Rating Area 7**

Los Angeles (ZIPs starting with 910-912, 915, 917, 918 except 91709), San Bernardino (91766 and 91792 only)

# MONTHLY RATES – FOR HIPAA SELECT HMO

Effective April 1, 2011

## Area 1

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$833	\$1,764	\$1,344	\$2,687	\$1,831	33	\$1,206	\$2,501	\$1,941	\$3,498	\$2,334
1	\$833	\$1,764	\$1,344	\$2,687	\$1,831	34	\$1,225	\$2,529	\$1,959	\$3,527	\$2,353
2	\$833	\$1,764	\$1,344	\$2,687	\$1,831	35	\$1,244	\$2,559	\$1,896	\$3,573	\$2,345
3	\$833	\$1,764	\$1,344	\$2,687	\$1,831	36	\$1,263	\$2,587	\$1,915	\$3,603	\$2,366
4	\$833	\$1,764	\$1,344	\$2,687	\$1,831	37	\$1,282	\$2,618	\$1,934	\$3,632	\$2,384
5	\$416	\$1,764	\$841	\$2,687	\$1,434	38	\$1,293	\$2,633	\$1,944	\$3,647	\$2,395
6	\$416	\$1,764	\$841	\$2,687	\$1,434	39	\$1,302	\$2,648	\$1,954	\$3,663	\$2,404
7	\$416	\$1,764	\$841	\$2,687	\$1,434	40	\$1,313	\$2,665	\$1,850	\$3,671	\$2,371
8	\$416	\$1,764	\$841	\$2,687	\$1,434	41	\$1,322	\$2,680	\$1,861	\$3,686	\$2,381
9	\$416	\$1,764	\$841	\$2,687	\$1,434	42	\$1,333	\$2,696	\$1,871	\$3,703	\$2,391
10	\$416	\$1,764	\$841	\$2,687	\$1,434	43	\$1,339	\$2,715	\$1,876	\$3,722	\$2,397
11	\$416	\$1,764	\$841	\$2,687	\$1,434	44	\$1,344	\$2,735	\$1,882	\$3,742	\$2,402
12	\$416	\$1,764	\$841	\$2,687	\$1,434	45	\$1,350	\$2,754	\$1,791	\$3,707	\$2,359
13	\$416	\$1,764	\$841	\$2,687	\$1,434	46	\$1,356	\$2,774	\$1,797	\$3,727	\$2,366
14	\$416	\$1,764	\$841	\$2,687	\$1,434	47	\$1,361	\$2,793	\$1,803	\$3,746	\$2,371
15	\$416	\$1,764	\$836	\$2,687	\$1,279	48	\$1,374	\$2,833	\$1,817	\$3,786	\$2,384
16	\$416	\$1,764	\$836	\$2,687	\$1,279	49	\$1,388	\$2,873	\$1,830	\$3,826	\$2,398
17	\$416	\$1,764	\$836	\$2,687	\$1,279	50	\$1,402	\$2,914	\$1,824	\$3,729	\$2,381
18	\$416	\$1,764	\$836	\$2,687	\$1,279	51	\$1,417	\$2,955	\$1,839	\$3,770	\$2,395
19	\$817	\$1,764	\$1,521	\$2,687	\$1,973	52	\$1,430	\$2,997	\$1,853	\$3,811	\$2,409
20	\$841	\$1,816	\$1,545	\$2,739	\$1,996	53	\$1,456	\$3,072	\$1,878	\$3,886	\$2,435
21	\$867	\$1,869	\$1,569	\$2,792	\$2,021	54	\$1,483	\$3,149	\$1,905	\$3,962	\$2,461
22	\$892	\$1,922	\$1,594	\$2,846	\$2,046	55	\$1,510	\$3,226	\$1,930	\$3,939	\$2,440
23	\$917	\$1,980	\$1,620	\$2,902	\$2,072	56	\$1,536	\$3,307	\$1,957	\$4,020	\$2,468
24	\$944	\$2,036	\$1,646	\$2,960	\$2,099	57	\$1,565	\$3,390	\$1,985	\$4,103	\$2,496
25	\$972	\$2,095	\$1,675	\$3,019	\$2,127	58	\$1,614	\$3,438	\$2,034	\$4,151	\$2,543
26	\$1,000	\$2,157	\$1,702	\$3,080	\$2,154	59	\$1,663	\$3,488	\$2,083	\$4,202	\$2,595
27	\$1,029	\$2,219	\$1,732	\$3,142	\$2,184	60	\$1,663	\$3,488	\$2,083	\$4,202	\$2,595
28	\$1,059	\$2,267	\$1,761	\$3,191	\$2,214	61	\$1,663	\$3,488	\$2,083	\$4,202	\$2,595
29	\$1,090	\$2,317	\$1,793	\$3,240	\$2,245	62	\$1,663	\$3,488	\$2,083	\$4,202	\$2,595
30	\$1,123	\$2,367	\$1,856	\$3,364	\$2,250	63	\$1,663	\$3,488	\$2,083	\$4,202	\$2,595
31	\$1,155	\$2,419	\$1,888	\$3,417	\$2,283	64	\$1,663	\$3,488	\$2,083	\$4,202	\$2,595
32	\$1,188	\$2,473	\$1,922	\$3,470	\$2,316						

The HIPAA Select HMO is offered by Anthem Blue Cross.

**Notes:**

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# MONTHLY RATES – FOR HIPAA SELECT HMO

Effective April 1, 2011

## Area 2

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$600	\$1,272	\$969	\$1,938	\$1,320	33	\$869	\$1,803	\$1,399	\$2,522	\$1,683
1	\$600	\$1,272	\$969	\$1,938	\$1,320	34	\$883	\$1,824	\$1,412	\$2,543	\$1,696
2	\$600	\$1,272	\$969	\$1,938	\$1,320	35	\$897	\$1,845	\$1,367	\$2,577	\$1,691
3	\$600	\$1,272	\$969	\$1,938	\$1,320	36	\$911	\$1,866	\$1,381	\$2,598	\$1,706
4	\$600	\$1,272	\$969	\$1,938	\$1,320	37	\$924	\$1,888	\$1,395	\$2,619	\$1,719
5	\$300	\$1,272	\$606	\$1,938	\$1,034	38	\$932	\$1,898	\$1,402	\$2,630	\$1,727
6	\$300	\$1,272	\$606	\$1,938	\$1,034	39	\$939	\$1,910	\$1,409	\$2,641	\$1,734
7	\$300	\$1,272	\$606	\$1,938	\$1,034	40	\$946	\$1,921	\$1,334	\$2,647	\$1,710
8	\$300	\$1,272	\$606	\$1,938	\$1,034	41	\$953	\$1,932	\$1,342	\$2,658	\$1,717
9	\$300	\$1,272	\$606	\$1,938	\$1,034	42	\$961	\$1,944	\$1,349	\$2,670	\$1,724
10	\$300	\$1,272	\$606	\$1,938	\$1,034	43	\$965	\$1,958	\$1,353	\$2,684	\$1,728
11	\$300	\$1,272	\$606	\$1,938	\$1,034	44	\$969	\$1,972	\$1,357	\$2,698	\$1,732
12	\$300	\$1,272	\$606	\$1,938	\$1,034	45	\$973	\$1,986	\$1,292	\$2,673	\$1,701
13	\$300	\$1,272	\$606	\$1,938	\$1,034	46	\$977	\$2,000	\$1,296	\$2,687	\$1,706
14	\$300	\$1,272	\$606	\$1,938	\$1,034	47	\$982	\$2,014	\$1,300	\$2,701	\$1,710
15	\$300	\$1,272	\$603	\$1,938	\$922	48	\$991	\$2,043	\$1,310	\$2,730	\$1,719
16	\$300	\$1,272	\$603	\$1,938	\$922	49	\$1,001	\$2,072	\$1,320	\$2,759	\$1,729
17	\$300	\$1,272	\$603	\$1,938	\$922	50	\$1,011	\$2,101	\$1,315	\$2,689	\$1,717
18	\$300	\$1,272	\$603	\$1,938	\$922	51	\$1,021	\$2,131	\$1,326	\$2,719	\$1,727
19	\$589	\$1,272	\$1,097	\$1,938	\$1,422	52	\$1,031	\$2,161	\$1,336	\$2,748	\$1,737
20	\$606	\$1,309	\$1,114	\$1,975	\$1,439	53	\$1,050	\$2,215	\$1,354	\$2,802	\$1,756
21	\$625	\$1,348	\$1,132	\$2,014	\$1,457	54	\$1,069	\$2,271	\$1,373	\$2,857	\$1,774
22	\$643	\$1,386	\$1,150	\$2,053	\$1,476	55	\$1,089	\$2,327	\$1,392	\$2,841	\$1,760
23	\$661	\$1,427	\$1,168	\$2,092	\$1,494	56	\$1,108	\$2,385	\$1,411	\$2,899	\$1,779
24	\$681	\$1,468	\$1,187	\$2,135	\$1,514	57	\$1,128	\$2,444	\$1,431	\$2,959	\$1,800
25	\$701	\$1,511	\$1,208	\$2,177	\$1,534	58	\$1,163	\$2,479	\$1,467	\$2,993	\$1,834
26	\$721	\$1,555	\$1,228	\$2,221	\$1,553	59	\$1,199	\$2,516	\$1,502	\$3,030	\$1,871
27	\$742	\$1,600	\$1,249	\$2,266	\$1,575	60	\$1,199	\$2,516	\$1,502	\$3,030	\$1,871
28	\$763	\$1,635	\$1,270	\$2,301	\$1,597	61	\$1,199	\$2,516	\$1,502	\$3,030	\$1,871
29	\$786	\$1,671	\$1,293	\$2,337	\$1,619	62	\$1,199	\$2,516	\$1,502	\$3,030	\$1,871
30	\$809	\$1,707	\$1,338	\$2,426	\$1,622	63	\$1,199	\$2,516	\$1,502	\$3,030	\$1,871
31	\$833	\$1,745	\$1,361	\$2,464	\$1,646	64	\$1,199	\$2,516	\$1,502	\$3,030	\$1,871
32	\$856	\$1,783	\$1,386	\$2,502	\$1,670						

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# MONTHLY RATES – FOR HIPAA SELECT HMO

Effective April 1, 2011

## Area 3

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$881	\$1,866	\$1,422	\$2,843	\$1,937	33	\$1,276	\$2,646	\$2,053	\$3,701	\$2,470
1	\$881	\$1,866	\$1,422	\$2,843	\$1,937	34	\$1,296	\$2,676	\$2,072	\$3,731	\$2,489
2	\$881	\$1,866	\$1,422	\$2,843	\$1,937	35	\$1,316	\$2,707	\$2,006	\$3,780	\$2,481
3	\$881	\$1,866	\$1,422	\$2,843	\$1,937	36	\$1,337	\$2,737	\$2,026	\$3,812	\$2,503
4	\$881	\$1,866	\$1,422	\$2,843	\$1,937	37	\$1,356	\$2,769	\$2,046	\$3,843	\$2,523
5	\$440	\$1,866	\$890	\$2,843	\$1,518	38	\$1,368	\$2,785	\$2,057	\$3,859	\$2,534
6	\$440	\$1,866	\$890	\$2,843	\$1,518	39	\$1,377	\$2,802	\$2,067	\$3,875	\$2,543
7	\$440	\$1,866	\$890	\$2,843	\$1,518	40	\$1,389	\$2,819	\$1,958	\$3,884	\$2,508
8	\$440	\$1,866	\$890	\$2,843	\$1,518	41	\$1,399	\$2,835	\$1,969	\$3,900	\$2,519
9	\$440	\$1,866	\$890	\$2,843	\$1,518	42	\$1,411	\$2,852	\$1,980	\$3,918	\$2,530
10	\$440	\$1,866	\$890	\$2,843	\$1,518	43	\$1,417	\$2,873	\$1,985	\$3,938	\$2,536
11	\$440	\$1,866	\$890	\$2,843	\$1,518	44	\$1,422	\$2,894	\$1,991	\$3,959	\$2,542
12	\$440	\$1,866	\$890	\$2,843	\$1,518	45	\$1,428	\$2,914	\$1,895	\$3,922	\$2,495
13	\$440	\$1,866	\$890	\$2,843	\$1,518	46	\$1,434	\$2,935	\$1,901	\$3,943	\$2,503
14	\$440	\$1,866	\$890	\$2,843	\$1,518	47	\$1,440	\$2,955	\$1,907	\$3,963	\$2,508
15	\$440	\$1,866	\$884	\$2,843	\$1,353	48	\$1,454	\$2,998	\$1,922	\$4,006	\$2,523
16	\$440	\$1,866	\$884	\$2,843	\$1,353	49	\$1,469	\$3,040	\$1,936	\$4,048	\$2,537
17	\$440	\$1,866	\$884	\$2,843	\$1,353	50	\$1,484	\$3,083	\$1,930	\$3,945	\$2,519
18	\$440	\$1,866	\$884	\$2,843	\$1,353	51	\$1,499	\$3,127	\$1,946	\$3,989	\$2,534
19	\$865	\$1,866	\$1,609	\$2,843	\$2,087	52	\$1,513	\$3,171	\$1,961	\$4,032	\$2,549
20	\$890	\$1,921	\$1,634	\$2,898	\$2,112	53	\$1,540	\$3,250	\$1,987	\$4,111	\$2,576
21	\$917	\$1,978	\$1,660	\$2,954	\$2,138	54	\$1,569	\$3,331	\$2,015	\$4,192	\$2,603
22	\$943	\$2,034	\$1,687	\$3,011	\$2,165	55	\$1,598	\$3,413	\$2,042	\$4,168	\$2,582
23	\$970	\$2,094	\$1,714	\$3,070	\$2,193	56	\$1,626	\$3,499	\$2,071	\$4,254	\$2,611
24	\$999	\$2,154	\$1,742	\$3,132	\$2,221	57	\$1,656	\$3,586	\$2,100	\$4,341	\$2,641
25	\$1,028	\$2,217	\$1,772	\$3,194	\$2,250	58	\$1,707	\$3,638	\$2,152	\$4,392	\$2,691
26	\$1,058	\$2,282	\$1,801	\$3,258	\$2,279	59	\$1,760	\$3,691	\$2,204	\$4,445	\$2,745
27	\$1,089	\$2,348	\$1,832	\$3,325	\$2,311	60	\$1,760	\$3,691	\$2,204	\$4,445	\$2,745
28	\$1,120	\$2,398	\$1,864	\$3,376	\$2,342	61	\$1,760	\$3,691	\$2,204	\$4,445	\$2,745
29	\$1,154	\$2,452	\$1,897	\$3,428	\$2,375	62	\$1,760	\$3,691	\$2,204	\$4,445	\$2,745
30	\$1,188	\$2,504	\$1,964	\$3,559	\$2,380	63	\$1,760	\$3,691	\$2,204	\$4,445	\$2,745
31	\$1,222	\$2,560	\$1,998	\$3,615	\$2,415	64	\$1,760	\$3,691	\$2,204	\$4,445	\$2,745
32	\$1,257	\$2,616	\$2,034	\$3,671	\$2,451						

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# MONTHLY RATES – FOR HIPAA SELECT HMO

Effective April 1, 2011

## Area 4

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$618	\$1,310	\$998	\$1,996	\$1,360	33	\$895	\$1,858	\$1,441	\$2,598	\$1,734
1	\$618	\$1,310	\$998	\$1,996	\$1,360	34	\$910	\$1,878	\$1,455	\$2,619	\$1,747
2	\$618	\$1,310	\$998	\$1,996	\$1,360	35	\$924	\$1,900	\$1,408	\$2,654	\$1,742
3	\$618	\$1,310	\$998	\$1,996	\$1,360	36	\$938	\$1,922	\$1,422	\$2,676	\$1,757
4	\$618	\$1,310	\$998	\$1,996	\$1,360	37	\$952	\$1,944	\$1,437	\$2,698	\$1,771
5	\$309	\$1,310	\$625	\$1,996	\$1,065	38	\$960	\$1,955	\$1,444	\$2,709	\$1,779
6	\$309	\$1,310	\$625	\$1,996	\$1,065	39	\$967	\$1,967	\$1,451	\$2,721	\$1,786
7	\$309	\$1,310	\$625	\$1,996	\$1,065	40	\$975	\$1,979	\$1,374	\$2,726	\$1,761
8	\$309	\$1,310	\$625	\$1,996	\$1,065	41	\$982	\$1,990	\$1,382	\$2,738	\$1,769
9	\$309	\$1,310	\$625	\$1,996	\$1,065	42	\$990	\$2,002	\$1,390	\$2,750	\$1,776
10	\$309	\$1,310	\$625	\$1,996	\$1,065	43	\$994	\$2,017	\$1,394	\$2,765	\$1,780
11	\$309	\$1,310	\$625	\$1,996	\$1,065	44	\$998	\$2,031	\$1,398	\$2,779	\$1,784
12	\$309	\$1,310	\$625	\$1,996	\$1,065	45	\$1,003	\$2,046	\$1,331	\$2,753	\$1,752
13	\$309	\$1,310	\$625	\$1,996	\$1,065	46	\$1,007	\$2,060	\$1,334	\$2,768	\$1,757
14	\$309	\$1,310	\$625	\$1,996	\$1,065	47	\$1,011	\$2,075	\$1,339	\$2,782	\$1,761
15	\$309	\$1,310	\$621	\$1,996	\$950	48	\$1,021	\$2,104	\$1,349	\$2,812	\$1,771
16	\$309	\$1,310	\$621	\$1,996	\$950	49	\$1,031	\$2,134	\$1,359	\$2,842	\$1,781
17	\$309	\$1,310	\$621	\$1,996	\$950	50	\$1,041	\$2,164	\$1,355	\$2,770	\$1,769
18	\$309	\$1,310	\$621	\$1,996	\$950	51	\$1,052	\$2,195	\$1,366	\$2,801	\$1,779
19	\$607	\$1,310	\$1,130	\$1,996	\$1,465	52	\$1,062	\$2,226	\$1,376	\$2,831	\$1,789
20	\$625	\$1,349	\$1,147	\$2,034	\$1,483	53	\$1,081	\$2,282	\$1,395	\$2,886	\$1,808
21	\$644	\$1,388	\$1,166	\$2,074	\$1,501	54	\$1,101	\$2,339	\$1,415	\$2,943	\$1,828
22	\$662	\$1,428	\$1,184	\$2,114	\$1,520	55	\$1,122	\$2,396	\$1,434	\$2,926	\$1,813
23	\$681	\$1,470	\$1,203	\$2,155	\$1,539	56	\$1,141	\$2,456	\$1,454	\$2,986	\$1,833
24	\$701	\$1,512	\$1,223	\$2,199	\$1,559	57	\$1,162	\$2,518	\$1,474	\$3,048	\$1,854
25	\$722	\$1,556	\$1,244	\$2,242	\$1,580	58	\$1,198	\$2,554	\$1,511	\$3,083	\$1,889
26	\$742	\$1,602	\$1,264	\$2,288	\$1,600	59	\$1,235	\$2,591	\$1,548	\$3,121	\$1,927
27	\$764	\$1,648	\$1,286	\$2,334	\$1,622	60	\$1,235	\$2,591	\$1,548	\$3,121	\$1,927
28	\$786	\$1,684	\$1,308	\$2,370	\$1,644	61	\$1,235	\$2,591	\$1,548	\$3,121	\$1,927
29	\$810	\$1,721	\$1,332	\$2,407	\$1,667	62	\$1,235	\$2,591	\$1,548	\$3,121	\$1,927
30	\$834	\$1,758	\$1,378	\$2,499	\$1,671	63	\$1,235	\$2,591	\$1,548	\$3,121	\$1,927
31	\$858	\$1,797	\$1,402	\$2,538	\$1,696	64	\$1,235	\$2,591	\$1,548	\$3,121	\$1,927
32	\$882	\$1,837	\$1,428	\$2,578	\$1,720						

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# MONTHLY RATES – FOR HIPAA SELECT HMO

Effective April 1, 2011

## Area 5

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$654	\$1,386	\$1,056	\$2,111	\$1,438	33	\$947	\$1,965	\$1,524	\$2,748	\$1,834
1	\$654	\$1,386	\$1,056	\$2,111	\$1,438	34	\$962	\$1,986	\$1,539	\$2,770	\$1,848
2	\$654	\$1,386	\$1,056	\$2,111	\$1,438	35	\$977	\$2,010	\$1,489	\$2,807	\$1,842
3	\$654	\$1,386	\$1,056	\$2,111	\$1,438	36	\$992	\$2,032	\$1,504	\$2,830	\$1,858
4	\$654	\$1,386	\$1,056	\$2,111	\$1,438	37	\$1,007	\$2,056	\$1,519	\$2,853	\$1,873
5	\$326	\$1,386	\$661	\$2,111	\$1,127	38	\$1,015	\$2,068	\$1,527	\$2,865	\$1,881
6	\$326	\$1,386	\$661	\$2,111	\$1,127	39	\$1,023	\$2,080	\$1,535	\$2,877	\$1,888
7	\$326	\$1,386	\$661	\$2,111	\$1,127	40	\$1,031	\$2,093	\$1,453	\$2,883	\$1,862
8	\$326	\$1,386	\$661	\$2,111	\$1,127	41	\$1,039	\$2,105	\$1,462	\$2,896	\$1,871
9	\$326	\$1,386	\$661	\$2,111	\$1,127	42	\$1,047	\$2,118	\$1,470	\$2,909	\$1,878
10	\$326	\$1,386	\$661	\$2,111	\$1,127	43	\$1,052	\$2,133	\$1,474	\$2,924	\$1,883
11	\$326	\$1,386	\$661	\$2,111	\$1,127	44	\$1,056	\$2,148	\$1,478	\$2,939	\$1,887
12	\$326	\$1,386	\$661	\$2,111	\$1,127	45	\$1,060	\$2,164	\$1,407	\$2,912	\$1,853
13	\$326	\$1,386	\$661	\$2,111	\$1,127	46	\$1,065	\$2,179	\$1,411	\$2,927	\$1,858
14	\$326	\$1,386	\$661	\$2,111	\$1,127	47	\$1,069	\$2,194	\$1,416	\$2,943	\$1,862
15	\$326	\$1,386	\$656	\$2,111	\$1,005	48	\$1,080	\$2,226	\$1,427	\$2,974	\$1,873
16	\$326	\$1,386	\$656	\$2,111	\$1,005	49	\$1,091	\$2,257	\$1,438	\$3,005	\$1,883
17	\$326	\$1,386	\$656	\$2,111	\$1,005	50	\$1,101	\$2,289	\$1,433	\$2,929	\$1,870
18	\$326	\$1,386	\$656	\$2,111	\$1,005	51	\$1,113	\$2,322	\$1,445	\$2,962	\$1,881
19	\$642	\$1,386	\$1,195	\$2,111	\$1,549	52	\$1,123	\$2,354	\$1,456	\$2,994	\$1,892
20	\$661	\$1,426	\$1,213	\$2,151	\$1,568	53	\$1,144	\$2,413	\$1,475	\$3,053	\$1,912
21	\$681	\$1,468	\$1,233	\$2,194	\$1,587	54	\$1,165	\$2,473	\$1,496	\$3,113	\$1,933
22	\$700	\$1,510	\$1,252	\$2,236	\$1,608	55	\$1,186	\$2,534	\$1,516	\$3,095	\$1,917
23	\$720	\$1,555	\$1,273	\$2,279	\$1,628	56	\$1,207	\$2,598	\$1,537	\$3,158	\$1,938
24	\$741	\$1,599	\$1,293	\$2,325	\$1,649	57	\$1,229	\$2,663	\$1,559	\$3,223	\$1,961
25	\$763	\$1,646	\$1,315	\$2,371	\$1,671	58	\$1,267	\$2,701	\$1,598	\$3,261	\$1,998
26	\$785	\$1,694	\$1,337	\$2,419	\$1,692	59	\$1,307	\$2,740	\$1,637	\$3,301	\$2,038
27	\$808	\$1,743	\$1,360	\$2,468	\$1,716	60	\$1,307	\$2,740	\$1,637	\$3,301	\$2,038
28	\$832	\$1,781	\$1,384	\$2,507	\$1,739	61	\$1,307	\$2,740	\$1,637	\$3,301	\$2,038
29	\$856	\$1,820	\$1,409	\$2,545	\$1,763	62	\$1,307	\$2,740	\$1,637	\$3,301	\$2,038
30	\$882	\$1,859	\$1,458	\$2,643	\$1,767	63	\$1,307	\$2,740	\$1,637	\$3,301	\$2,038
31	\$907	\$1,900	\$1,483	\$2,684	\$1,793	64	\$1,307	\$2,740	\$1,637	\$3,301	\$2,038
32	\$933	\$1,943	\$1,510	\$2,726	\$1,819						

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# MONTHLY RATES – FOR HIPAA SELECT HMO

Effective April 1, 2011

## Area 6

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children	Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$616	\$1,305	\$995	\$1,989	\$1,355	33	\$892	\$1,851	\$1,436	\$2,589	\$1,728
1	\$616	\$1,305	\$995	\$1,989	\$1,355	34	\$907	\$1,871	\$1,449	\$2,610	\$1,741
2	\$616	\$1,305	\$995	\$1,989	\$1,355	35	\$921	\$1,893	\$1,403	\$2,644	\$1,735
3	\$616	\$1,305	\$995	\$1,989	\$1,355	36	\$935	\$1,915	\$1,417	\$2,666	\$1,751
4	\$616	\$1,305	\$995	\$1,989	\$1,355	37	\$949	\$1,937	\$1,431	\$2,688	\$1,764
5	\$307	\$1,305	\$622	\$1,989	\$1,061	38	\$956	\$1,948	\$1,439	\$2,699	\$1,772
6	\$307	\$1,305	\$622	\$1,989	\$1,061	39	\$963	\$1,960	\$1,446	\$2,711	\$1,779
7	\$307	\$1,305	\$622	\$1,989	\$1,061	40	\$971	\$1,972	\$1,369	\$2,716	\$1,754
8	\$307	\$1,305	\$622	\$1,989	\$1,061	41	\$978	\$1,983	\$1,377	\$2,728	\$1,762
9	\$307	\$1,305	\$622	\$1,989	\$1,061	42	\$987	\$1,995	\$1,385	\$2,740	\$1,769
10	\$307	\$1,305	\$622	\$1,989	\$1,061	43	\$991	\$2,009	\$1,388	\$2,755	\$1,773
11	\$307	\$1,305	\$622	\$1,989	\$1,061	44	\$995	\$2,024	\$1,392	\$2,769	\$1,778
12	\$307	\$1,305	\$622	\$1,989	\$1,061	45	\$999	\$2,038	\$1,326	\$2,743	\$1,745
13	\$307	\$1,305	\$622	\$1,989	\$1,061	46	\$1,003	\$2,053	\$1,330	\$2,758	\$1,751
14	\$307	\$1,305	\$622	\$1,989	\$1,061	47	\$1,007	\$2,067	\$1,334	\$2,772	\$1,754
15	\$307	\$1,305	\$618	\$1,989	\$946	48	\$1,017	\$2,097	\$1,344	\$2,802	\$1,764
16	\$307	\$1,305	\$618	\$1,989	\$946	49	\$1,027	\$2,126	\$1,354	\$2,831	\$1,774
17	\$307	\$1,305	\$618	\$1,989	\$946	50	\$1,038	\$2,157	\$1,350	\$2,760	\$1,762
18	\$307	\$1,305	\$618	\$1,989	\$946	51	\$1,048	\$2,187	\$1,361	\$2,790	\$1,772
19	\$605	\$1,305	\$1,126	\$1,989	\$1,460	52	\$1,058	\$2,218	\$1,371	\$2,821	\$1,783
20	\$622	\$1,344	\$1,143	\$2,027	\$1,477	53	\$1,077	\$2,273	\$1,390	\$2,876	\$1,802
21	\$642	\$1,383	\$1,161	\$2,066	\$1,495	54	\$1,097	\$2,330	\$1,409	\$2,932	\$1,821
22	\$660	\$1,422	\$1,180	\$2,106	\$1,514	55	\$1,118	\$2,388	\$1,429	\$2,915	\$1,806
23	\$679	\$1,465	\$1,199	\$2,147	\$1,534	56	\$1,137	\$2,447	\$1,448	\$2,975	\$1,826
24	\$698	\$1,507	\$1,218	\$2,191	\$1,553	57	\$1,158	\$2,509	\$1,469	\$3,036	\$1,847
25	\$719	\$1,550	\$1,239	\$2,234	\$1,574	58	\$1,194	\$2,544	\$1,505	\$3,072	\$1,882
26	\$740	\$1,596	\$1,260	\$2,279	\$1,594	59	\$1,231	\$2,582	\$1,542	\$3,109	\$1,920
27	\$761	\$1,642	\$1,281	\$2,325	\$1,616	60	\$1,231	\$2,582	\$1,542	\$3,109	\$1,920
28	\$783	\$1,677	\$1,303	\$2,361	\$1,638	61	\$1,231	\$2,582	\$1,542	\$3,109	\$1,920
29	\$807	\$1,715	\$1,327	\$2,398	\$1,661	62	\$1,231	\$2,582	\$1,542	\$3,109	\$1,920
30	\$831	\$1,752	\$1,373	\$2,490	\$1,665	63	\$1,231	\$2,582	\$1,542	\$3,109	\$1,920
31	\$855	\$1,790	\$1,397	\$2,529	\$1,689	64	\$1,231	\$2,582	\$1,542	\$3,109	\$1,920
32	\$879	\$1,830	\$1,422	\$2,568	\$1,714						

The HIPAA Select HMO is offered by Anthem Blue Cross.

**Notes:**

For Subscriber & Spouse and Family, rates are based on the age of the younger spouse.  
For more information, call your agent or Anthem Blue Cross at 800-333-0912.



# MONTHLY RATES – FOR HIPAA SELECT HMO

Effective April 1, 2011

## Area 7

Age	Single	Subscriber & Spouse	Subscriber & Child	Family	Subscriber & Children
0	\$550	\$1,165	\$888	\$1,774	\$1,209
1	\$550	\$1,165	\$888	\$1,774	\$1,209
2	\$550	\$1,165	\$888	\$1,774	\$1,209
3	\$550	\$1,165	\$888	\$1,774	\$1,209
4	\$550	\$1,165	\$888	\$1,774	\$1,209
5	\$274	\$1,165	\$555	\$1,774	\$947
6	\$274	\$1,165	\$555	\$1,774	\$947
7	\$274	\$1,165	\$555	\$1,774	\$947
8	\$274	\$1,165	\$555	\$1,774	\$947
9	\$274	\$1,165	\$555	\$1,774	\$947
10	\$274	\$1,165	\$555	\$1,774	\$947
11	\$274	\$1,165	\$555	\$1,774	\$947
12	\$274	\$1,165	\$555	\$1,774	\$947
13	\$274	\$1,165	\$555	\$1,774	\$947
14	\$274	\$1,165	\$555	\$1,774	\$947
15	\$274	\$1,165	\$552	\$1,774	\$844
16	\$274	\$1,165	\$552	\$1,774	\$844
17	\$274	\$1,165	\$552	\$1,774	\$844
18	\$274	\$1,165	\$552	\$1,774	\$844
19	\$540	\$1,165	\$1,004	\$1,774	\$1,302
20	\$555	\$1,199	\$1,020	\$1,808	\$1,318
21	\$572	\$1,234	\$1,036	\$1,844	\$1,334
22	\$589	\$1,269	\$1,053	\$1,879	\$1,351
23	\$605	\$1,307	\$1,070	\$1,916	\$1,368
24	\$623	\$1,344	\$1,087	\$1,955	\$1,386
25	\$642	\$1,383	\$1,106	\$1,993	\$1,404
26	\$660	\$1,424	\$1,124	\$2,034	\$1,422
27	\$679	\$1,465	\$1,143	\$2,075	\$1,442
28	\$699	\$1,497	\$1,163	\$2,107	\$1,462
29	\$720	\$1,530	\$1,184	\$2,140	\$1,482
30	\$741	\$1,563	\$1,225	\$2,221	\$1,485
31	\$763	\$1,597	\$1,247	\$2,256	\$1,507
32	\$784	\$1,633	\$1,269	\$2,291	\$1,529
33	\$796	\$1,651	\$1,281	\$2,310	\$1,541
34	\$809	\$1,670	\$1,293	\$2,329	\$1,553
35	\$821	\$1,689	\$1,252	\$2,359	\$1,548
36	\$834	\$1,708	\$1,264	\$2,379	\$1,562
37	\$846	\$1,728	\$1,277	\$2,398	\$1,574
38	\$853	\$1,738	\$1,284	\$2,408	\$1,581
39	\$860	\$1,749	\$1,290	\$2,419	\$1,587
40	\$867	\$1,759	\$1,222	\$2,424	\$1,565
41	\$873	\$1,769	\$1,229	\$2,434	\$1,572
42	\$880	\$1,780	\$1,235	\$2,445	\$1,579
43	\$884	\$1,793	\$1,239	\$2,458	\$1,582
44	\$887	\$1,806	\$1,242	\$2,471	\$1,586
45	\$891	\$1,819	\$1,183	\$2,448	\$1,557
46	\$895	\$1,832	\$1,186	\$2,461	\$1,562
47	\$899	\$1,844	\$1,190	\$2,474	\$1,565
48	\$907	\$1,871	\$1,200	\$2,500	\$1,574
49	\$917	\$1,897	\$1,208	\$2,526	\$1,583
50	\$926	\$1,924	\$1,204	\$2,462	\$1,572
51	\$935	\$1,951	\$1,214	\$2,490	\$1,581
52	\$944	\$1,979	\$1,224	\$2,517	\$1,591
53	\$961	\$2,028	\$1,240	\$2,566	\$1,608
54	\$979	\$2,079	\$1,258	\$2,616	\$1,625
55	\$997	\$2,130	\$1,275	\$2,601	\$1,611
56	\$1,014	\$2,184	\$1,292	\$2,655	\$1,629
57	\$1,033	\$2,238	\$1,310	\$2,709	\$1,648
58	\$1,065	\$2,270	\$1,343	\$2,741	\$1,679
59	\$1,098	\$2,303	\$1,376	\$2,774	\$1,713
60	\$1,098	\$2,303	\$1,376	\$2,774	\$1,713
61	\$1,098	\$2,303	\$1,376	\$2,774	\$1,713
62	\$1,098	\$2,303	\$1,376	\$2,774	\$1,713
63	\$1,098	\$2,303	\$1,376	\$2,774	\$1,713
64	\$1,098	\$2,303	\$1,376	\$2,774	\$1,713

The HIPAA Select HMO is offered by Anthem Blue Cross.

**Notes:**

For Subscriber & Spouse and Family, rates are based on the age of the younger spouse.  
For more information, call your agent or Anthem Blue Cross at 800-333-0912.

### **No-Obligation Review Period**

After you enroll in an Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company health plan, you will receive an Evidence of Coverage/Certificate booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You have 10 full days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your Evidence of Coverage/Certificate booklet along with a letter notifying us that you wish to discontinue coverage. Evidence of Coverage/Certificate booklets are available for you to examine prior to enrolling by contacting your agent or calling Anthem Blue Cross at 800-333-0912. Once you enroll in an Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company HIPAA plan, you will have 30 days from the date of enrollment to change to a different HIPAA plan. Your effective date will be the same as the date of your original enrollment. No further changes will be allowed after you have been enrolled for 30 days.

### **Incurred Medical Care Ratio**

As required by law, we are advising you that Anthem Blue Cross' incurred medical care ratio for 2009 was 83.44 percent. The 2009 medical care ratio for Anthem Blue Cross Life and Health Insurance Company was 78.4 percent. These ratios were calculated after provider discounts were applied and based on regulatory rules and regulations.

## **UTILIZATION MANAGEMENT AND CASE MANAGEMENT**

Our Utilization Management (UM) services offer a structured program that monitors and evaluates member care and services. The UM clinical team, which is made up of health care professionals who hold active professional licenses and certificates, perform the prior authorization, concurrent and retrospective review processes explained below. The UM team follows criteria to assist in decisions regarding requests for health care and other covered benefits, and complies with specific timeframes to ensure requests are handled in a timely manner. Our case management services help you to better understand and manage your health conditions.

### **Prospective Review / Pre-Admission Review**

Prospective review (also known as pre-service or pre-admission review) is the process of reviewing a request for a medical procedure or service before it takes place. The review occurs to ensure that: 1) the procedure is medically necessary, and 2) the procedure meets your health care plan's specific guidelines prior to being performed. Requests for prospective review may include but are not limited to:

- inpatient hospitalizations
- outpatient procedures
- diagnostic procedures
- therapy services
- durable medical equipment

Prospective review is required for all elective inpatient admissions and certain outpatient services. The review process evaluates medical necessity and the best level of care and assigns expected length of stay if needed.

### **Concurrent Review**

Concurrent review is an ongoing evaluation of a member's hospital stay, as well as ongoing extensions of services that may be needed (such as acute care facilities, skilled nursing facilities, acute rehabilitation facilities, and home health care services). The review includes physicians, member-assigned health care professionals (or member authorized representative) and takes place by telephone, electronically and/or onsite.

Concurrent review uses pre-set decision criteria in order to approve medical care (deemed to be medically necessary) and assign the right level of care for continued medical treatment. Review decisions are based on the medical information obtained at the time of the review. Concurrent review also helps to coordinate care with behavioral health programs.

### **Retrospective Review**

The retrospective review process consists of obtaining information to determine medical necessity as it relates to services provided without approval or notice ahead of time (e.g. without pre-service notification). Relevant clinical information is required for the retrospective review process. Review decisions are based only on the medical information the doctor or other provider had at the time the member received medical care.

### **Case Management**

Case managers are licensed health care professionals who work with you to help you understand your benefits and support your health care needs. The case manager works with you and your doctor to help you better understand and manage your health conditions.

**This brochure provides a brief summary of benefits and services. If there is any difference between this brochure and the Evidence of Coverage/Certificate, the Evidence of Coverage/Certificate will prevail.**

The Evidence of Coverage/Certificate complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to the Evidence of Coverage/Certificate.



The HIPAA HMO Saver and HIPAA Select HMO plans are offered by Anthem Blue Cross. The HIPAA Basic PPO 1000 and the HIPAA PPO Share 5000 plans are offered by Anthem Blue Cross Life and Health Insurance Company.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

# Application for Coverage under HIPAA

(Health Insurance Portability and Accountability Act)



## 1. Applicant Information

Please print in blue or black ink

Applicant's Last Name	First Name	M.I.
Home Address (Must be complete: P.O. Box not acceptable)		
City	State	ZIP Code

## 2. Choice of Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Individual Coverage

Choose one plan per application

- HIPAA Basic PPO 1000 (O6BQ)                       HIPAA HMO Saver (OAFX)\*  
 HIPAA PPO Share 5000 (O6BR)                       HIPAA Select HMO (OAFW)\*

Billing Address (if different than above) or P.O. Box	Personal Mail Box (PMB) No.	Daytime Phone No. ( ) ( )	Fax Phone No. ( ) ( )
City / State / ZIP Code	County (Required)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership	Applicant/Spouse Maiden Name
E-mail Address	If possible, do you want e-mail notification? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has any person listed on this application resided outside the U.S. for the past three (3) consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language Choice (Optional)	<input type="checkbox"/> English (ENG) <input type="checkbox"/> Korean (KOR) <input type="checkbox"/> Vietnamese (VIE) <input type="checkbox"/> Tagalog (TGL)	<input type="checkbox"/> Spanish (SPA) <input type="checkbox"/> Chinese (ZHO) (C/M) <input type="checkbox"/> Other (W09) _____	

Applicant DOES speak, read and/or write English. If applicant does not speak, read or write English, the interpreter must sign and submit a Statement of Accountability (see Section 7).

## 3. Family Members and Dependents Applying

Please list ALL eligible family members and dependents applying.

If a listed family member or dependent's last name is different from your own, please explain on a separate sheet of paper.

**3A. For HMO Use Only**  
 Choose a physician for each family member by calling 1-866-297-7647 or from the Provider Directory, which can be found at [anthem.com/ca](http://anthem.com/ca)

Relation	Last Name	First Name	M	Social Security or ID No.	Date of Birth	Age	PMG/IPA**	Primary Care Physician (PCP)	Current Patient
10 <input type="checkbox"/> Male 20 <input type="checkbox"/> Female	Yourself								<input type="checkbox"/> Yes <input type="checkbox"/> No
30 <input type="checkbox"/> Male 40 <input type="checkbox"/> Female	Spouse***								<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Son <input type="checkbox"/> Daughter									<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Son <input type="checkbox"/> Daughter									<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Son <input type="checkbox"/> Daughter									<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Son <input type="checkbox"/> Daughter									<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*\*Spouse includes domestic partner (when applicable). Dependent information must be completed for all additional child dependents (if any) to be covered under this coverage. An eligible dependent may be your children, or your spouse or domestic partner's children (to the end of the calendar month in which they turn 26). (List all dependents beginning with the eldest.)

\*These products are administered by Anthem Blue Cross and are regulated by the California Department of Managed Health Care. All other products are administered by Anthem Blue Cross Life and Health and are regulated by the California Department of Insurance.

\*\*PMG = Participating Medical Group; IPA = Independent Practice Association



#### 4. Eligibility

1. Have all applicants had a minimum of 18 months of continuous health coverage most recently under an employer-sponsored group health plan that ended within the last 63 days for a reason other than fraud or non-payment of premium? .....  Yes  No  
**If yes**, please attach the Certificate of Creditable Coverage provided by your former employer or carrier OR letter from the employer giving us the start and end date of coverage.  
Name of insurance carrier: \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
**If no** for any applicant, then he or she is **not eligible** for this guarantee issue plan.
2. Did all applicants elect and exhaust any continuation coverage available under COBRA or Cal-COBRA? .....  Yes  No  
**If yes**, date coverage started (Mo/Day/Yr) \_\_\_\_\_ Date coverage ended (Mo/Day/Yr) \_\_\_\_\_  
**If no**, please explain:  
If all available COBRA or Cal-COBRA is not exhausted for any applicant, then he or she is **not eligible** for this coverage.
3. Is any applicant currently covered by or eligible for Medicaid, Medicare or any health coverage? .....  Yes  No  
**If yes** for any applicant, then he or she is **not eligible** for this coverage.
4. Has any applicant lost coverage for fraud or failure to pay premiums? .....  Yes  No  
**If yes**, then he or she is **not eligible** for this coverage.

#### 5. Prior Insurance History

For any period of creditable coverage for which you are unable to provide a certificate of creditable coverage, please complete the following section for the last two years, beginning with the most recent coverage. Please include any COBRA and Cal-COBRA continuation coverage. Attach additional sheet if necessary.

Applicant name(s) OR <input type="checkbox"/> All applicants	Insurer Name (and Phone Number)	Policyholder ID Number	
Plan/Policy Name	State	Effective Date of Coverage	Coverage End Date

Type of Coverage:  Group  Individual  Other

#### 6. Application Understandings, Conditions and Agreement

**IMPORTANT: You, the applicant, are solely responsible to review and attest to the completeness and validity of information provided on this application. It is important that you carefully read and fully understand the following:**

##### All Applicants

I, the undersigned, understand that under the Anthem Blue Cross plan and/or Anthem Blue Cross Life and Health Insurance Company policy for which I am applying, I will have considerably higher personal financial costs if I use an out-of-network hospital or physician than if I use a network hospital or physician. Contact customer service at 1-800-333-0912 with any questions about the use of network providers and the financial impact of using out-of-network providers.

**HIV Testing PROHIBITED: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.**

##### Agreement

By requesting coverage, I, the undersigned, agree to the following:

- Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company may decline my application. No coverage comes into effect until Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company approves this application and informs me in writing. The effective date of my coverage, if this application is accepted, will be assigned by Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company based on when payment is received. Anthem will send you billing information within 30 days of approving your application. Payment must be provided within 30 days. If payment is not received within 30 days, you will not be enrolled under the HIPAA plan applied for and will have no coverage. If your payment is delivered or postmarked, whichever occurs earlier, within the first 15 days of the month, coverage shall begin no later than the first day of the following month. When that payment is neither delivered nor postmarked until after the 15th day of a month, coverage shall become effective no later than the first day of the second month following delivery or postmark of the payment.
- The selling agent has no authority to promise me coverage or to modify Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company underwriting policy or the terms of any Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company coverage.
- If the applicant is a minor, I accept full legal and financial responsibility for the coverage and information provided on this application. (Court documents establishing guardianship must be submitted if the responsible adult is not the parent.)
- In no event shall Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company or any affiliated company have any liability to the applicant if the application is not approved, and neither shall any coverage exist nor shall the applicant be entitled to any benefits unless and until this application is approved by the Medical Underwriting Department of Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company.
- I understand and agree that I am applying for an individual health coverage policy which is not part of any employer-sponsored plan and the policy, if issued, shall not be used as an employer-sponsored health benefit plan. If the policy is issued, I understand and agree that I am responsible for 100% of the premium and I must ensure that premiums are paid timely. I certify that no employer of any person covered under this policy will pay any premium for this health coverage policy, directly or indirectly, through wage adjustments or otherwise. If my employer has agreed to remit my premium payment to Anthem Blue Cross and/or Anthem Blue Cross Life and Health on my behalf, my employer will not directly or indirectly contribute to that payment and will only forward to Anthem Blue Cross and/or Anthem Blue Cross Life and Health my premium payment that is directly funded by the regular wages paid to me by my employer.
- By checking this box, I expressly consent to receive calls made by or on behalf of Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company and its affiliated companies, contractors and vendors that use an automated dialing system or deliver prerecorded messages, including telemarketing sales calls that encourage the purchase of goods or services, to any of the telephone numbers I have provided in this Application. All calls made pursuant to this provision shall be limited to information regarding benefits, services or discounts available under health benefit plans offered or administered by Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company and its affiliated companies. I also understand that my consent to receive such calls is voluntary and may be discontinued by calling Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company. The benefits available under health benefit plans offered or administered by Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company and its affiliates will not be altered in any way if I do not consent to calls made under this provision.
- I understand that my domestic partner, if applicable, is eligible for coverage only if he or she has established a domestic partnership with me pursuant to California law.
- When answering questions on this enrollment application the information provided for each individual should include only information about that individual, and should not include any genetic information. Genetic information includes family medical history and information related to the individual's genetic testing, genetic services, genetic counseling, or genetic diseases for which the individual may be at risk. All responses pertaining to an individual will be considered and applied only to the individual in question.



## 6. Application Understandings, Conditions and Agreement - continued

I have personally read and attest to the completeness and validity of the information provided on this application. If I am accepted, this application will become part of the plan contract/policy between Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company and me.

I, and any enrolled family members, agree to abide by the terms of that plan contract/policy. With the exception of minors and persons for whom this application has been interpreted (a signed Statement of Accountability must be attached, see Section 7) all persons applying for coverage agree that they have personally answered all questions directed to them. If an Applicant does not read English, the interpreter must sign and submit a Statement of Accountability for interpreting this entire application (see Section 7).

### REQUIREMENTS FOR BINDING ARBITRATION

The following provision does not apply to class actions:

**IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT. *It is understood that any disputes including disputes relating to the delivery of services under the plan/policy or any other issues related to the plan/policy, including any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY.***

**Signatures (Required) – IMPORTANT: All applicants age 18 and over must personally read, agree to, sign and date this application.**

Applicant/Parent or Legal Guardian	Today's Date	Applicant's Spouse/Domestic Partner	Today's Date
X		X	
Applicant's Dependent age 18 or over	Today's Date	Applicant's Dependent age 18 or over	Today's Date
X		X	

■ **IMPORTANT: All signatures MUST include today's date** ■



