



## NORTHERN CALIFORNIA



### Plan Rates 2010

<b>Northern California</b>		Effective Jan. 1, 2010		Group: 67691K	
<b>Health Net HMO Lo Option Plan 2L3 (replaces 32M)</b>					
<i>Available in all other Counties not included in Southern California</i>					
	<b>EE Only</b>	<b>EE + 1</b>	<b>Family</b>		
<b>Total Billed</b>	<b>\$695.12</b>	<b>\$1,445.69</b>	<b>\$1,969.86</b>		
Office Co-Pay	\$20	Surgery	100%		
Inpatient Hospital	30%	X-ray & Lab	100%		
Out-of-Pocket Max	\$2,000	Mental/Nervous	Yes		
Rx Co-Pays	\$10/\$25/\$50	ER Room	\$100		

<b>Northern California</b>		Effective Jan. 1, 2010		Group: 67691F	
<b>Health Net HMO Option Plan 91C (replaces 32B)</b>					
<i>Available in all other Counties not included in Southern California</i>					
	<b>EE Only</b>	<b>EE + 1</b>	<b>Family</b>		
<b>Total Billed</b>	<b>\$664.49</b>	<b>\$1,380.11</b>	<b>\$1,879.86</b>		
Office Co-Pay	\$30	Surgery (Prof)	100%		
Inpatient Hospital	20%	X-ray & Lab	100%		
Out-of-Pocket Max	\$3,500	Mental/Nervous	Yes		
Rx Co-Pays	\$10/\$25/\$50	ER Room	\$200		

<b>Northern California</b>		Effective Jan. 1, 2010		Group: 67691M	
<b>Health Net HMO Option Plan 91D</b>					
<i>Available in all other Counties not included in Southern California</i>					
	<b>EE Only</b>	<b>EE + 1</b>	<b>Family</b>		
<b>Total Billed</b>	<b>\$640.20</b>	<b>\$1,328.14</b>	<b>\$1,808.55</b>		
Office Co-Pay	\$50	Surgery (Prof)	100%		
Inpatient Hospital	20%	X-ray & Lab	100%		
Out-of-Pocket Max	\$3,500	Mental/Nervous	Yes		
Rx Co-Pays	\$10/\$25/\$50	ER Room	\$250		



## NORTHERN CALIFORNIA



### Plan Rates 2010

<b>Northern California Health Net PPO Option Plan 89H</b>	Effective Jan. 1, 2010	Group: N4091B	
<i>Available in all other Counties not included in Southern California</i>			
<b>Total Billed</b>	<b>EE Only</b>	<b>EE + 1</b>	<b>Family</b>
	<b>\$843.00</b>	<b>\$1,762.18</b>	<b>\$2,404.11</b>
Annual Deductible	\$500	Family Max	\$1,500
Office Co-Pay	\$30 or 40%	Surgery	20%/40%
Inpatient Hospital - \$250 co-pay	20%/40%	X-ray & Lab	20%/40%
Out-of-Pocket Max - Network	\$4,000	Non-Network	\$8,000
Rx Co-Pays	\$10/\$35/\$50	Mental/Nervous	Yes

<b>Northern California Health Net PPO Option Plan 4C9</b>	Effective Jan. 1, 2010	Group: N4091D	
<i>Available in all other Counties not included in Southern California</i>			
<b>Total Billed</b>	<b>EE Only</b>	<b>EE + 1</b>	<b>Family</b>
	<b>\$815.32</b>	<b>\$1,712.71</b>	<b>\$2,336.96</b>
Annual Deductible	\$1,500	Family Max	\$4,500
Office Co-Pay	\$20 or 40%	Surgery	20%/40%
Inpatient Hospital - \$250 co-pay	20%/40%	X-ray & Lab	20%/40%
Out-of-Pocket Max - Network	\$3,000	Non-Network	\$6,000
Rx Co-Pays	\$10/\$35/\$50	Mental/Nervous	Yes



## NORTHERN CALIFORNIA



### Plan Rates 2010

**Kaiser Northern California**

Effective Nov. 1, 2009

Group: 602274

*Available in all other Counties not included in Southern California*

	EE Only	EE + Spouse	EE + Child(ren)	Family
<b>Total Billed</b>	<b>\$589.05</b>	<b>\$1,215.69</b>	<b>\$1,038.23</b>	<b>\$1,892.23</b>
Office Co-Pay	\$30	Surgery	\$250 for O.P.	
Inpatient Hospital	\$250	X-ray & Lab	\$10 Co-Pay	
Out-of-Pocket Max	\$3,000	Mental/Nervous	Yes	
Rx Co-Pays	\$10/\$30	ER Room	\$150 Co-Pay	



## NORTHERN CALIFORNIA



*Within reach, beyond expectation.*

### Plan Rates 2010

#### Western Health Northern California

#### Premier 20 Rxe

Effective 2-1-2010 to 1-31-2011

Group:

*Available in selected parts of Sacramento, Yolo, Placer, Solano, and El Dorado Counties.*

*Please see Service Area Map.*

Age Band	EE Only	EE + Spouse	EE + Child(ren)	Family
Under 30	\$327.07	\$653.61	\$744.11	\$1,082.75
30 - 39	\$367.49	\$751.37	\$805.20	\$1,244.91
40 - 49	\$427.58	\$887.37	\$839.02	\$1,332.78
50 - 54	\$565.73	\$1,095.11	\$977.24	\$1,473.08
55 - 59	\$676.43	\$1,281.43	\$1,098.17	\$1,611.48
60 - 64	\$813.90	\$1,559.84	\$1,283.44	\$1,896.06
65+	\$811.10	\$1,581.28	\$1,279.31	\$1,896.78
Office Co-Pay	\$20	Surgery	\$20/visit in office	\$100/visit facility
Inpatient Hospital	100%	X-ray & Lab	100%	
Out-of-Pocket Max	\$1,500/\$2,500	Mental/Nervous	\$20	
Rx Co-Pays	\$10/\$20/\$30			



## NORTHERN CALIFORNIA



*Within reach, beyond expectation.*

### Plan Rates 2010

#### Western Health Northern California

#### Advantage 40 Rxe

Effective 2-1-2010 to 1-31-2011

Group:

*Available in selected parts of Sacramento, Yolo, Placer, Solano, and El Dorado Counties.*

*Please see Service Area Map.*

Age Band	EE Only	EE + Spouse	EE + Child(ren)	Family
Under 30	\$264.02	\$519.87	\$590.76	\$868.07
30 - 39	\$295.70	\$596.45	\$638.61	\$983.12
40 - 49	\$342.79	\$703.01	\$665.15	\$1,051.97
50 - 54	\$451.01	\$865.76	\$773.41	\$1,161.87
55 - 59	\$537.74	\$1,011.74	\$868.16	\$1,270.30
60 - 64	\$645.44	\$1,229.86	\$1,013.32	\$1,493.26
65+	\$643.26	\$1,246.65	\$1,010.07	\$1,493.83
Office Co-Pay	\$40	Surgery	\$40/visit in office	30% copay facility
Inpatient Hospital	30% copay	X-ray & Lab	100%	
Out-of-Pocket Max	\$3,000/\$5,000	Mental/Nervous	\$40	
Rx Co-Pays	\$10/\$30/\$50			



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### Plan Rates 2009

#### Western Health Northern California

#### Premier 20 Rxe

Effective 2-1-2009 to 1-31-2010

Group:

*Available in selected parts of Sacramento, Yolo, Placer, Solano, and El Dorado Counties.*

*Please see Service Area Map.*

Age Band	EE Only	EE + Spouse	EE + Child(ren)	Family
Under 30	\$318.05	\$638.39	\$727.17	\$1,059.38
30 - 39	\$357.70	\$734.30	\$787.11	\$1,218.49
40 - 49	\$416.66	\$867.72	\$820.29	\$1,304.68
50 - 54	\$552.17	\$1,071.53	\$955.86	\$1,442.32
55 - 59	\$660.79	\$1,254.31	\$1,074.52	\$1,578.08
60 - 64	\$795.63	\$1,527.42	\$1,256.29	\$1,857.28
65+	\$792.91	\$1,578.47	\$1,252.22	\$1,857.98
Office Co-Pay	\$20	Surgery	\$20/visit in office	\$100/visit facility
Inpatient Hospital	100%	X-ray & Lab	100%	
Out-of-Pocket Max	\$1,500/\$2,500	Mental/Nervous	\$20	
Rx Co-Pays	\$10/\$20/\$30			



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Effective 2-1-2009 to 1-31-2010

Group:

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Please see Service Area Map.

Age Band	EE Only	EE + Spouse	EE + Child(ren)	Family
Under 30	\$245.83	\$485.17	\$551.49	\$799.71
30 - 39	\$275.46	\$556.80	\$596.27	\$918.55
40 - 49	\$319.51	\$656.49	\$621.07	\$982.96
50 - 54	\$420.75	\$808.77	\$722.36	\$1,085.79
55 - 59	\$501.90	\$945.32	\$810.99	\$1,187.20
60 - 64	\$602.65	\$1,149.37	\$946.79	\$1,395.81
65+	\$600.60	\$1,165.10	\$943.76	\$1,396.32
Office Co-Pay	\$40	Surgery	\$40/visit in office	30% copay facility
Inpatient Hospital	30% copay	X-ray & Lab	100%	
Out-of-Pocket Max	\$3,000/\$5,000	Mental/Nervous	\$40	
Rx Co-Pays	\$10/\$30/\$50			