



HIPAA Plans

Health Insurance Portability and Accountability Act of 1996

Effective April 15, 2010

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 19 years of age), or the children (under 19 years of age) of the enrolling applicant's spouse or qualified Domestic Partner
- ♦ the applicant's spouse's or qualified Domestic Partner's unmarried dependent child ages 19 through 22 ("dependent" as defined by the Internal Revenue Service)
- ♦ 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)

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)

| Your Plan Features | HIPAA Basic PPO 1000 | | HIPAA PPO Share 5000 | |
|---|--|--|--|---|
| | Network | Non-Network | Network | Non-Network |
| Lifetime Maximum | \$5,000,000 | | \$5,000,000 | |
| Annual Out-of-Pocket Maximum (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. | |
| Annual Deductible | \$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. | |
| Doctors' Office Visits | No office visit benefits until out-of-pocket maximum is met, then you pay 0% of negotiated fee. | No office visit benefits until out-of-pocket maximum is met, then you pay 50% of negotiated fee plus all excess charges. | \$40 copay (deductible waived) | 50% of negotiated fee plus all excess charges (deductible waived) |
| Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.) | 20% of negotiated fee for inpatient or surgical procedures only. | 50% of negotiated fee, plus all excess charges, for covered inpatient or surgical procedures only. | 30% of negotiated fee | 50% of negotiated fee plus all excess charges |
| Hospital Inpatient/Outpatient | 20% of negotiated fee | All charges except \$650/day inpatient, \$380/day outpatient | 30% of negotiated fee | All charges except \$650/day inpatient, \$380/day outpatient |
| Emergency Room Services¹ | 20% of negotiated fee | 20% of customary & reasonable fees plus all excess charges | 30% of negotiated fee | 30% of customary & reasonable fee plus all excess charges |
| Maternity | Not covered | Not covered | 30% of negotiated fee | 50% of negotiated fee plus all excess charges |
| Preventive Care | HealthyCheck SM Centers ³ \$25/\$75 copay for basic/premium screening (deductible waived) Routine mammogram, Pap and PSA tests: 20% of negotiated fee (deductible waived) | Routine mammogram, Pap and PSA tests: 50% of negotiated fee plus all excess charges (deductible waived) | Annual physical exam(s): ² 30% of negotiated fee (deductible waived) OR HealthyCheck SM Centers ³ : \$25/\$75 copay for basic/premium screening (deductible waived) Routine mammogram, Pap and PSA tests: 30% of negotiated fee (deductible waived) Well Baby and Well Child (through age 6): 40% of negotiated fee (deductible waived) | 50% of negotiated fee plus all excess charges (deductible waived) |
| Prescription Drugs (Anthem Blue Cross Formulary) 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 |
|---|---|
| Network | Network |
| Unlimited | Unlimited |
| \$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. | \$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. |
| \$1,500 per member Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers | \$0 |
| \$10 copay | \$25 copay |
| No charge for office-related services | No charge for office-related services |
| 20% of negotiated fee | Inpatient: \$250 copay per day up to the first four days, then 0% of negotiated fee per admission. Outpatient: 20% of negotiated fee for services; \$250 per surgery |
| 20% of negotiated fee | 20% of negotiated fee |
| Office visits: \$10 copay Inpatient/Outpatient: 20% of negotiated fee | Office visits: \$25 copay Inpatient: \$250 copay per day up to the first four days, then 0% of negotiated fee per admission. Outpatient: 20% of negotiated fee |
| \$10 copay for specific health maintenance services | \$25 copay for specific health maintenance services |
| Generic: \$10 copay Brand-name: \$30 copay after \$250 brand-name prescription drug deductible ⁴ (2-member maximum) | Generic: \$10 copay Brand-name: \$30 copay after \$250 brand-name prescription drug deductible ⁴ (2-member maximum) |

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.

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

² Maximum annual physical exam benefit is \$200 for members covered more than 6 months; \$100 for members covered less than 6 months.

³ One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children age 7 and above.

⁴ 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

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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
- Preventive benefits, except for Pap and PSA tests, and mammograms, not specifically listed in the Certificate
- 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 1/1/10

| | | HIPAA Basic PPO 1000 | | | | | |
|----------------------------------|-------|----------------------|---------|---------|---------|---------|---------|
| Age Range | | 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 |
| | 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 |
| 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 |
| | 60-64 | \$2,063 | \$1,773 | \$1,834 | \$1,672 | \$1,701 | \$1,653 |
| Subscriber & Children | <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 |
| | 60-64 | \$2,063 | \$1,773 | \$1,834 | \$1,672 | \$1,701 | \$1,653 |

| | | HIPAA PPO Share 5000 | | | | | |
|----------------------------------|-------|----------------------|---------|---------|---------|---------|---------|
| Age Range | | 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 |
| | 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 |
| 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 |
| | 60-64 | \$2,063 | \$1,773 | \$1,834 | \$1,672 | \$1,701 | \$1,653 |
| Subscriber & Children | <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 |
| | 60-64 | \$2,063 | \$1,773 | \$1,834 | \$1,672 | \$1,701 | \$1,653 |

The HIPAA PPO 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, 965837, 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 1/1/10

Area 1

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children | Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|-----|---------|---------------------|--------------------|---------|-----------------------|
| 0 | \$636 | \$1,570 | \$1,012 | \$2,226 | \$1,563 | 33 | \$1,017 | \$2,078 | \$1,521 | \$2,618 | \$2,211 |
| 1 | \$567 | \$1,570 | \$908 | \$2,226 | \$1,445 | 34 | \$1,033 | \$2,091 | \$1,528 | \$2,592 | \$2,214 |
| 2 | \$508 | \$1,570 | \$821 | \$2,226 | \$1,351 | 35 | \$1,049 | \$2,099 | \$1,535 | \$2,596 | \$2,213 |
| 3 | \$458 | \$1,570 | \$755 | \$2,226 | \$1,277 | 36 | \$1,061 | \$2,105 | \$1,539 | \$2,612 | \$2,211 |
| 4 | \$431 | \$1,570 | \$750 | \$2,226 | \$1,272 | 37 | \$1,072 | \$2,108 | \$1,542 | \$2,631 | \$2,206 |
| 5 | \$428 | \$1,570 | \$766 | \$2,226 | \$1,287 | 38 | \$1,081 | \$2,109 | \$1,543 | \$3,060 | \$2,199 |
| 6 | \$428 | \$1,570 | \$781 | \$2,226 | \$1,306 | 39 | \$1,091 | \$2,107 | \$1,544 | \$3,041 | \$2,192 |
| 7 | \$428 | \$1,570 | \$793 | \$2,226 | \$1,322 | 40 | \$1,098 | \$2,106 | \$1,544 | \$3,021 | \$2,185 |
| 8 | \$427 | \$1,570 | \$801 | \$2,226 | \$1,338 | 41 | \$1,104 | \$2,105 | \$1,544 | \$3,000 | \$2,176 |
| 9 | \$427 | \$1,570 | \$806 | \$2,226 | \$1,351 | 42 | \$1,110 | \$2,103 | \$1,544 | \$2,974 | \$2,168 |
| 10 | \$428 | \$1,570 | \$813 | \$2,226 | \$1,368 | 43 | \$1,115 | \$2,105 | \$1,544 | \$2,946 | \$2,161 |
| 11 | \$428 | \$1,570 | \$816 | \$2,226 | \$1,381 | 44 | \$1,119 | \$2,106 | \$1,544 | \$2,951 | \$2,157 |
| 12 | \$428 | \$1,570 | \$815 | \$2,226 | \$1,393 | 45 | \$1,125 | \$2,112 | \$1,546 | \$2,953 | \$2,151 |
| 13 | \$429 | \$1,570 | \$812 | \$2,226 | \$1,400 | 46 | \$1,129 | \$2,120 | \$1,550 | \$2,953 | \$2,150 |
| 14 | \$429 | \$1,570 | \$804 | \$2,226 | \$1,406 | 47 | \$1,134 | \$2,130 | \$1,556 | \$2,948 | \$2,151 |
| 15 | \$434 | \$1,570 | \$804 | \$2,226 | \$1,418 | 48 | \$1,140 | \$2,146 | \$1,563 | \$2,945 | \$2,157 |
| 16 | \$454 | \$1,570 | \$831 | \$2,226 | \$1,456 | 49 | \$1,147 | \$2,165 | \$1,573 | \$2,941 | \$2,164 |
| 17 | \$480 | \$1,570 | \$868 | \$2,226 | \$1,505 | 50 | \$1,193 | \$2,261 | \$1,623 | \$2,974 | \$2,213 |
| 18 | \$508 | \$1,570 | \$906 | \$2,226 | \$1,554 | 51 | \$1,190 | \$2,264 | \$1,627 | \$2,963 | \$2,218 |
| 19 | \$687 | \$1,570 | \$1,353 | \$2,226 | \$2,012 | 52 | \$1,190 | \$2,273 | \$1,633 | \$2,955 | \$2,228 |
| 20 | \$698 | \$1,569 | \$1,354 | \$2,406 | \$2,022 | 53 | \$1,207 | \$2,310 | \$1,656 | \$2,965 | \$2,255 |
| 21 | \$709 | \$1,577 | \$1,353 | \$2,518 | \$2,030 | 54 | \$1,224 | \$2,352 | \$1,683 | \$2,981 | \$2,288 |
| 22 | \$739 | \$1,629 | \$1,351 | \$2,596 | \$2,036 | 55 | \$1,283 | \$2,472 | \$1,750 | \$3,041 | \$2,362 |
| 23 | \$769 | \$1,685 | \$1,348 | \$2,685 | \$2,038 | 56 | \$1,295 | \$2,499 | \$1,774 | \$3,062 | \$2,394 |
| 24 | \$799 | \$1,740 | \$1,343 | \$2,751 | \$2,038 | 57 | \$1,313 | \$2,530 | \$1,800 | \$3,092 | \$2,431 |
| 25 | \$828 | \$1,795 | \$1,372 | \$2,788 | \$2,072 | 58 | \$1,348 | \$2,592 | \$1,844 | \$3,141 | \$2,485 |
| 26 | \$857 | \$1,847 | \$1,399 | \$2,798 | \$2,102 | 59 | \$1,387 | \$2,659 | \$1,892 | \$3,194 | \$2,547 |
| 27 | \$885 | \$1,896 | \$1,425 | \$2,790 | \$2,129 | 60 | \$1,387 | \$2,659 | \$1,892 | \$3,194 | \$2,547 |
| 28 | \$910 | \$1,939 | \$1,447 | \$2,771 | \$2,153 | 61 | \$1,387 | \$2,659 | \$1,892 | \$3,194 | \$2,547 |
| 29 | \$935 | \$1,977 | \$1,467 | \$2,747 | \$2,171 | 62 | \$1,387 | \$2,659 | \$1,892 | \$3,194 | \$2,547 |
| 30 | \$958 | \$2,010 | \$1,484 | \$2,718 | \$2,187 | 63 | \$1,387 | \$2,659 | \$1,892 | \$3,194 | \$2,547 |
| 31 | \$980 | \$2,038 | \$1,498 | \$2,687 | \$2,198 | 64 | \$1,387 | \$2,659 | \$1,892 | \$3,194 | \$2,547 |
| 32 | \$999 | \$2,060 | \$1,511 | \$2,652 | \$2,207 | | | | | | |

The HIPAA HMO Saver is offered by Anthem Blue Cross.

Notes:

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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 2

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 0 | \$452 | \$1,115 | \$719 | \$1,582 | \$1,110 |
| 1 | \$402 | \$1,115 | \$645 | \$1,582 | \$1,027 |
| 2 | \$361 | \$1,115 | \$584 | \$1,582 | \$960 |
| 3 | \$325 | \$1,115 | \$536 | \$1,582 | \$907 |
| 4 | \$306 | \$1,115 | \$533 | \$1,582 | \$903 |
| 5 | \$304 | \$1,115 | \$544 | \$1,582 | \$915 |
| 6 | \$304 | \$1,115 | \$554 | \$1,582 | \$928 |
| 7 | \$304 | \$1,115 | \$563 | \$1,582 | \$939 |
| 8 | \$303 | \$1,115 | \$569 | \$1,582 | \$950 |
| 9 | \$303 | \$1,115 | \$573 | \$1,582 | \$960 |
| 10 | \$304 | \$1,115 | \$577 | \$1,582 | \$971 |
| 11 | \$304 | \$1,115 | \$579 | \$1,582 | \$981 |
| 12 | \$304 | \$1,115 | \$579 | \$1,582 | \$989 |
| 13 | \$305 | \$1,115 | \$577 | \$1,582 | \$995 |
| 14 | \$305 | \$1,115 | \$571 | \$1,582 | \$999 |
| 15 | \$308 | \$1,115 | \$571 | \$1,582 | \$1,008 |
| 16 | \$322 | \$1,115 | \$590 | \$1,582 | \$1,034 |
| 17 | \$341 | \$1,115 | \$616 | \$1,582 | \$1,069 |
| 18 | \$361 | \$1,115 | \$644 | \$1,582 | \$1,104 |
| 19 | \$488 | \$1,115 | \$961 | \$1,582 | \$1,429 |
| 20 | \$495 | \$1,115 | \$962 | \$1,709 | \$1,437 |
| 21 | \$503 | \$1,120 | \$961 | \$1,789 | \$1,442 |
| 22 | \$525 | \$1,157 | \$960 | \$1,844 | \$1,447 |
| 23 | \$546 | \$1,197 | \$957 | \$1,908 | \$1,448 |
| 24 | \$568 | \$1,236 | \$954 | \$1,955 | \$1,448 |
| 25 | \$588 | \$1,276 | \$974 | \$1,980 | \$1,472 |
| 26 | \$609 | \$1,312 | \$994 | \$1,988 | \$1,493 |
| 27 | \$629 | \$1,347 | \$1,012 | \$1,982 | \$1,513 |
| 28 | \$647 | \$1,378 | \$1,028 | \$1,968 | \$1,529 |
| 29 | \$665 | \$1,404 | \$1,042 | \$1,952 | \$1,543 |
| 30 | \$681 | \$1,428 | \$1,054 | \$1,931 | \$1,554 |
| 31 | \$696 | \$1,448 | \$1,064 | \$1,909 | \$1,562 |
| 32 | \$710 | \$1,464 | \$1,073 | \$1,884 | \$1,568 |

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 33 | \$723 | \$1,476 | \$1,081 | \$1,860 | \$1,571 |
| 34 | \$734 | \$1,485 | \$1,086 | \$1,841 | \$1,573 |
| 35 | \$745 | \$1,492 | \$1,090 | \$1,844 | \$1,572 |
| 36 | \$754 | \$1,495 | \$1,093 | \$1,856 | \$1,571 |
| 37 | \$761 | \$1,498 | \$1,095 | \$1,869 | \$1,567 |
| 38 | \$768 | \$1,498 | \$1,096 | \$2,174 | \$1,562 |
| 39 | \$775 | \$1,497 | \$1,097 | \$2,161 | \$1,557 |
| 40 | \$780 | \$1,496 | \$1,097 | \$2,146 | \$1,552 |
| 41 | \$784 | \$1,495 | \$1,097 | \$2,131 | \$1,546 |
| 42 | \$789 | \$1,494 | \$1,097 | \$2,113 | \$1,540 |
| 43 | \$792 | \$1,495 | \$1,097 | \$2,093 | \$1,535 |
| 44 | \$795 | \$1,497 | \$1,097 | \$2,096 | \$1,532 |
| 45 | \$799 | \$1,500 | \$1,098 | \$2,098 | \$1,528 |
| 46 | \$802 | \$1,506 | \$1,101 | \$2,098 | \$1,527 |
| 47 | \$806 | \$1,514 | \$1,105 | \$2,095 | \$1,528 |
| 48 | \$809 | \$1,524 | \$1,110 | \$2,092 | \$1,532 |
| 49 | \$815 | \$1,538 | \$1,118 | \$2,090 | \$1,538 |
| 50 | \$847 | \$1,607 | \$1,153 | \$2,113 | \$1,572 |
| 51 | \$846 | \$1,608 | \$1,156 | \$2,105 | \$1,575 |
| 52 | \$846 | \$1,615 | \$1,160 | \$2,100 | \$1,583 |
| 53 | \$857 | \$1,641 | \$1,177 | \$2,106 | \$1,602 |
| 54 | \$870 | \$1,671 | \$1,195 | \$2,118 | \$1,625 |
| 55 | \$911 | \$1,756 | \$1,243 | \$2,161 | \$1,678 |
| 56 | \$920 | \$1,775 | \$1,260 | \$2,176 | \$1,701 |
| 57 | \$933 | \$1,797 | \$1,279 | \$2,197 | \$1,727 |
| 58 | \$957 | \$1,841 | \$1,310 | \$2,231 | \$1,765 |
| 59 | \$986 | \$1,889 | \$1,344 | \$2,269 | \$1,810 |
| 60 | \$986 | \$1,889 | \$1,344 | \$2,269 | \$1,810 |
| 61 | \$986 | \$1,889 | \$1,344 | \$2,269 | \$1,810 |
| 62 | \$986 | \$1,889 | \$1,344 | \$2,269 | \$1,810 |
| 63 | \$986 | \$1,889 | \$1,344 | \$2,269 | \$1,810 |
| 64 | \$986 | \$1,889 | \$1,344 | \$2,269 | \$1,810 |

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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 3

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|---------|---------------------|--------------------|---------|-----------------------|
| 0 | \$675 | \$1,665 | \$1,073 | \$2,360 | \$1,657 |
| 1 | \$601 | \$1,665 | \$962 | \$2,360 | \$1,532 |
| 2 | \$538 | \$1,665 | \$871 | \$2,360 | \$1,433 |
| 3 | \$485 | \$1,665 | \$800 | \$2,360 | \$1,354 |
| 4 | \$456 | \$1,665 | \$795 | \$2,360 | \$1,348 |
| 5 | \$454 | \$1,665 | \$812 | \$2,360 | \$1,365 |
| 6 | \$454 | \$1,665 | \$828 | \$2,360 | \$1,384 |
| 7 | \$454 | \$1,665 | \$840 | \$2,360 | \$1,401 |
| 8 | \$453 | \$1,665 | \$849 | \$2,360 | \$1,418 |
| 9 | \$453 | \$1,665 | \$855 | \$2,360 | \$1,432 |
| 10 | \$454 | \$1,665 | \$862 | \$2,360 | \$1,450 |
| 11 | \$454 | \$1,665 | \$865 | \$2,360 | \$1,465 |
| 12 | \$454 | \$1,665 | \$864 | \$2,360 | \$1,476 |
| 13 | \$455 | \$1,665 | \$861 | \$2,360 | \$1,485 |
| 14 | \$455 | \$1,665 | \$853 | \$2,360 | \$1,491 |
| 15 | \$460 | \$1,665 | \$853 | \$2,360 | \$1,504 |
| 16 | \$481 | \$1,665 | \$880 | \$2,360 | \$1,544 |
| 17 | \$509 | \$1,665 | \$920 | \$2,360 | \$1,595 |
| 18 | \$538 | \$1,665 | \$961 | \$2,360 | \$1,648 |
| 19 | \$728 | \$1,665 | \$1,434 | \$2,360 | \$2,133 |
| 20 | \$740 | \$1,663 | \$1,436 | \$2,551 | \$2,144 |
| 21 | \$752 | \$1,671 | \$1,434 | \$2,670 | \$2,153 |
| 22 | \$784 | \$1,727 | \$1,432 | \$2,752 | \$2,159 |
| 23 | \$816 | \$1,786 | \$1,429 | \$2,847 | \$2,161 |
| 24 | \$847 | \$1,845 | \$1,424 | \$2,917 | \$2,161 |
| 25 | \$878 | \$1,903 | \$1,454 | \$2,955 | \$2,197 |
| 26 | \$908 | \$1,958 | \$1,484 | \$2,966 | \$2,228 |
| 27 | \$938 | \$2,010 | \$1,510 | \$2,958 | \$2,257 |
| 28 | \$965 | \$2,056 | \$1,534 | \$2,937 | \$2,282 |
| 29 | \$992 | \$2,096 | \$1,555 | \$2,912 | \$2,302 |
| 30 | \$1,016 | \$2,131 | \$1,573 | \$2,882 | \$2,318 |
| 31 | \$1,039 | \$2,161 | \$1,588 | \$2,848 | \$2,331 |
| 32 | \$1,059 | \$2,184 | \$1,602 | \$2,811 | \$2,339 |

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|---------|---------------------|--------------------|---------|-----------------------|
| 33 | \$1,079 | \$2,203 | \$1,612 | \$2,776 | \$2,344 |
| 34 | \$1,095 | \$2,217 | \$1,620 | \$2,748 | \$2,347 |
| 35 | \$1,112 | \$2,226 | \$1,627 | \$2,752 | \$2,346 |
| 36 | \$1,125 | \$2,231 | \$1,631 | \$2,769 | \$2,344 |
| 37 | \$1,136 | \$2,235 | \$1,635 | \$2,790 | \$2,339 |
| 38 | \$1,147 | \$2,236 | \$1,635 | \$3,245 | \$2,331 |
| 39 | \$1,157 | \$2,234 | \$1,637 | \$3,224 | \$2,324 |
| 40 | \$1,164 | \$2,233 | \$1,637 | \$3,202 | \$2,317 |
| 41 | \$1,170 | \$2,231 | \$1,637 | \$3,180 | \$2,307 |
| 42 | \$1,177 | \$2,230 | \$1,637 | \$3,153 | \$2,299 |
| 43 | \$1,182 | \$2,231 | \$1,637 | \$3,124 | \$2,291 |
| 44 | \$1,187 | \$2,233 | \$1,637 | \$3,128 | \$2,286 |
| 45 | \$1,193 | \$2,239 | \$1,639 | \$3,130 | \$2,281 |
| 46 | \$1,197 | \$2,247 | \$1,644 | \$3,130 | \$2,279 |
| 47 | \$1,203 | \$2,259 | \$1,650 | \$3,126 | \$2,281 |
| 48 | \$1,208 | \$2,275 | \$1,657 | \$3,122 | \$2,286 |
| 49 | \$1,216 | \$2,295 | \$1,668 | \$3,118 | \$2,294 |
| 50 | \$1,265 | \$2,398 | \$1,721 | \$3,153 | \$2,346 |
| 51 | \$1,262 | \$2,400 | \$1,724 | \$3,141 | \$2,351 |
| 52 | \$1,262 | \$2,410 | \$1,732 | \$3,133 | \$2,362 |
| 53 | \$1,280 | \$2,449 | \$1,756 | \$3,143 | \$2,390 |
| 54 | \$1,298 | \$2,493 | \$1,784 | \$3,161 | \$2,425 |
| 55 | \$1,360 | \$2,620 | \$1,855 | \$3,224 | \$2,504 |
| 56 | \$1,373 | \$2,649 | \$1,881 | \$3,247 | \$2,538 |
| 57 | \$1,392 | \$2,682 | \$1,909 | \$3,278 | \$2,577 |
| 58 | \$1,429 | \$2,748 | \$1,955 | \$3,330 | \$2,634 |
| 59 | \$1,471 | \$2,819 | \$2,005 | \$3,386 | \$2,700 |
| 60 | \$1,471 | \$2,819 | \$2,005 | \$3,386 | \$2,700 |
| 61 | \$1,471 | \$2,819 | \$2,005 | \$3,386 | \$2,700 |
| 62 | \$1,471 | \$2,819 | \$2,005 | \$3,386 | \$2,700 |
| 63 | \$1,471 | \$2,819 | \$2,005 | \$3,386 | \$2,700 |
| 64 | \$1,471 | \$2,819 | \$2,005 | \$3,386 | \$2,700 |

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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 4

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children | Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|-----|---------|---------------------|--------------------|---------|-----------------------|
| 0 | \$466 | \$1,151 | \$741 | \$1,631 | \$1,146 | 33 | \$746 | \$1,523 | \$1,115 | \$1,919 | \$1,621 |
| 1 | \$415 | \$1,151 | \$665 | \$1,631 | \$1,059 | 34 | \$757 | \$1,532 | \$1,120 | \$1,900 | \$1,622 |
| 2 | \$372 | \$1,151 | \$602 | \$1,631 | \$990 | 35 | \$768 | \$1,539 | \$1,125 | \$1,903 | \$1,622 |
| 3 | \$336 | \$1,151 | \$553 | \$1,631 | \$936 | 36 | \$777 | \$1,543 | \$1,127 | \$1,915 | \$1,621 |
| 4 | \$315 | \$1,151 | \$549 | \$1,631 | \$932 | 37 | \$786 | \$1,545 | \$1,130 | \$1,928 | \$1,617 |
| 5 | \$314 | \$1,151 | \$561 | \$1,631 | \$944 | 38 | \$793 | \$1,545 | \$1,130 | \$2,243 | \$1,612 |
| 6 | \$314 | \$1,151 | \$572 | \$1,631 | \$957 | 39 | \$799 | \$1,545 | \$1,132 | \$2,229 | \$1,607 |
| 7 | \$313 | \$1,151 | \$581 | \$1,631 | \$969 | 40 | \$804 | \$1,543 | \$1,132 | \$2,214 | \$1,602 |
| 8 | \$313 | \$1,151 | \$587 | \$1,631 | \$980 | 41 | \$809 | \$1,543 | \$1,132 | \$2,198 | \$1,595 |
| 9 | \$313 | \$1,151 | \$591 | \$1,631 | \$990 | 42 | \$813 | \$1,541 | \$1,132 | \$2,180 | \$1,589 |
| 10 | \$313 | \$1,151 | \$595 | \$1,631 | \$1,002 | 43 | \$817 | \$1,543 | \$1,132 | \$2,159 | \$1,584 |
| 11 | \$314 | \$1,151 | \$598 | \$1,631 | \$1,012 | 44 | \$820 | \$1,544 | \$1,132 | \$2,163 | \$1,580 |
| 12 | \$314 | \$1,151 | \$597 | \$1,631 | \$1,021 | 45 | \$824 | \$1,548 | \$1,133 | \$2,164 | \$1,576 |
| 13 | \$314 | \$1,151 | \$595 | \$1,631 | \$1,026 | 46 | \$827 | \$1,553 | \$1,136 | \$2,164 | \$1,576 |
| 14 | \$314 | \$1,151 | \$589 | \$1,631 | \$1,030 | 47 | \$831 | \$1,561 | \$1,140 | \$2,161 | \$1,576 |
| 15 | \$318 | \$1,151 | \$589 | \$1,631 | \$1,040 | 48 | \$835 | \$1,573 | \$1,146 | \$2,158 | \$1,581 |
| 16 | \$332 | \$1,151 | \$609 | \$1,631 | \$1,067 | 49 | \$840 | \$1,586 | \$1,153 | \$2,156 | \$1,586 |
| 17 | \$352 | \$1,151 | \$636 | \$1,631 | \$1,103 | 50 | \$874 | \$1,657 | \$1,190 | \$2,180 | \$1,622 |
| 18 | \$372 | \$1,151 | \$664 | \$1,631 | \$1,139 | 51 | \$872 | \$1,659 | \$1,192 | \$2,171 | \$1,625 |
| 19 | \$503 | \$1,151 | \$991 | \$1,631 | \$1,475 | 52 | \$872 | \$1,666 | \$1,197 | \$2,166 | \$1,633 |
| 20 | \$511 | \$1,150 | \$992 | \$1,763 | \$1,482 | 53 | \$885 | \$1,693 | \$1,214 | \$2,173 | \$1,652 |
| 21 | \$519 | \$1,155 | \$991 | \$1,845 | \$1,488 | 54 | \$897 | \$1,724 | \$1,233 | \$2,185 | \$1,676 |
| 22 | \$542 | \$1,194 | \$990 | \$1,903 | \$1,492 | 55 | \$940 | \$1,811 | \$1,282 | \$2,229 | \$1,731 |
| 23 | \$564 | \$1,234 | \$988 | \$1,968 | \$1,494 | 56 | \$949 | \$1,831 | \$1,300 | \$2,244 | \$1,754 |
| 24 | \$586 | \$1,276 | \$984 | \$2,016 | \$1,494 | 57 | \$962 | \$1,854 | \$1,319 | \$2,266 | \$1,781 |
| 25 | \$607 | \$1,316 | \$1,005 | \$2,043 | \$1,518 | 58 | \$988 | \$1,899 | \$1,351 | \$2,302 | \$1,821 |
| 26 | \$628 | \$1,353 | \$1,026 | \$2,051 | \$1,540 | 59 | \$1,017 | \$1,948 | \$1,386 | \$2,341 | \$1,867 |
| 27 | \$649 | \$1,390 | \$1,044 | \$2,045 | \$1,560 | 60 | \$1,017 | \$1,948 | \$1,386 | \$2,341 | \$1,867 |
| 28 | \$667 | \$1,421 | \$1,061 | \$2,030 | \$1,578 | 61 | \$1,017 | \$1,948 | \$1,386 | \$2,341 | \$1,867 |
| 29 | \$685 | \$1,449 | \$1,075 | \$2,013 | \$1,591 | 62 | \$1,017 | \$1,948 | \$1,386 | \$2,341 | \$1,867 |
| 30 | \$702 | \$1,473 | \$1,088 | \$1,992 | \$1,603 | 63 | \$1,017 | \$1,948 | \$1,386 | \$2,341 | \$1,867 |
| 31 | \$718 | \$1,494 | \$1,098 | \$1,969 | \$1,611 | 64 | \$1,017 | \$1,948 | \$1,386 | \$2,341 | \$1,867 |
| 32 | \$732 | \$1,510 | \$1,107 | \$1,943 | \$1,617 | | | | | | |

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.
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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 5

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 0 | \$495 | \$1,221 | \$786 | \$1,730 | \$1,215 |
| 1 | \$440 | \$1,221 | \$706 | \$1,730 | \$1,123 |
| 2 | \$395 | \$1,221 | \$638 | \$1,730 | \$1,050 |
| 3 | \$356 | \$1,221 | \$587 | \$1,730 | \$993 |
| 4 | \$335 | \$1,221 | \$583 | \$1,730 | \$989 |
| 5 | \$333 | \$1,221 | \$595 | \$1,730 | \$1,001 |
| 6 | \$333 | \$1,221 | \$607 | \$1,730 | \$1,015 |
| 7 | \$332 | \$1,221 | \$616 | \$1,730 | \$1,027 |
| 8 | \$332 | \$1,221 | \$623 | \$1,730 | \$1,040 |
| 9 | \$332 | \$1,221 | \$627 | \$1,730 | \$1,050 |
| 10 | \$332 | \$1,221 | \$632 | \$1,730 | \$1,063 |
| 11 | \$333 | \$1,221 | \$634 | \$1,730 | \$1,074 |
| 12 | \$333 | \$1,221 | \$634 | \$1,730 | \$1,082 |
| 13 | \$333 | \$1,221 | \$632 | \$1,730 | \$1,089 |
| 14 | \$333 | \$1,221 | \$625 | \$1,730 | \$1,093 |
| 15 | \$337 | \$1,221 | \$625 | \$1,730 | \$1,103 |
| 16 | \$352 | \$1,221 | \$646 | \$1,730 | \$1,132 |
| 17 | \$373 | \$1,221 | \$674 | \$1,730 | \$1,170 |
| 18 | \$395 | \$1,221 | \$704 | \$1,730 | \$1,208 |
| 19 | \$534 | \$1,221 | \$1,052 | \$1,730 | \$1,564 |
| 20 | \$542 | \$1,220 | \$1,053 | \$1,870 | \$1,572 |
| 21 | \$551 | \$1,226 | \$1,052 | \$1,958 | \$1,578 |
| 22 | \$574 | \$1,266 | \$1,050 | \$2,018 | \$1,583 |
| 23 | \$598 | \$1,309 | \$1,047 | \$2,088 | \$1,585 |
| 24 | \$621 | \$1,353 | \$1,044 | \$2,139 | \$1,585 |
| 25 | \$644 | \$1,396 | \$1,066 | \$2,167 | \$1,611 |
| 26 | \$666 | \$1,436 | \$1,088 | \$2,175 | \$1,634 |
| 27 | \$688 | \$1,474 | \$1,107 | \$2,169 | \$1,655 |
| 28 | \$707 | \$1,507 | \$1,125 | \$2,154 | \$1,673 |
| 29 | \$727 | \$1,537 | \$1,140 | \$2,136 | \$1,688 |
| 30 | \$745 | \$1,563 | \$1,154 | \$2,113 | \$1,700 |
| 31 | \$762 | \$1,585 | \$1,164 | \$2,089 | \$1,709 |
| 32 | \$776 | \$1,601 | \$1,175 | \$2,061 | \$1,715 |

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|---------|---------------------|--------------------|---------|-----------------------|
| 33 | \$791 | \$1,615 | \$1,182 | \$2,035 | \$1,719 |
| 34 | \$803 | \$1,625 | \$1,188 | \$2,015 | \$1,721 |
| 35 | \$815 | \$1,632 | \$1,193 | \$2,018 | \$1,720 |
| 36 | \$824 | \$1,636 | \$1,196 | \$2,031 | \$1,719 |
| 37 | \$833 | \$1,639 | \$1,199 | \$2,045 | \$1,715 |
| 38 | \$841 | \$1,639 | \$1,199 | \$2,379 | \$1,709 |
| 39 | \$848 | \$1,638 | \$1,201 | \$2,364 | \$1,704 |
| 40 | \$853 | \$1,637 | \$1,201 | \$2,348 | \$1,699 |
| 41 | \$858 | \$1,636 | \$1,200 | \$2,332 | \$1,691 |
| 42 | \$863 | \$1,635 | \$1,200 | \$2,312 | \$1,685 |
| 43 | \$866 | \$1,636 | \$1,200 | \$2,291 | \$1,680 |
| 44 | \$870 | \$1,637 | \$1,201 | \$2,294 | \$1,676 |
| 45 | \$874 | \$1,641 | \$1,202 | \$2,295 | \$1,672 |
| 46 | \$877 | \$1,648 | \$1,205 | \$2,295 | \$1,671 |
| 47 | \$882 | \$1,656 | \$1,210 | \$2,292 | \$1,672 |
| 48 | \$886 | \$1,668 | \$1,215 | \$2,289 | \$1,676 |
| 49 | \$892 | \$1,683 | \$1,223 | \$2,287 | \$1,682 |
| 50 | \$927 | \$1,758 | \$1,262 | \$2,312 | \$1,720 |
| 51 | \$925 | \$1,760 | \$1,264 | \$2,303 | \$1,724 |
| 52 | \$925 | \$1,767 | \$1,270 | \$2,298 | \$1,732 |
| 53 | \$938 | \$1,796 | \$1,287 | \$2,305 | \$1,753 |
| 54 | \$952 | \$1,828 | \$1,308 | \$2,317 | \$1,778 |
| 55 | \$997 | \$1,921 | \$1,360 | \$2,364 | \$1,836 |
| 56 | \$1,007 | \$1,942 | \$1,379 | \$2,381 | \$1,861 |
| 57 | \$1,021 | \$1,966 | \$1,400 | \$2,403 | \$1,890 |
| 58 | \$1,047 | \$2,015 | \$1,433 | \$2,441 | \$1,932 |
| 59 | \$1,078 | \$2,067 | \$1,470 | \$2,483 | \$1,980 |
| 60 | \$1,078 | \$2,067 | \$1,470 | \$2,483 | \$1,980 |
| 61 | \$1,078 | \$2,067 | \$1,470 | \$2,483 | \$1,980 |
| 62 | \$1,078 | \$2,067 | \$1,470 | \$2,483 | \$1,980 |
| 63 | \$1,078 | \$2,067 | \$1,470 | \$2,483 | \$1,980 |
| 64 | \$1,078 | \$2,067 | \$1,470 | \$2,483 | \$1,980 |

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Notes:

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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 6

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 0 | \$465 | \$1,146 | \$739 | \$1,625 | \$1,141 |
| 1 | \$414 | \$1,146 | \$663 | \$1,625 | \$1,055 |
| 2 | \$371 | \$1,146 | \$600 | \$1,625 | \$987 |
| 3 | \$334 | \$1,146 | \$551 | \$1,625 | \$932 |
| 4 | \$314 | \$1,146 | \$547 | \$1,625 | \$928 |
| 5 | \$312 | \$1,146 | \$559 | \$1,625 | \$940 |
| 6 | \$312 | \$1,146 | \$570 | \$1,625 | \$953 |
| 7 | \$312 | \$1,146 | \$578 | \$1,625 | \$965 |
| 8 | \$311 | \$1,146 | \$585 | \$1,625 | \$977 |
| 9 | \$311 | \$1,146 | \$588 | \$1,625 | \$986 |
| 10 | \$312 | \$1,146 | \$593 | \$1,625 | \$998 |
| 11 | \$312 | \$1,146 | \$596 | \$1,625 | \$1,008 |
| 12 | \$312 | \$1,146 | \$595 | \$1,625 | \$1,017 |
| 13 | \$313 | \$1,146 | \$593 | \$1,625 | \$1,022 |
| 14 | \$313 | \$1,146 | \$587 | \$1,625 | \$1,027 |
| 15 | \$316 | \$1,146 | \$587 | \$1,625 | \$1,036 |
| 16 | \$331 | \$1,146 | \$606 | \$1,625 | \$1,063 |
| 17 | \$350 | \$1,146 | \$633 | \$1,625 | \$1,099 |
| 18 | \$371 | \$1,146 | \$662 | \$1,625 | \$1,135 |
| 19 | \$501 | \$1,146 | \$988 | \$1,625 | \$1,469 |
| 20 | \$509 | \$1,145 | \$989 | \$1,757 | \$1,477 |
| 21 | \$517 | \$1,151 | \$988 | \$1,838 | \$1,482 |
| 22 | \$539 | \$1,189 | \$986 | \$1,895 | \$1,486 |
| 23 | \$561 | \$1,230 | \$984 | \$1,961 | \$1,488 |
| 24 | \$584 | \$1,271 | \$981 | \$2,009 | \$1,488 |
| 25 | \$605 | \$1,311 | \$1,001 | \$2,035 | \$1,513 |
| 26 | \$625 | \$1,348 | \$1,022 | \$2,043 | \$1,534 |
| 27 | \$646 | \$1,384 | \$1,040 | \$2,037 | \$1,554 |
| 28 | \$664 | \$1,416 | \$1,057 | \$2,023 | \$1,571 |
| 29 | \$683 | \$1,443 | \$1,071 | \$2,006 | \$1,585 |
| 30 | \$699 | \$1,468 | \$1,084 | \$1,984 | \$1,596 |
| 31 | \$716 | \$1,488 | \$1,093 | \$1,961 | \$1,605 |
| 32 | \$729 | \$1,504 | \$1,103 | \$1,936 | \$1,611 |

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|---------|---------------------|--------------------|---------|-----------------------|
| 33 | \$743 | \$1,517 | \$1,110 | \$1,912 | \$1,614 |
| 34 | \$754 | \$1,526 | \$1,115 | \$1,892 | \$1,616 |
| 35 | \$765 | \$1,533 | \$1,120 | \$1,895 | \$1,615 |
| 36 | \$774 | \$1,537 | \$1,123 | \$1,907 | \$1,614 |
| 37 | \$783 | \$1,539 | \$1,126 | \$1,921 | \$1,611 |
| 38 | \$789 | \$1,539 | \$1,126 | \$2,234 | \$1,605 |
| 39 | \$796 | \$1,539 | \$1,127 | \$2,221 | \$1,600 |
| 40 | \$801 | \$1,538 | \$1,127 | \$2,205 | \$1,595 |
| 41 | \$806 | \$1,537 | \$1,127 | \$2,190 | \$1,589 |
| 42 | \$810 | \$1,535 | \$1,127 | \$2,172 | \$1,583 |
| 43 | \$814 | \$1,537 | \$1,127 | \$2,151 | \$1,578 |
| 44 | \$817 | \$1,538 | \$1,127 | \$2,154 | \$1,574 |
| 45 | \$821 | \$1,542 | \$1,129 | \$2,156 | \$1,570 |
| 46 | \$824 | \$1,547 | \$1,132 | \$2,156 | \$1,569 |
| 47 | \$828 | \$1,555 | \$1,136 | \$2,153 | \$1,570 |
| 48 | \$832 | \$1,566 | \$1,141 | \$2,150 | \$1,574 |
| 49 | \$837 | \$1,580 | \$1,148 | \$2,148 | \$1,580 |
| 50 | \$871 | \$1,651 | \$1,185 | \$2,172 | \$1,615 |
| 51 | \$869 | \$1,653 | \$1,188 | \$2,163 | \$1,619 |
| 52 | \$869 | \$1,660 | \$1,193 | \$2,158 | \$1,626 |
| 53 | \$881 | \$1,686 | \$1,209 | \$2,165 | \$1,646 |
| 54 | \$894 | \$1,717 | \$1,229 | \$2,176 | \$1,670 |
| 55 | \$937 | \$1,804 | \$1,277 | \$2,221 | \$1,724 |
| 56 | \$946 | \$1,824 | \$1,295 | \$2,236 | \$1,747 |
| 57 | \$959 | \$1,847 | \$1,314 | \$2,257 | \$1,775 |
| 58 | \$984 | \$1,892 | \$1,346 | \$2,293 | \$1,814 |
| 59 | \$1,013 | \$1,941 | \$1,381 | \$2,332 | \$1,859 |
| 60 | \$1,013 | \$1,941 | \$1,381 | \$2,332 | \$1,859 |
| 61 | \$1,013 | \$1,941 | \$1,381 | \$2,332 | \$1,859 |
| 62 | \$1,013 | \$1,941 | \$1,381 | \$2,332 | \$1,859 |
| 63 | \$1,013 | \$1,941 | \$1,381 | \$2,332 | \$1,859 |
| 64 | \$1,013 | \$1,941 | \$1,381 | \$2,332 | \$1,859 |

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MONTHLY RATES – FOR HIPAA HMO SAVER

Effective 1/1/10

Area 7

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 0 | \$412 | \$1,016 | \$655 | \$1,441 | \$1,012 |
| 1 | \$367 | \$1,016 | \$587 | \$1,441 | \$936 |
| 2 | \$328 | \$1,016 | \$532 | \$1,441 | \$875 |
| 3 | \$296 | \$1,016 | \$488 | \$1,441 | \$827 |
| 4 | \$279 | \$1,016 | \$485 | \$1,441 | \$823 |
| 5 | \$277 | \$1,016 | \$496 | \$1,441 | \$833 |
| 6 | \$277 | \$1,016 | \$505 | \$1,441 | \$845 |
| 7 | \$277 | \$1,016 | \$513 | \$1,441 | \$855 |
| 8 | \$276 | \$1,016 | \$518 | \$1,441 | \$866 |
| 9 | \$276 | \$1,016 | \$522 | \$1,441 | \$875 |
| 10 | \$277 | \$1,016 | \$526 | \$1,441 | \$885 |
| 11 | \$277 | \$1,016 | \$528 | \$1,441 | \$894 |
| 12 | \$277 | \$1,016 | \$528 | \$1,441 | \$901 |
| 13 | \$277 | \$1,016 | \$526 | \$1,441 | \$906 |
| 14 | \$277 | \$1,016 | \$521 | \$1,441 | \$910 |
| 15 | \$281 | \$1,016 | \$521 | \$1,441 | \$918 |
| 16 | \$293 | \$1,016 | \$538 | \$1,441 | \$943 |
| 17 | \$311 | \$1,016 | \$561 | \$1,441 | \$974 |
| 18 | \$328 | \$1,016 | \$587 | \$1,441 | \$1,006 |
| 19 | \$445 | \$1,016 | \$876 | \$1,441 | \$1,302 |
| 20 | \$451 | \$1,016 | \$876 | \$1,557 | \$1,309 |
| 21 | \$459 | \$1,021 | \$876 | \$1,630 | \$1,314 |
| 22 | \$478 | \$1,054 | \$875 | \$1,680 | \$1,318 |
| 23 | \$498 | \$1,090 | \$872 | \$1,738 | \$1,320 |
| 24 | \$517 | \$1,127 | \$870 | \$1,781 | \$1,320 |
| 25 | \$536 | \$1,162 | \$888 | \$1,805 | \$1,341 |
| 26 | \$554 | \$1,195 | \$906 | \$1,811 | \$1,361 |
| 27 | \$573 | \$1,227 | \$922 | \$1,806 | \$1,378 |
| 28 | \$589 | \$1,255 | \$937 | \$1,794 | \$1,393 |
| 29 | \$605 | \$1,280 | \$949 | \$1,778 | \$1,405 |
| 30 | \$620 | \$1,301 | \$961 | \$1,760 | \$1,416 |
| 31 | \$634 | \$1,320 | \$969 | \$1,739 | \$1,423 |
| 32 | \$647 | \$1,333 | \$978 | \$1,717 | \$1,428 |

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 33 | \$658 | \$1,345 | \$984 | \$1,695 | \$1,431 |
| 34 | \$669 | \$1,353 | \$989 | \$1,678 | \$1,433 |
| 35 | \$679 | \$1,359 | \$994 | \$1,680 | \$1,432 |
| 36 | \$687 | \$1,362 | \$996 | \$1,691 | \$1,431 |
| 37 | \$694 | \$1,365 | \$998 | \$1,703 | \$1,428 |
| 38 | \$700 | \$1,365 | \$999 | \$1,981 | \$1,423 |
| 39 | \$706 | \$1,364 | \$1,000 | \$1,969 | \$1,419 |
| 40 | \$711 | \$1,363 | \$1,000 | \$1,956 | \$1,415 |
| 41 | \$715 | \$1,362 | \$999 | \$1,942 | \$1,408 |
| 42 | \$719 | \$1,361 | \$999 | \$1,925 | \$1,403 |
| 43 | \$722 | \$1,362 | \$999 | \$1,907 | \$1,399 |
| 44 | \$725 | \$1,364 | \$1,000 | \$1,910 | \$1,396 |
| 45 | \$728 | \$1,367 | \$1,001 | \$1,911 | \$1,392 |
| 46 | \$731 | \$1,372 | \$1,004 | \$1,911 | \$1,392 |
| 47 | \$734 | \$1,379 | \$1,007 | \$1,909 | \$1,392 |
| 48 | \$738 | \$1,389 | \$1,012 | \$1,906 | \$1,396 |
| 49 | \$742 | \$1,401 | \$1,018 | \$1,904 | \$1,401 |
| 50 | \$772 | \$1,464 | \$1,051 | \$1,925 | \$1,432 |
| 51 | \$770 | \$1,466 | \$1,053 | \$1,918 | \$1,436 |
| 52 | \$770 | \$1,471 | \$1,057 | \$1,913 | \$1,442 |
| 53 | \$781 | \$1,495 | \$1,072 | \$1,919 | \$1,459 |
| 54 | \$793 | \$1,522 | \$1,089 | \$1,930 | \$1,481 |
| 55 | \$830 | \$1,600 | \$1,132 | \$1,969 | \$1,529 |
| 56 | \$838 | \$1,617 | \$1,149 | \$1,982 | \$1,549 |
| 57 | \$850 | \$1,637 | \$1,165 | \$2,002 | \$1,574 |
| 58 | \$872 | \$1,678 | \$1,194 | \$2,033 | \$1,609 |
| 59 | \$898 | \$1,721 | \$1,225 | \$2,067 | \$1,649 |
| 60 | \$898 | \$1,721 | \$1,225 | \$2,067 | \$1,649 |
| 61 | \$898 | \$1,721 | \$1,225 | \$2,067 | \$1,649 |
| 62 | \$898 | \$1,721 | \$1,225 | \$2,067 | \$1,649 |
| 63 | \$898 | \$1,721 | \$1,225 | \$2,067 | \$1,649 |
| 64 | \$898 | \$1,721 | \$1,225 | \$2,067 | \$1,649 |

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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 1/1/10

Area 1

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children | Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|-----|---------|---------------------|--------------------|---------|-----------------------|
| 0 | \$554 | \$1,391 | \$856 | \$1,950 | \$1,372 | 33 | \$899 | \$1,808 | \$1,361 | \$2,310 | \$1,994 |
| 1 | \$495 | \$1,391 | \$768 | \$1,950 | \$1,273 | 34 | \$913 | \$1,818 | \$1,367 | \$2,291 | \$1,997 |
| 2 | \$444 | \$1,391 | \$696 | \$1,950 | \$1,193 | 35 | \$926 | \$1,827 | \$1,372 | \$2,287 | \$1,997 |
| 3 | \$401 | \$1,391 | \$637 | \$1,950 | \$1,129 | 36 | \$935 | \$1,830 | \$1,376 | \$2,301 | \$1,994 |
| 4 | \$377 | \$1,391 | \$639 | \$1,950 | \$1,128 | 37 | \$946 | \$1,833 | \$1,379 | \$2,317 | \$1,990 |
| 5 | \$374 | \$1,391 | \$646 | \$1,950 | \$1,136 | 38 | \$954 | \$1,834 | \$1,379 | \$2,756 | \$1,983 |
| 6 | \$367 | \$1,391 | \$644 | \$1,950 | \$1,136 | 39 | \$961 | \$1,833 | \$1,381 | \$2,734 | \$1,978 |
| 7 | \$366 | \$1,391 | \$651 | \$1,950 | \$1,149 | 40 | \$967 | \$1,831 | \$1,381 | \$2,711 | \$1,971 |
| 8 | \$364 | \$1,391 | \$658 | \$1,950 | \$1,159 | 41 | \$974 | \$1,830 | \$1,381 | \$2,685 | \$1,964 |
| 9 | \$367 | \$1,391 | \$666 | \$1,950 | \$1,175 | 42 | \$978 | \$1,829 | \$1,381 | \$2,657 | \$1,957 |
| 10 | \$372 | \$1,391 | \$680 | \$1,950 | \$1,199 | 43 | \$982 | \$1,830 | \$1,381 | \$2,626 | \$1,952 |
| 11 | \$378 | \$1,391 | \$696 | \$1,950 | \$1,223 | 44 | \$986 | \$1,832 | \$1,381 | \$2,630 | \$1,946 |
| 12 | \$383 | \$1,391 | \$706 | \$1,950 | \$1,243 | 45 | \$990 | \$1,836 | \$1,382 | \$2,631 | \$1,944 |
| 13 | \$387 | \$1,391 | \$708 | \$1,950 | \$1,255 | 46 | \$994 | \$1,844 | \$1,386 | \$2,631 | \$1,942 |
| 14 | \$393 | \$1,391 | \$714 | \$1,950 | \$1,273 | 47 | \$998 | \$1,852 | \$1,390 | \$2,628 | \$1,944 |
| 15 | \$399 | \$1,391 | \$718 | \$1,950 | \$1,286 | 48 | \$1,004 | \$1,865 | \$1,397 | \$2,624 | \$1,947 |
| 16 | \$413 | \$1,391 | \$733 | \$1,950 | \$1,311 | 49 | \$1,009 | \$1,882 | \$1,406 | \$2,622 | \$1,955 |
| 17 | \$436 | \$1,391 | \$765 | \$1,950 | \$1,353 | 50 | \$1,055 | \$1,976 | \$1,453 | \$2,656 | \$2,003 |
| 18 | \$460 | \$1,391 | \$798 | \$1,950 | \$1,394 | 51 | \$1,051 | \$1,976 | \$1,455 | \$2,644 | \$2,004 |
| 19 | \$626 | \$1,391 | \$1,252 | \$1,950 | \$1,859 | 52 | \$1,049 | \$1,978 | \$1,458 | \$2,634 | \$2,011 |
| 20 | \$632 | \$1,383 | \$1,246 | \$2,099 | \$1,861 | 53 | \$1,062 | \$2,009 | \$1,478 | \$2,644 | \$2,033 |
| 21 | \$637 | \$1,382 | \$1,239 | \$2,189 | \$1,861 | 54 | \$1,078 | \$2,044 | \$1,501 | \$2,658 | \$2,060 |
| 22 | \$663 | \$1,427 | \$1,230 | \$2,256 | \$1,859 | 55 | \$1,133 | \$2,160 | \$1,565 | \$2,717 | \$2,132 |
| 23 | \$689 | \$1,474 | \$1,221 | \$2,336 | \$1,855 | 56 | \$1,143 | \$2,179 | \$1,582 | \$2,733 | \$2,156 |
| 24 | \$714 | \$1,522 | \$1,209 | \$2,388 | \$1,847 | 57 | \$1,156 | \$2,202 | \$1,603 | \$2,754 | \$2,186 |
| 25 | \$740 | \$1,568 | \$1,234 | \$2,403 | \$1,877 | 58 | \$1,184 | \$2,254 | \$1,639 | \$2,796 | \$2,232 |
| 26 | \$763 | \$1,612 | \$1,257 | \$2,409 | \$1,903 | 59 | \$1,218 | \$2,310 | \$1,681 | \$2,842 | \$2,284 |
| 27 | \$786 | \$1,653 | \$1,278 | \$2,402 | \$1,924 | 60 | \$1,218 | \$2,310 | \$1,681 | \$2,842 | \$2,284 |
| 28 | \$809 | \$1,689 | \$1,297 | \$2,389 | \$1,944 | 61 | \$1,218 | \$2,310 | \$1,681 | \$2,842 | \$2,284 |
| 29 | \$829 | \$1,722 | \$1,314 | \$2,377 | \$1,960 | 62 | \$1,218 | \$2,310 | \$1,681 | \$2,842 | \$2,284 |
| 30 | \$850 | \$1,751 | \$1,329 | \$2,365 | \$1,973 | 63 | \$1,218 | \$2,310 | \$1,681 | \$2,842 | \$2,284 |
| 31 | \$867 | \$1,774 | \$1,342 | \$2,348 | \$1,983 | 64 | \$1,218 | \$2,310 | \$1,681 | \$2,842 | \$2,284 |
| 32 | \$884 | \$1,792 | \$1,351 | \$2,326 | \$1,990 | | | | | | |

The HIPAA Select HMO is offered by Anthem Blue Cross.

Notes:

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For more information, call your agent or Anthem Blue Cross at 800-333-0912.

MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 2

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 0 | \$400 | \$1,003 | \$617 | \$1,406 | \$990 |
| 1 | \$357 | \$1,003 | \$554 | \$1,406 | \$918 |
| 2 | \$320 | \$1,003 | \$502 | \$1,406 | \$860 |
| 3 | \$289 | \$1,003 | \$459 | \$1,406 | \$814 |
| 4 | \$271 | \$1,003 | \$461 | \$1,406 | \$814 |
| 5 | \$269 | \$1,003 | \$466 | \$1,406 | \$819 |
| 6 | \$265 | \$1,003 | \$464 | \$1,406 | \$819 |
| 7 | \$264 | \$1,003 | \$469 | \$1,406 | \$828 |
| 8 | \$263 | \$1,003 | \$474 | \$1,406 | \$836 |
| 9 | \$265 | \$1,003 | \$480 | \$1,406 | \$847 |
| 10 | \$268 | \$1,003 | \$490 | \$1,406 | \$864 |
| 11 | \$272 | \$1,003 | \$502 | \$1,406 | \$882 |
| 12 | \$276 | \$1,003 | \$509 | \$1,406 | \$896 |
| 13 | \$279 | \$1,003 | \$510 | \$1,406 | \$905 |
| 14 | \$283 | \$1,003 | \$515 | \$1,406 | \$918 |
| 15 | \$288 | \$1,003 | \$518 | \$1,406 | \$927 |
| 16 | \$298 | \$1,003 | \$529 | \$1,406 | \$945 |
| 17 | \$314 | \$1,003 | \$551 | \$1,406 | \$976 |
| 18 | \$331 | \$1,003 | \$575 | \$1,406 | \$1,005 |
| 19 | \$451 | \$1,003 | \$903 | \$1,406 | \$1,341 |
| 20 | \$456 | \$998 | \$898 | \$1,513 | \$1,342 |
| 21 | \$459 | \$997 | \$893 | \$1,579 | \$1,342 |
| 22 | \$478 | \$1,029 | \$887 | \$1,627 | \$1,341 |
| 23 | \$496 | \$1,063 | \$880 | \$1,685 | \$1,337 |
| 24 | \$515 | \$1,097 | \$872 | \$1,722 | \$1,332 |
| 25 | \$533 | \$1,130 | \$890 | \$1,733 | \$1,353 |
| 26 | \$550 | \$1,163 | \$906 | \$1,737 | \$1,372 |
| 27 | \$567 | \$1,192 | \$921 | \$1,732 | \$1,387 |
| 28 | \$583 | \$1,218 | \$935 | \$1,722 | \$1,401 |
| 29 | \$598 | \$1,241 | \$947 | \$1,714 | \$1,413 |
| 30 | \$612 | \$1,263 | \$958 | \$1,706 | \$1,422 |
| 31 | \$625 | \$1,279 | \$967 | \$1,693 | \$1,430 |
| 32 | \$637 | \$1,293 | \$974 | \$1,677 | \$1,435 |

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 33 | \$648 | \$1,304 | \$981 | \$1,665 | \$1,438 |
| 34 | \$658 | \$1,311 | \$986 | \$1,652 | \$1,440 |
| 35 | \$667 | \$1,318 | \$990 | \$1,649 | \$1,440 |
| 36 | \$674 | \$1,319 | \$992 | \$1,659 | \$1,438 |
| 37 | \$682 | \$1,322 | \$994 | \$1,671 | \$1,435 |
| 38 | \$688 | \$1,322 | \$994 | \$1,987 | \$1,430 |
| 39 | \$693 | \$1,322 | \$995 | \$1,971 | \$1,427 |
| 40 | \$698 | \$1,321 | \$995 | \$1,955 | \$1,421 |
| 41 | \$702 | \$1,319 | \$995 | \$1,936 | \$1,416 |
| 42 | \$705 | \$1,319 | \$995 | \$1,916 | \$1,411 |
| 43 | \$708 | \$1,319 | \$995 | \$1,893 | \$1,408 |
| 44 | \$711 | \$1,321 | \$995 | \$1,896 | \$1,403 |
| 45 | \$714 | \$1,324 | \$997 | \$1,898 | \$1,401 |
| 46 | \$717 | \$1,329 | \$999 | \$1,898 | \$1,400 |
| 47 | \$720 | \$1,335 | \$1,002 | \$1,895 | \$1,401 |
| 48 | \$724 | \$1,345 | \$1,007 | \$1,893 | \$1,404 |
| 49 | \$727 | \$1,357 | \$1,013 | \$1,891 | \$1,410 |
| 50 | \$761 | \$1,425 | \$1,048 | \$1,915 | \$1,444 |
| 51 | \$758 | \$1,425 | \$1,049 | \$1,906 | \$1,445 |
| 52 | \$756 | \$1,426 | \$1,051 | \$1,900 | \$1,450 |
| 53 | \$765 | \$1,448 | \$1,066 | \$1,906 | \$1,466 |
| 54 | \$777 | \$1,474 | \$1,082 | \$1,916 | \$1,486 |
| 55 | \$817 | \$1,557 | \$1,129 | \$1,959 | \$1,537 |
| 56 | \$824 | \$1,571 | \$1,141 | \$1,970 | \$1,555 |
| 57 | \$833 | \$1,588 | \$1,156 | \$1,986 | \$1,576 |
| 58 | \$854 | \$1,625 | \$1,182 | \$2,016 | \$1,610 |
| 59 | \$878 | \$1,666 | \$1,212 | \$2,049 | \$1,647 |
| 60 | \$878 | \$1,666 | \$1,212 | \$2,049 | \$1,647 |
| 61 | \$878 | \$1,666 | \$1,212 | \$2,049 | \$1,647 |
| 62 | \$878 | \$1,666 | \$1,212 | \$2,049 | \$1,647 |
| 63 | \$878 | \$1,666 | \$1,212 | \$2,049 | \$1,647 |
| 64 | \$878 | \$1,666 | \$1,212 | \$2,049 | \$1,647 |

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MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 3

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 0 | \$587 | \$1,472 | \$906 | \$2,063 | \$1,452 |
| 1 | \$523 | \$1,472 | \$813 | \$2,063 | \$1,347 |
| 2 | \$469 | \$1,472 | \$736 | \$2,063 | \$1,262 |
| 3 | \$425 | \$1,472 | \$674 | \$2,063 | \$1,195 |
| 4 | \$398 | \$1,472 | \$677 | \$2,063 | \$1,194 |
| 5 | \$395 | \$1,472 | \$684 | \$2,063 | \$1,202 |
| 6 | \$388 | \$1,472 | \$681 | \$2,063 | \$1,202 |
| 7 | \$387 | \$1,472 | \$689 | \$2,063 | \$1,216 |
| 8 | \$386 | \$1,472 | \$696 | \$2,063 | \$1,227 |
| 9 | \$388 | \$1,472 | \$704 | \$2,063 | \$1,243 |
| 10 | \$394 | \$1,472 | \$720 | \$2,063 | \$1,268 |
| 11 | \$400 | \$1,472 | \$736 | \$2,063 | \$1,294 |
| 12 | \$405 | \$1,472 | \$747 | \$2,063 | \$1,315 |
| 13 | \$410 | \$1,472 | \$749 | \$2,063 | \$1,328 |
| 14 | \$416 | \$1,472 | \$756 | \$2,063 | \$1,347 |
| 15 | \$423 | \$1,472 | \$759 | \$2,063 | \$1,361 |
| 16 | \$437 | \$1,472 | \$776 | \$2,063 | \$1,387 |
| 17 | \$461 | \$1,472 | \$809 | \$2,063 | \$1,432 |
| 18 | \$487 | \$1,472 | \$844 | \$2,063 | \$1,475 |
| 19 | \$662 | \$1,472 | \$1,324 | \$2,063 | \$1,967 |
| 20 | \$669 | \$1,464 | \$1,318 | \$2,221 | \$1,969 |
| 21 | \$674 | \$1,462 | \$1,311 | \$2,316 | \$1,969 |
| 22 | \$701 | \$1,509 | \$1,301 | \$2,387 | \$1,967 |
| 23 | \$728 | \$1,560 | \$1,291 | \$2,472 | \$1,962 |
| 24 | \$756 | \$1,610 | \$1,279 | \$2,526 | \$1,954 |
| 25 | \$783 | \$1,659 | \$1,306 | \$2,542 | \$1,986 |
| 26 | \$807 | \$1,706 | \$1,330 | \$2,549 | \$2,013 |
| 27 | \$832 | \$1,749 | \$1,352 | \$2,542 | \$2,036 |
| 28 | \$856 | \$1,788 | \$1,373 | \$2,527 | \$2,056 |
| 29 | \$878 | \$1,822 | \$1,390 | \$2,515 | \$2,073 |
| 30 | \$899 | \$1,852 | \$1,406 | \$2,502 | \$2,087 |
| 31 | \$917 | \$1,877 | \$1,420 | \$2,485 | \$2,098 |
| 32 | \$935 | \$1,896 | \$1,430 | \$2,460 | \$2,105 |

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|---------|---------------------|--------------------|---------|-----------------------|
| 33 | \$952 | \$1,913 | \$1,440 | \$2,444 | \$2,110 |
| 34 | \$966 | \$1,924 | \$1,447 | \$2,424 | \$2,113 |
| 35 | \$979 | \$1,933 | \$1,452 | \$2,420 | \$2,112 |
| 36 | \$990 | \$1,936 | \$1,456 | \$2,435 | \$2,110 |
| 37 | \$1,001 | \$1,939 | \$1,459 | \$2,452 | \$2,105 |
| 38 | \$1,009 | \$1,940 | \$1,459 | \$2,915 | \$2,098 |
| 39 | \$1,017 | \$1,939 | \$1,461 | \$2,892 | \$2,093 |
| 40 | \$1,024 | \$1,938 | \$1,461 | \$2,868 | \$2,086 |
| 41 | \$1,031 | \$1,936 | \$1,461 | \$2,841 | \$2,078 |
| 42 | \$1,035 | \$1,935 | \$1,461 | \$2,812 | \$2,071 |
| 43 | \$1,039 | \$1,936 | \$1,461 | \$2,778 | \$2,065 |
| 44 | \$1,044 | \$1,938 | \$1,461 | \$2,782 | \$2,059 |
| 45 | \$1,047 | \$1,943 | \$1,462 | \$2,784 | \$2,056 |
| 46 | \$1,051 | \$1,950 | \$1,466 | \$2,784 | \$2,055 |
| 47 | \$1,056 | \$1,959 | \$1,471 | \$2,781 | \$2,056 |
| 48 | \$1,062 | \$1,973 | \$1,478 | \$2,777 | \$2,060 |
| 49 | \$1,068 | \$1,991 | \$1,487 | \$2,774 | \$2,068 |
| 50 | \$1,116 | \$2,091 | \$1,538 | \$2,810 | \$2,119 |
| 51 | \$1,112 | \$2,090 | \$1,539 | \$2,797 | \$2,121 |
| 52 | \$1,110 | \$2,092 | \$1,542 | \$2,787 | \$2,127 |
| 53 | \$1,123 | \$2,125 | \$1,563 | \$2,797 | \$2,151 |
| 54 | \$1,140 | \$2,163 | \$1,588 | \$2,812 | \$2,180 |
| 55 | \$1,199 | \$2,285 | \$1,656 | \$2,874 | \$2,256 |
| 56 | \$1,209 | \$2,305 | \$1,674 | \$2,891 | \$2,281 |
| 57 | \$1,223 | \$2,329 | \$1,696 | \$2,914 | \$2,313 |
| 58 | \$1,253 | \$2,385 | \$1,734 | \$2,958 | \$2,362 |
| 59 | \$1,289 | \$2,444 | \$1,778 | \$3,007 | \$2,417 |
| 60 | \$1,289 | \$2,444 | \$1,778 | \$3,007 | \$2,417 |
| 61 | \$1,289 | \$2,444 | \$1,778 | \$3,007 | \$2,417 |
| 62 | \$1,289 | \$2,444 | \$1,778 | \$3,007 | \$2,417 |
| 63 | \$1,289 | \$2,444 | \$1,778 | \$3,007 | \$2,417 |
| 64 | \$1,289 | \$2,444 | \$1,778 | \$3,007 | \$2,417 |

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MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 4

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children | Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|-----|--------|---------------------|--------------------|---------|-----------------------|
| 0 | \$412 | \$1,033 | \$636 | \$1,448 | \$1,019 | 33 | \$668 | \$1,343 | \$1,011 | \$1,715 | \$1,481 |
| 1 | \$367 | \$1,033 | \$571 | \$1,448 | \$945 | 34 | \$678 | \$1,350 | \$1,016 | \$1,702 | \$1,483 |
| 2 | \$329 | \$1,033 | \$517 | \$1,448 | \$886 | 35 | \$688 | \$1,357 | \$1,019 | \$1,699 | \$1,483 |
| 3 | \$298 | \$1,033 | \$473 | \$1,448 | \$839 | 36 | \$695 | \$1,359 | \$1,022 | \$1,709 | \$1,481 |
| 4 | \$280 | \$1,033 | \$475 | \$1,448 | \$838 | 37 | \$703 | \$1,361 | \$1,024 | \$1,721 | \$1,478 |
| 5 | \$277 | \$1,033 | \$480 | \$1,448 | \$844 | 38 | \$708 | \$1,362 | \$1,024 | \$2,047 | \$1,473 |
| 6 | \$272 | \$1,033 | \$478 | \$1,448 | \$844 | 39 | \$714 | \$1,361 | \$1,025 | \$2,031 | \$1,469 |
| 7 | \$271 | \$1,033 | \$483 | \$1,448 | \$853 | 40 | \$718 | \$1,360 | \$1,025 | \$2,014 | \$1,464 |
| 8 | \$271 | \$1,033 | \$488 | \$1,448 | \$861 | 41 | \$723 | \$1,359 | \$1,025 | \$1,994 | \$1,459 |
| 9 | \$272 | \$1,033 | \$494 | \$1,448 | \$872 | 42 | \$727 | \$1,358 | \$1,025 | \$1,974 | \$1,454 |
| 10 | \$276 | \$1,033 | \$505 | \$1,448 | \$890 | 43 | \$729 | \$1,359 | \$1,025 | \$1,950 | \$1,450 |
| 11 | \$281 | \$1,033 | \$517 | \$1,448 | \$909 | 44 | \$733 | \$1,360 | \$1,025 | \$1,953 | \$1,446 |
| 12 | \$285 | \$1,033 | \$524 | \$1,448 | \$923 | 45 | \$735 | \$1,364 | \$1,026 | \$1,954 | \$1,444 |
| 13 | \$287 | \$1,033 | \$526 | \$1,448 | \$932 | 46 | \$738 | \$1,369 | \$1,029 | \$1,954 | \$1,442 |
| 14 | \$292 | \$1,033 | \$530 | \$1,448 | \$945 | 47 | \$741 | \$1,376 | \$1,033 | \$1,952 | \$1,444 |
| 15 | \$297 | \$1,033 | \$533 | \$1,448 | \$955 | 48 | \$745 | \$1,385 | \$1,038 | \$1,949 | \$1,446 |
| 16 | \$307 | \$1,033 | \$544 | \$1,448 | \$974 | 49 | \$749 | \$1,398 | \$1,044 | \$1,947 | \$1,452 |
| 17 | \$324 | \$1,033 | \$568 | \$1,448 | \$1,005 | 50 | \$783 | \$1,468 | \$1,079 | \$1,973 | \$1,488 |
| 18 | \$341 | \$1,033 | \$592 | \$1,448 | \$1,035 | 51 | \$780 | \$1,467 | \$1,080 | \$1,964 | \$1,489 |
| 19 | \$465 | \$1,033 | \$930 | \$1,448 | \$1,381 | 52 | \$779 | \$1,469 | \$1,083 | \$1,957 | \$1,493 |
| 20 | \$469 | \$1,028 | \$925 | \$1,559 | \$1,382 | 53 | \$788 | \$1,492 | \$1,098 | \$1,964 | \$1,510 |
| 21 | \$473 | \$1,026 | \$920 | \$1,626 | \$1,382 | 54 | \$800 | \$1,519 | \$1,115 | \$1,974 | \$1,530 |
| 22 | \$492 | \$1,060 | \$913 | \$1,676 | \$1,381 | 55 | \$842 | \$1,604 | \$1,163 | \$2,018 | \$1,584 |
| 23 | \$511 | \$1,095 | \$906 | \$1,735 | \$1,377 | 56 | \$849 | \$1,618 | \$1,175 | \$2,030 | \$1,601 |
| 24 | \$530 | \$1,130 | \$898 | \$1,773 | \$1,372 | 57 | \$859 | \$1,635 | \$1,190 | \$2,045 | \$1,623 |
| 25 | \$549 | \$1,164 | \$917 | \$1,785 | \$1,394 | 58 | \$879 | \$1,674 | \$1,218 | \$2,076 | \$1,658 |
| 26 | \$566 | \$1,197 | \$934 | \$1,789 | \$1,413 | 59 | \$905 | \$1,716 | \$1,249 | \$2,111 | \$1,697 |
| 27 | \$584 | \$1,228 | \$949 | \$1,784 | \$1,429 | 60 | \$905 | \$1,716 | \$1,249 | \$2,111 | \$1,697 |
| 28 | \$600 | \$1,255 | \$964 | \$1,774 | \$1,444 | 61 | \$905 | \$1,716 | \$1,249 | \$2,111 | \$1,697 |
| 29 | \$616 | \$1,279 | \$976 | \$1,766 | \$1,456 | 62 | \$905 | \$1,716 | \$1,249 | \$2,111 | \$1,697 |
| 30 | \$631 | \$1,300 | \$987 | \$1,757 | \$1,465 | 63 | \$905 | \$1,716 | \$1,249 | \$2,111 | \$1,697 |
| 31 | \$644 | \$1,318 | \$996 | \$1,744 | \$1,473 | 64 | \$905 | \$1,716 | \$1,249 | \$2,111 | \$1,697 |
| 32 | \$656 | \$1,331 | \$1,004 | \$1,727 | \$1,478 | | | | | | |

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MONTHLY RATES – FOR HIPAA SELECT HMO

Effective 1/1/10

Area 5

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 0 | \$435 | \$1,093 | \$673 | \$1,532 | \$1,078 |
| 1 | \$388 | \$1,093 | \$603 | \$1,532 | \$1,000 |
| 2 | \$348 | \$1,093 | \$546 | \$1,532 | \$937 |
| 3 | \$315 | \$1,093 | \$500 | \$1,532 | \$887 |
| 4 | \$296 | \$1,093 | \$502 | \$1,532 | \$886 |
| 5 | \$294 | \$1,093 | \$508 | \$1,532 | \$892 |
| 6 | \$288 | \$1,093 | \$505 | \$1,532 | \$892 |
| 7 | \$287 | \$1,093 | \$511 | \$1,532 | \$902 |
| 8 | \$286 | \$1,093 | \$516 | \$1,532 | \$911 |
| 9 | \$288 | \$1,093 | \$523 | \$1,532 | \$923 |
| 10 | \$292 | \$1,093 | \$534 | \$1,532 | \$942 |
| 11 | \$297 | \$1,093 | \$546 | \$1,532 | \$961 |
| 12 | \$301 | \$1,093 | \$555 | \$1,532 | \$976 |
| 13 | \$304 | \$1,093 | \$556 | \$1,532 | \$986 |
| 14 | \$309 | \$1,093 | \$561 | \$1,532 | \$1,000 |
| 15 | \$314 | \$1,093 | \$564 | \$1,532 | \$1,010 |
| 16 | \$324 | \$1,093 | \$576 | \$1,532 | \$1,030 |
| 17 | \$342 | \$1,093 | \$600 | \$1,532 | \$1,063 |
| 18 | \$361 | \$1,093 | \$626 | \$1,532 | \$1,095 |
| 19 | \$491 | \$1,093 | \$983 | \$1,532 | \$1,460 |
| 20 | \$496 | \$1,087 | \$979 | \$1,649 | \$1,462 |
| 21 | \$500 | \$1,086 | \$973 | \$1,720 | \$1,462 |
| 22 | \$520 | \$1,121 | \$966 | \$1,772 | \$1,460 |
| 23 | \$541 | \$1,158 | \$959 | \$1,835 | \$1,457 |
| 24 | \$561 | \$1,196 | \$950 | \$1,876 | \$1,451 |
| 25 | \$581 | \$1,232 | \$969 | \$1,887 | \$1,474 |
| 26 | \$599 | \$1,266 | \$988 | \$1,893 | \$1,495 |
| 27 | \$618 | \$1,299 | \$1,004 | \$1,887 | \$1,511 |
| 28 | \$635 | \$1,327 | \$1,019 | \$1,876 | \$1,527 |
| 29 | \$651 | \$1,352 | \$1,032 | \$1,867 | \$1,539 |
| 30 | \$667 | \$1,375 | \$1,044 | \$1,858 | \$1,550 |
| 31 | \$681 | \$1,394 | \$1,054 | \$1,845 | \$1,557 |
| 32 | \$694 | \$1,408 | \$1,062 | \$1,827 | \$1,563 |

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 33 | \$706 | \$1,420 | \$1,069 | \$1,814 | \$1,566 |
| 34 | \$717 | \$1,428 | \$1,074 | \$1,800 | \$1,569 |
| 35 | \$727 | \$1,435 | \$1,078 | \$1,797 | \$1,568 |
| 36 | \$735 | \$1,437 | \$1,081 | \$1,807 | \$1,566 |
| 37 | \$743 | \$1,440 | \$1,083 | \$1,820 | \$1,563 |
| 38 | \$749 | \$1,441 | \$1,083 | \$2,165 | \$1,558 |
| 39 | \$755 | \$1,440 | \$1,084 | \$2,147 | \$1,554 |
| 40 | \$760 | \$1,438 | \$1,084 | \$2,129 | \$1,548 |
| 41 | \$765 | \$1,437 | \$1,084 | \$2,109 | \$1,543 |
| 42 | \$768 | \$1,437 | \$1,084 | \$2,088 | \$1,538 |
| 43 | \$771 | \$1,437 | \$1,084 | \$2,063 | \$1,533 |
| 44 | \$775 | \$1,439 | \$1,084 | \$2,066 | \$1,529 |
| 45 | \$778 | \$1,442 | \$1,086 | \$2,067 | \$1,527 |
| 46 | \$781 | \$1,448 | \$1,089 | \$2,067 | \$1,525 |
| 47 | \$784 | \$1,455 | \$1,092 | \$2,064 | \$1,527 |
| 48 | \$788 | \$1,465 | \$1,097 | \$2,062 | \$1,529 |
| 49 | \$793 | \$1,479 | \$1,104 | \$2,060 | \$1,536 |
| 50 | \$828 | \$1,552 | \$1,142 | \$2,086 | \$1,574 |
| 51 | \$825 | \$1,552 | \$1,143 | \$2,077 | \$1,575 |
| 52 | \$824 | \$1,553 | \$1,145 | \$2,069 | \$1,580 |
| 53 | \$834 | \$1,578 | \$1,161 | \$2,077 | \$1,597 |
| 54 | \$847 | \$1,606 | \$1,179 | \$2,088 | \$1,619 |
| 55 | \$890 | \$1,697 | \$1,229 | \$2,134 | \$1,675 |
| 56 | \$898 | \$1,711 | \$1,243 | \$2,146 | \$1,693 |
| 57 | \$908 | \$1,730 | \$1,259 | \$2,163 | \$1,717 |
| 58 | \$930 | \$1,771 | \$1,288 | \$2,196 | \$1,753 |
| 59 | \$957 | \$1,814 | \$1,320 | \$2,232 | \$1,794 |
| 60 | \$957 | \$1,814 | \$1,320 | \$2,232 | \$1,794 |
| 61 | \$957 | \$1,814 | \$1,320 | \$2,232 | \$1,794 |
| 62 | \$957 | \$1,814 | \$1,320 | \$2,232 | \$1,794 |
| 63 | \$957 | \$1,814 | \$1,320 | \$2,232 | \$1,794 |
| 64 | \$957 | \$1,814 | \$1,320 | \$2,232 | \$1,794 |

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 1/1/10

Area 6

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children | Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|-----|--------|---------------------|--------------------|---------|-----------------------|
| 0 | \$410 | \$1,029 | \$634 | \$1,443 | \$1,016 | 33 | \$665 | \$1,338 | \$1,007 | \$1,709 | \$1,475 |
| 1 | \$366 | \$1,029 | \$568 | \$1,443 | \$942 | 34 | \$675 | \$1,345 | \$1,012 | \$1,696 | \$1,478 |
| 2 | \$328 | \$1,029 | \$515 | \$1,443 | \$883 | 35 | \$685 | \$1,352 | \$1,016 | \$1,693 | \$1,477 |
| 3 | \$297 | \$1,029 | \$471 | \$1,443 | \$835 | 36 | \$692 | \$1,354 | \$1,018 | \$1,703 | \$1,475 |
| 4 | \$279 | \$1,029 | \$473 | \$1,443 | \$835 | 37 | \$700 | \$1,356 | \$1,020 | \$1,715 | \$1,472 |
| 5 | \$276 | \$1,029 | \$478 | \$1,443 | \$840 | 38 | \$706 | \$1,357 | \$1,020 | \$2,039 | \$1,468 |
| 6 | \$271 | \$1,029 | \$476 | \$1,443 | \$840 | 39 | \$711 | \$1,356 | \$1,022 | \$2,023 | \$1,464 |
| 7 | \$271 | \$1,029 | \$482 | \$1,443 | \$850 | 40 | \$716 | \$1,355 | \$1,022 | \$2,006 | \$1,459 |
| 8 | \$270 | \$1,029 | \$486 | \$1,443 | \$858 | 41 | \$721 | \$1,354 | \$1,022 | \$1,987 | \$1,454 |
| 9 | \$271 | \$1,029 | \$493 | \$1,443 | \$869 | 42 | \$724 | \$1,353 | \$1,022 | \$1,967 | \$1,449 |
| 10 | \$275 | \$1,029 | \$503 | \$1,443 | \$887 | 43 | \$727 | \$1,354 | \$1,022 | \$1,943 | \$1,444 |
| 11 | \$280 | \$1,029 | \$515 | \$1,443 | \$905 | 44 | \$730 | \$1,355 | \$1,022 | \$1,946 | \$1,440 |
| 12 | \$283 | \$1,029 | \$522 | \$1,443 | \$920 | 45 | \$732 | \$1,359 | \$1,023 | \$1,947 | \$1,438 |
| 13 | \$286 | \$1,029 | \$524 | \$1,443 | \$929 | 46 | \$735 | \$1,364 | \$1,025 | \$1,947 | \$1,437 |
| 14 | \$291 | \$1,029 | \$528 | \$1,443 | \$942 | 47 | \$738 | \$1,371 | \$1,029 | \$1,945 | \$1,438 |
| 15 | \$295 | \$1,029 | \$531 | \$1,443 | \$952 | 48 | \$743 | \$1,380 | \$1,034 | \$1,942 | \$1,441 |
| 16 | \$305 | \$1,029 | \$543 | \$1,443 | \$970 | 49 | \$747 | \$1,393 | \$1,040 | \$1,940 | \$1,447 |
| 17 | \$322 | \$1,029 | \$566 | \$1,443 | \$1,001 | 50 | \$780 | \$1,462 | \$1,075 | \$1,965 | \$1,482 |
| 18 | \$340 | \$1,029 | \$590 | \$1,443 | \$1,032 | 51 | \$778 | \$1,462 | \$1,076 | \$1,957 | \$1,483 |
| 19 | \$463 | \$1,029 | \$926 | \$1,443 | \$1,376 | 52 | \$776 | \$1,463 | \$1,079 | \$1,950 | \$1,488 |
| 20 | \$467 | \$1,024 | \$922 | \$1,553 | \$1,377 | 53 | \$786 | \$1,486 | \$1,093 | \$1,957 | \$1,505 |
| 21 | \$471 | \$1,023 | \$917 | \$1,620 | \$1,377 | 54 | \$797 | \$1,513 | \$1,110 | \$1,967 | \$1,525 |
| 22 | \$490 | \$1,056 | \$910 | \$1,669 | \$1,376 | 55 | \$838 | \$1,598 | \$1,158 | \$2,010 | \$1,578 |
| 23 | \$509 | \$1,091 | \$903 | \$1,729 | \$1,372 | 56 | \$845 | \$1,612 | \$1,171 | \$2,022 | \$1,595 |
| 24 | \$528 | \$1,126 | \$895 | \$1,767 | \$1,367 | 57 | \$855 | \$1,629 | \$1,186 | \$2,038 | \$1,617 |
| 25 | \$547 | \$1,160 | \$913 | \$1,778 | \$1,389 | 58 | \$876 | \$1,668 | \$1,213 | \$2,069 | \$1,652 |
| 26 | \$564 | \$1,193 | \$930 | \$1,783 | \$1,408 | 59 | \$902 | \$1,709 | \$1,244 | \$2,103 | \$1,690 |
| 27 | \$582 | \$1,223 | \$945 | \$1,778 | \$1,424 | 60 | \$902 | \$1,709 | \$1,244 | \$2,103 | \$1,690 |
| 28 | \$598 | \$1,250 | \$960 | \$1,768 | \$1,438 | 61 | \$902 | \$1,709 | \$1,244 | \$2,103 | \$1,690 |
| 29 | \$614 | \$1,274 | \$972 | \$1,759 | \$1,450 | 62 | \$902 | \$1,709 | \$1,244 | \$2,103 | \$1,690 |
| 30 | \$629 | \$1,296 | \$983 | \$1,750 | \$1,460 | 63 | \$902 | \$1,709 | \$1,244 | \$2,103 | \$1,690 |
| 31 | \$641 | \$1,313 | \$993 | \$1,738 | \$1,467 | 64 | \$902 | \$1,709 | \$1,244 | \$2,103 | \$1,690 |
| 32 | \$654 | \$1,326 | \$1,000 | \$1,721 | \$1,472 | | | | | | |

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 1/1/10

Area 7

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 0 | \$366 | \$919 | \$565 | \$1,288 | \$906 |
| 1 | \$326 | \$919 | \$507 | \$1,288 | \$841 |
| 2 | \$293 | \$919 | \$459 | \$1,288 | \$787 |
| 3 | \$265 | \$919 | \$420 | \$1,288 | \$745 |
| 4 | \$248 | \$919 | \$422 | \$1,288 | \$745 |
| 5 | \$247 | \$919 | \$427 | \$1,288 | \$750 |
| 6 | \$242 | \$919 | \$425 | \$1,288 | \$750 |
| 7 | \$241 | \$919 | \$430 | \$1,288 | \$758 |
| 8 | \$240 | \$919 | \$434 | \$1,288 | \$765 |
| 9 | \$242 | \$919 | \$440 | \$1,288 | \$776 |
| 10 | \$245 | \$919 | \$449 | \$1,288 | \$791 |
| 11 | \$249 | \$919 | \$459 | \$1,288 | \$808 |
| 12 | \$253 | \$919 | \$466 | \$1,288 | \$820 |
| 13 | \$256 | \$919 | \$467 | \$1,288 | \$828 |
| 14 | \$260 | \$919 | \$472 | \$1,288 | \$841 |
| 15 | \$264 | \$919 | \$474 | \$1,288 | \$849 |
| 16 | \$272 | \$919 | \$484 | \$1,288 | \$866 |
| 17 | \$288 | \$919 | \$505 | \$1,288 | \$893 |
| 18 | \$303 | \$919 | \$526 | \$1,288 | \$920 |
| 19 | \$413 | \$919 | \$826 | \$1,288 | \$1,227 |
| 20 | \$417 | \$913 | \$823 | \$1,386 | \$1,228 |
| 21 | \$420 | \$912 | \$818 | \$1,445 | \$1,228 |
| 22 | \$437 | \$942 | \$812 | \$1,490 | \$1,227 |
| 23 | \$454 | \$974 | \$806 | \$1,542 | \$1,225 |
| 24 | \$472 | \$1,005 | \$798 | \$1,576 | \$1,220 |
| 25 | \$488 | \$1,035 | \$815 | \$1,587 | \$1,239 |
| 26 | \$504 | \$1,064 | \$830 | \$1,591 | \$1,257 |
| 27 | \$519 | \$1,092 | \$844 | \$1,586 | \$1,270 |
| 28 | \$534 | \$1,116 | \$857 | \$1,577 | \$1,283 |
| 29 | \$548 | \$1,137 | \$867 | \$1,569 | \$1,294 |
| 30 | \$561 | \$1,156 | \$878 | \$1,562 | \$1,302 |
| 31 | \$572 | \$1,172 | \$886 | \$1,551 | \$1,309 |
| 32 | \$583 | \$1,183 | \$892 | \$1,535 | \$1,314 |

| Age | Single | Subscriber & Spouse | Subscriber & Child | Family | Subscriber & Children |
|-----|--------|---------------------|--------------------|---------|-----------------------|
| 33 | \$594 | \$1,194 | \$898 | \$1,525 | \$1,317 |
| 34 | \$603 | \$1,200 | \$903 | \$1,513 | \$1,318 |
| 35 | \$611 | \$1,206 | \$906 | \$1,510 | \$1,318 |
| 36 | \$617 | \$1,208 | \$909 | \$1,519 | \$1,317 |
| 37 | \$624 | \$1,210 | \$911 | \$1,530 | \$1,314 |
| 38 | \$629 | \$1,211 | \$911 | \$1,819 | \$1,309 |
| 39 | \$635 | \$1,210 | \$912 | \$1,805 | \$1,306 |
| 40 | \$639 | \$1,209 | \$912 | \$1,790 | \$1,301 |
| 41 | \$643 | \$1,208 | \$912 | \$1,773 | \$1,297 |
| 42 | \$646 | \$1,207 | \$912 | \$1,755 | \$1,292 |
| 43 | \$648 | \$1,208 | \$912 | \$1,734 | \$1,289 |
| 44 | \$651 | \$1,209 | \$912 | \$1,737 | \$1,285 |
| 45 | \$653 | \$1,213 | \$912 | \$1,737 | \$1,283 |
| 46 | \$656 | \$1,217 | \$915 | \$1,737 | \$1,282 |
| 47 | \$659 | \$1,223 | \$918 | \$1,735 | \$1,283 |
| 48 | \$663 | \$1,231 | \$922 | \$1,733 | \$1,286 |
| 49 | \$666 | \$1,243 | \$928 | \$1,731 | \$1,291 |
| 50 | \$696 | \$1,305 | \$959 | \$1,754 | \$1,323 |
| 51 | \$694 | \$1,304 | \$960 | \$1,746 | \$1,323 |
| 52 | \$692 | \$1,306 | \$962 | \$1,739 | \$1,328 |
| 53 | \$701 | \$1,326 | \$976 | \$1,746 | \$1,343 |
| 54 | \$712 | \$1,350 | \$991 | \$1,755 | \$1,361 |
| 55 | \$748 | \$1,426 | \$1,033 | \$1,794 | \$1,408 |
| 56 | \$754 | \$1,438 | \$1,045 | \$1,804 | \$1,423 |
| 57 | \$763 | \$1,454 | \$1,058 | \$1,818 | \$1,443 |
| 58 | \$782 | \$1,488 | \$1,082 | \$1,846 | \$1,474 |
| 59 | \$804 | \$1,525 | \$1,110 | \$1,877 | \$1,508 |
| 60 | \$804 | \$1,525 | \$1,110 | \$1,877 | \$1,508 |
| 61 | \$804 | \$1,525 | \$1,110 | \$1,877 | \$1,508 |
| 62 | \$804 | \$1,525 | \$1,110 | \$1,877 | \$1,508 |
| 63 | \$804 | \$1,525 | \$1,110 | \$1,877 | \$1,508 |
| 64 | \$804 | \$1,525 | \$1,110 | \$1,877 | \$1,508 |

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.

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



The HIPAA HMO Saver and HIPAA Select HMO plans are offered by Anthem Blue Cross. The HIPAA Basic PPO 1000 and the HIPAA PPO 5000 Share 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 (025S) HIPAA HMO Saver (025T)*
 HIPAA PPO Share 5000 (025Q) HIPAA Select HMO (025R)*

| | | | |
|---|--|--|------------------------------|
| 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

| 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 |

Dependent Information: Do you claim any child listed above who is between the ages of 19 through 22 as a dependent on your Federal Income Tax? Yes No

If "No," any child between the ages of 19 through 22 who is not claimed on your Federal Income Tax is NOT eligible as a dependent but may apply individually.

*Spouse includes domestic partner (when applicable).

* 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** ■



7. Statement of Accountability – Complete when the applicant cannot fill out the application for coverage under HIPAA.

I, _____, personally read and completed this application for the applicant named below because:

- Agent assisted application Applicant does not read English Applicant does not speak English
 Applicant does not write English Applicant is Limited English Proficient Other (explain): _____

I interpreted the contents of this form and to the best of my knowledge obtained and listed all the requested information disclosed by the: Applicant or by: _____

I also interpreted and fully explained the “Application Understandings and the Conditions and Agreement.”

| | |
|--|-------------------------|
| Signature of Interpreter (Required) X | Today's Date (Required) |
| I confirm that the application was interpreted on my behalf. Signature of Applicant (Required) X | Today's Date (Required) |

Language interpreted (e.g. Spanish): _____

8. To be completed by the Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company Appointed Agent

- Are you aware of any information not disclosed on this application relating to the health of any person listed on this application that may have a bearing on underwriting? Yes No
- Did you see the proposed subscriber (and spouse/domestic partner, if applying) at the time this application was executed? Yes No
If no, please explain: _____
- I certify that, to the best of my knowledge and belief, the responses herein are accurate.
- Please check one of the following and complete the information below:
 - I have not had any interactions whatsoever with this applicant either by phone, e-mail or in person and did not provide any information, advise or assist the applicant in any manner in providing answers or responses to any questions in the application.
 - I assisted the applicant in submitting this application. To the best of my knowledge, the information on this application is complete and accurate. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information and the applicant understood the explanation.

NOTICE: If you state any material fact that you know to be false, you are subject to a civil penalty of up to ten thousand dollars (\$10,000), as authorized under California Health and Safety Code Section 1389.8(c)/Insurance Code Section 10119.3.

| | | |
|-------------------------------|-------------------|---|
| Signature of Agent (Required) | | Date (Required) |
| Name of Agent (Print name) | | Agent's Street Address Suite No. |
| Agent I.D. No. | | City / State / ZIP Code |
| Phone No. () | Fax No. () | E-mail Address |

Please mail to:
 Anthem Blue Cross
 P.O. Box 9041
 Oxnard, CA 93031-9041
 OR
 Fax to: 800-327-9255

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