

APPLY ONLINE AT: KP.ORG/INDIVIDUALS
OR CONTACT YOUR KAISER PERMANENTE
AUTHORIZED BROKER

PLAN HIGHLIGHTS AND RATES

EFFECTIVE JANUARY 2005

KAISER PERMANENTE FOR INDIVIDUALS AND FAMILIES

Features	\$1,500 Deductible Plan	\$250 Deductible Plan	\$50 Copayment Plan	\$25 Copayment Plan
Medical calendar year deductible				
Individual	\$1,500	\$250	None	None
Family	\$3,000	\$500	None	None
Pharmacy calendar year deductible	\$250 for brand-name drugs	\$250 for brand-name drugs	None	\$250 for brand-name drugs
Annual out-of-pocket maximum				
Individual	\$3,500	\$2,500	\$3,500	\$2,500
Family	\$7,000	\$5,000	\$7,000	\$5,000
Lifetime benefit maximum	None	None	None	None
PROFESSIONAL SERVICES (PLAN PROVIDER OFFICE VISITS)				
Primary and specialty care visits (includes routine and urgent care appointments)	\$30 per visit after deductible	\$20 per visit after deductible	\$50 per visit	\$25 per visit
Well-child visits to age 2	\$30 per visit ♦	No charge ♦	\$15 per visit	No charge
Family planning visits	\$30 per visit ♦	\$20 per visit ♦	\$50 per visit	\$25 per visit
Scheduled prenatal care and first postpartum visit	\$30 per visit ♦	No charge ♦	\$15 per visit	No charge
Eye exams	\$30 per visit ♦	\$20 per visit ♦	\$50 per visit	\$25 per visit
Hearing tests	\$30 per visit ♦	\$20 per visit ♦	\$50 per visit	\$25 per visit
Chiropractic office visits♦♦	\$15 per visit (up to 20 visits per calendar year)	Not covered	Not covered	Not covered
Physical, occupational, and speech therapy visits	\$30 per visit after deductible	\$20 per visit after deductible	\$50 per visit	\$25 per visit
OUTPATIENT SERVICES				
Outpatient surgery	\$250 per procedure after deductible	\$50 per procedure after deductible	\$250 per procedure	\$100 per procedure
Allergy injection visits	\$5 per visit after deductible	\$5 per visit after deductible	\$5 per visit	\$5 per visit
Immunizations	No charge ♦	No charge ♦	No charge	No charge
X-rays and lab tests	\$10 per encounter after deductible	\$10 per encounter after deductible	\$10 per encounter	\$10 per encounter
Health education:				
Individual visits	\$30 per visit ♦	\$20 per visit ♦	\$50 per visit	\$25 per visit
Group visits	No charge	No charge	No charge	No charge
HOSPITALIZATION SERVICES				
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$500 per day after deductible	\$100 per day after deductible	\$500 per day	\$200 per day
EMERGENCY HEALTH COVERAGE				
Emergency Department visits	\$100 per visit after deductible (\$100 copayment is waived if admitted directly to the hospital)	\$100 per visit after deductible (\$100 copayment is waived if admitted directly to the hospital)	\$150 per visit (\$150 copayment is waived if admitted directly to the hospital)	\$100 per visit (\$100 copayment is waived if admitted directly to the hospital)
AMBULANCE SERVICES				
Emergency ambulance services	\$150 per trip after deductible	\$75 per trip after deductible	\$300 per trip	\$100 per trip

Features	\$1,500 Deductible Plan	\$250 Deductible Plan	\$50 Copayment Plan	\$25 Copayment Plan
PRESCRIPTION DRUG COVERAGE				
Covered items in accord with our drug formulary when obtained at Plan Pharmacies	Brand name items and compounded products are subject to a \$250 drug deductible; see "Outpatient Prescription Drugs, Supplies and Supplements" section of the Membership Agreement for details	Brand name items and compounded products are subject to a \$250 drug deductible; see "Outpatient Prescription Drugs, Supplies and Supplements" section of the Membership Agreement for details	Most prescription drugs are not covered	Brand name items and compounded products are subject to a \$250 drug deductible; see "Outpatient Prescription Drugs, Supplies and Supplements" section of the Membership Agreement for details
Generic drugs	\$10 up to a 100-day supply	\$10 up to a 100-day supply		\$10 up to a 100-day supply
Brand-name	\$35 up to a 100-day supply after \$250 drug deductible	\$35 up to a 100-day supply after \$250 drug deductible		\$35 up to a 100-day supply after \$250 drug deductible
DURABLE MEDICAL EQUIPMENT (DME)				
DME used in the home in accord with our DME formulary	Not Covered	20% coinsurance up to a \$2,000 calendar year benefit limit♦	Not Covered	Not Covered
MENTAL HEALTH SERVICES				
Inpatient psychiatric care	\$500 per day after deductible (up to 10 days per calendar year)	\$100 per day after deductible (up to 30 days per calendar year)	\$500 per day (up to 30 days per calendar year)	\$200 per day (30 days per calendar year)
Outpatient visits:				
Individual visits	\$30 per visit after deductible (up to a total of 10 individual/group visits per calendar year)	\$20 per visit after deductible (up to a total of 20 individual/group visits per calendar year)	\$50 per visit (up to 20 individual/group visits per calendar year)	\$25 per visit (20 individual/group visits per calendar year)
Group therapy visits	\$15 per visit after deductible (up to a total of 10 individual/group visits per calendar year) Up to 30 additional group therapy visits that meet Medical Group criteria in the same calendar year	\$10 per visit after deductible (up to a total of 20 individual/group visits per calendar year) Up to 20 additional group therapy visits that meet Medical Group criteria in the same calendar year	\$25 per visit (up to 20 individual/group visits per calendar year) Up to 20 additional group therapy visits that meet Medical Group criteria in the same calendar year	\$12 per visit (20 individual/group visits per calendar year) Up to 20 additional group therapy visits that meet Medical Group criteria same calendar year
Note: Visit and day limits do not apply to severe mental illness and serious emotional disturbances of children as described in the "Benefits, Deductibles, Copayments, and Coinsurance" section of the <i>Membership Agreement</i> .				
CHEMICAL DEPENDENCY SERVICES				
Inpatient detoxification	\$500 per day after deductible	\$100 per day after deductible	\$500 per day	\$200 per day
Outpatient individual therapy visits	\$30 per visit after deductible	\$20 per visit after deductible	\$50 per visit	\$25 per visit
Outpatient group therapy visits	\$5 per visit after deductible	\$5 per visit after deductible	\$5 per visit	\$5 per visit
Transitional residential recovery services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)	\$100 per admission after deductible	\$100 per admission after deductible	\$100 per admission	\$100 per admission
HOME HEALTH SERVICES				
Home health care (up to 100 two-hour visits per calendar year)	No charge	No charge	No charge	No charge
OTHER				
Skilled Nursing Facility care	\$50 per day after deductible (up to 60 days per benefit period)	No charge after deductible (up to 100 days per benefit period)	No charge (up to 100 days per benefit period)	No charge (up to 100 days per benefit period)
Hospice care	No charge♦	No charge♦	No charge	No charge

This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. This chart does not describe benefits or deductibles. To learn what is covered for each benefit (including exclusions and limitations) and additional benefits that are not included in this summary, please refer to each "Benefits, Deductibles, Copayments, and Coinsurance" section of the *Membership Agreement*. Also, exclusions, limitations, and reductions that apply to all benefits are described in the "Exclusions, Limitations, and Deductions" section of the *Membership Agreement*.

* When prescribed by an American Specialty Health Plans (ASH Plans) participating chiropractor and authorized by ASH Plans. ♦These services are not subject to the deductible. ♦♦Administered by: American Specialty Health Plans of California, Inc.® (ASH Plans).

RATE 1 ZIP CODES

93230	94659-62	95450
93232	94666	95452
93242	94701-10	95462
93601-02	94712	95465
93604	94720	95471-73
93606-07	94801-08	95476
93609	94820	95486-87
93611-14	94850	95492
93616	94875	95602-05
93618-19	94901	95607-21
93623-27	94903-04	95623-26
93630-31	94912-15	95628
93637-39	94920	95630
93643-46	94922-31	95632-35
93648-54	94933	95638-41
93656-57	94937-42	95645
93660	94945-57	95648
93662	94960	95650-52
93666-69	94963-66	95655
93673	94970-79	95658-64
93675	94998-99	95667-74
93701-12	95002	95676-78
93714-18	95008-09	95680-83
93720-22	95011	95686-88
93724-29	95013-15	95690-98
93740-41	95020♦-21	95703
93744-45	95026	95722
93747	95030-33	95736
93750	95035-38	95741-43
93755	95042	95746-47
93760-62	95044	95757-59
93764-65	95046	95762-63
93771-80	95050-56	95765
93784	95070-71	95776
93786	95101-03	95798-99
93790-94	95106	95812-38
93844	95108-42	95840-43
93888	95148	95851-53
94002-03	95150-61	95857
94005	95164	95860
94010-31	95170-73	95864-67
94035	95190-94	95873
94037-45	95196	95887
94059-67	95201-13	95894
94070-71	95215	95899
94074	95219-20	95903
94080	95227	95961
94083	95230-31	
94085-90	95234	
94096	95236-37	
94098-99	95240-42	
94101-12	95253	
94114-47	95258	
94150-72	95267	
94175	95269	
94177	95290	
94188	95296-98	
94199	95304	
94203-09	95307	
94211	95313	
94229-30	95316	
94232	95319-20	
94234-37	95323	
94239-40	95326	
94243-50	95328-30	
94252-54	95336-37	
94256-59	95350-58	
94261-63	95360-61	
94267-69	95363	
94271	95366-68	
94273-74	95376-78	
94277-80	95380-82	
94282-91	95385-87	
94293-99	95391	
94301-10	95397	
94401-09	95401-09	
94497	95416	
94501-03	95419	
94506-31	95421	
94533-53	95425	
94555-67	95430-31	
94568-83	95433	
94585-92	95436	
94595-99	95439	
94601-15	95441-42	
94617-27	95444	
94643	95446	
94649	95448	

The rate you pay for your coverage depends on your age,* where you live, and how many family members are enrolling. If applying for family, use the age of the younger subscriber or spouse to determine your rate. Or, if applying for child-only, use the age of the youngest child to determine your rate.

MONTHLY RATES**

\$1,500 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+*** non-Medicare
Subscriber only	\$88	\$124	\$192	\$298	\$358	\$857
Subscriber + spouse	\$172	\$241	\$376	\$585	\$701	\$1,661
Subscriber + one child	\$157	\$200	\$281	\$413	\$502	\$1,273
Subscriber + two or more children	\$215	\$264	\$345	\$467	\$551	\$1,564
Subscriber, spouse + one or more children	\$258	\$333	\$468	\$667	\$777	\$1,848

\$250 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+*** non-Medicare
Subscriber only	\$160	\$189	\$233	\$308	\$367	\$857
Subscriber + spouse	\$355	\$414	\$454	\$600	\$711	\$1,661
Subscriber + one child	\$325	\$388	\$388	\$475	\$545	\$1,273
Subscriber + two or more children	\$465	\$519	\$519	\$564	\$670	\$1,564
Subscriber, spouse + one or more children	\$538	\$624	\$633	\$700	\$791	\$1,848

\$50 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+*** non-Medicare
Subscriber only	\$134	\$155	\$191	\$252	\$300	\$737
Subscriber + spouse	\$298	\$339	\$371	\$491	\$582	\$1,428
Subscriber + one child	\$272	\$317	\$317	\$389	\$446	\$1,095
Subscriber + two or more children	\$390	\$424	\$424	\$461	\$548	\$1,345
Subscriber, spouse + one or more children	\$451	\$510	\$518	\$573	\$648	\$1,589

\$25 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+*** non-Medicare
Subscriber only	\$169	\$195	\$240	\$317	\$378	\$857
Subscriber + spouse	\$375	\$426	\$467	\$617	\$732	\$1,661
Subscriber + one child	\$343	\$399	\$399	\$489	\$561	\$1,273
Subscriber + two or more children	\$490	\$534	\$534	\$580	\$689	\$1,564
Subscriber, spouse + one or more children	\$567	\$642	\$652	\$721	\$814	\$1,848

Monthly child-only rates

One child, under age 1	\$148
Two children, youngest under age 1	\$296
Three or more children, up to age 1	\$444
One child, age 1-18	\$82
Two children, youngest ages 1-18	\$164
Three or more children, ages 1-18	\$246

Monthly child-only rates

One child, under age 1	\$168
Two children, youngest under age 1	\$336
Three or more children, up to age 1	\$504
One child, age 1-18	\$129
Two children, youngest ages 1-18	\$257
Three or more children, ages 1-18	\$386

Monthly child-only rates

One child, under age 1	\$137
Two children, youngest under age 1	\$275
Three or more children, up to age 1	\$412
One child, age 1-18	\$106
Two children, youngest ages 1-18	\$211
Three or more children, ages 1-18	\$317

Monthly child-only rates

One child, under age 1	\$173
Two children, youngest under age 1	\$346
Three or more children, up to age 1	\$519
One child, age 1-18	\$133
Two children, youngest ages 1-18	\$266
Three or more children, ages 1-18	\$399

▼ The Knoxville community, which lies within Pope Valley ZIP code 94567, is not in the Service Area.

◆ The Bells Station community, which lies within Gilroy ZIP code 95020, is not in the Service Area.

♦♦ Rates effective through 12/31/2005.

♦♦♦ If you are eligible for Medicare, you may qualify for lower monthly rates under Senior Advantage. Please call 1-800-290-3829 for more information.

* Rates are based on the age of the younger spouse. For example, if one person is 44 and the other is 39, your household's rate would be based on age 39.

Important information regarding child-only rates: Rates are based on the age of the youngest child on January 1st of each year. For example, if the first child is 10 and the second child is under 1, your children's rate would be based on the younger child. If the child turns 1 during the year, new rates will not take effect until the following January 1st.

RATE 2 ZIP CODES

90001-84	91214	92562-64
90086-89	91221-22	92567
90091	91224-26	92570-72
90093-97	91501-08	92581-87
90099	91510	92595-96
90101-03	91521-23	92599
90174	91526	92860
90185	91701-02	92877-83
90189	91706,	93010-12
90201-02	91708-11	93015-16
90209-13	91714-16	93020-21
90220-24	91722-24	93040
90230-33	91729-35	93062-66
90239-42	91737	93093-94
90245	91739-41	93099
90247-51	91743-50	93203
90254-55	91752	93205-06
90260-67	91754-56	93215-16
90270	91758-59	93220
90272	91761-73	93222
90274-75	91775-76	93224-26
90277-78	91778	93238
90280	91780	93240-41
90290-96	91784-86	93243
90301-13	91788-93	93250-52
90397-98	91795	93261
90401-11	91797-99	93263
90501-10	91801-04	93268
90601-10	91841	93276
90612	91896	93280
90637-40	91899	93285
90650-52	91901-03	93287
90659-62	91908-17	93301-09
90665	91921	93311-14
90670-71	91931-33	93380-90
90701-03	91935	93501-02
90706-07	91941-47	93504-05
90710-17	91950-51	93518-19
90723	91962-63	93531
90731-34	91976-80	93560-61
90744-49	91987	93581
90755	91990	
90801-10	92305	
90813-15	92307-08	
90822	92313-18	
90831-35	92320-22	
90840	92324-26	
90842	92329	
90844-48	92333-37	
90853	92339-41	
90888	92345-46	
90899	92350	
91001	92352	
91003	92354	
91006-07	92357-59	
91009-12	92369	
91016-17	92371-78	
91020-21	92382	
91023-25	92385-86	
91030-31	92391-95	
91040-43	92397	
91046	92399	
91066	92401-08	
91077	92410-15	
91101-10	92418	
91114-18	92420	
91121	92423-24	
91123-26	92427	
91129	92501-09	
91131	92513-19	
91175	92521-22	
91182	92530-32	
91184-89	92543-46	
91191	92548	
91201-10	92551-57	

The rate you pay for your coverage depends on your age,* where you live, and how many family members are enrolling. If applying for family, use the age of the younger subscriber or spouse to determine your rate. Or, if applying for child-only, use the age of the youngest child to determine your rate.

MONTHLY RATES*

\$1,500 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$79	\$115	\$181	\$282	\$339	\$892
Subscriber + spouse	\$154	\$224	\$356	\$554	\$663	\$1,729
Subscriber + one child	\$140	\$184	\$262	\$387	\$470	\$1,325
Subscriber + two or more children	\$193	\$242	\$320	\$435	\$514	\$1,628
Subscriber, spouse + one or more children	\$232	\$307	\$438	\$628	\$732	\$1,952

\$250 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$157	\$185	\$228	\$302	\$359	\$892
Subscriber + spouse	\$348	\$405	\$445	\$587	\$696	\$1,729
Subscriber + one child	\$318	\$379	\$379	\$466	\$534	\$1,325
Subscriber + two or more children	\$456	\$508	\$508	\$552	\$656	\$1,628
Subscriber, spouse + one or more children	\$526	\$611	\$620	\$686	\$775	\$1,952

\$50 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$131	\$152	\$187	\$247	\$294	\$772
Subscriber + spouse	\$292	\$332	\$364	\$481	\$571	\$1,496
Subscriber + one child	\$267	\$311	\$311	\$381	\$437	\$1,147
Subscriber + two or more children	\$382	\$416	\$416	\$452	\$537	\$1,409
Subscriber, spouse + one or more children	\$442	\$501	\$508	\$562	\$635	\$1,689

\$25 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$165	\$190	\$235	\$310	\$370	\$892
Subscriber + spouse	\$367	\$417	\$457	\$604	\$716	\$1,729
Subscriber + one child	\$336	\$390	\$390	\$479	\$549	\$1,325
Subscriber + two or more children	\$480	\$523	\$523	\$568	\$675	\$1,628
Subscriber, spouse + one or more children	\$555	\$629	\$638	\$706	\$797	\$1,952

* Rates are based on the age of the younger spouse. For example, if one person is 44 and the other is 39, your household's rate would be based on age 39.

Important information regarding child-only rates: Rates are based on the age of the youngest child on January 1st of each year. For example, if the first child is 10 and the second child is under 1, your children's rate would be based on the younger child. If the child turns 1 during the year, new rates will not take effect until the following January 1st.

♦ Rates effective through 12/31/2005.

♦♦ If you are eligible for Medicare, you may qualify for lower monthly rates under Senior Advantage. Please call 1-800-290-3829 for more information.

Monthly child-only rates

One child, under age 1	\$133
Two children, youngest under age 1	\$266
Three or more children, up to age 1	\$398

One child, age 1-18	\$75
Two children, youngest ages 1-18	\$149
Three or more children, ages 1-18	\$224

Monthly child-only rates

One child, under age 1	\$165
Two children, youngest under age 1	\$329
Three or more children, up to age 1	\$494

One child, age 1-18	\$126
Two children, youngest ages 1-18	\$252
Three or more children, ages 1-18	\$378

Monthly child-only rates

One child, under age 1	\$135
Two children, youngest under age 1	\$270
Three or more children, up to age 1	\$404

One child, age 1-18	\$104
Two children, youngest ages 1-18	\$207
Three or more children, ages 1-18	\$311

Monthly child-only rates

One child, under age 1	\$169
Two children, youngest under age 1	\$339
Three or more children, up to age 1	\$508

One child, age 1-18	\$130
Two children, youngest ages 1-18	\$260
Three or more children, ages 1-18	\$391

RATE 3 ZIP CODES

92201-03
 92210-11
 92220
 92223
 92230
 92234-36
 92240-41
 92247-48
 92252-56
 92258
 92260-64
 92268
 92270
 92274-78
 92282
 92284-86
 92292
 93001-07
 93009
 93022
 93030-36
 93041-44
 93060-61

The rate you pay for your coverage depends on your age,* where you live, and how many family members are enrolling. If applying for family, use the age of the younger subscriber or spouse to determine your rate. Or, if applying for child-only, use the age of the youngest child to determine your rate.

MONTHLY RATES*

\$1,500 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$104	\$152	\$239	\$373	\$447	\$892
Subscriber + spouse	\$203	\$296	\$470	\$731	\$875	\$1,729
Subscriber + one child	\$185	\$243	\$346	\$511	\$621	\$1,325
Subscriber + two or more children	\$255	\$319	\$422	\$575	\$679	\$1,628
Subscriber, spouse + one or more children	\$306	\$406	\$579	\$829	\$966	\$1,952

Monthly child-only rates

One child, under age 1	\$175
Two children, youngest under age 1	\$351
Three or more children, up to age 1	\$526
One child, age 1-18	\$98
Two children, youngest ages 1-18	\$197
Three or more children, ages 1-18	\$295

\$250 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$207	\$244	\$301	\$398	\$474	\$892
Subscriber + spouse	\$459	\$535	\$587	\$775	\$919	\$1,729
Subscriber + one child	\$420	\$501	\$501	\$615	\$705	\$1,325
Subscriber + two or more children	\$601	\$671	\$671	\$729	\$866	\$1,628
Subscriber, spouse + one or more children	\$695	\$806	\$819	\$905	\$1,023	\$1,952

Monthly child-only rates

One child, under age 1	\$217
Two children, youngest under age 1	\$434
Three or more children, up to age 1	\$652
One child, age 1-18	\$166
Two children, youngest ages 1-18	\$333
Three or more children, ages 1-18	\$499

\$50 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$174	\$200	\$247	\$326	\$389	\$772
Subscriber + spouse	\$386	\$438	\$481	\$635	\$753	\$1,496
Subscriber + one child	\$353	\$410	\$410	\$504	\$577	\$1,147
Subscriber + two or more children	\$505	\$549	\$549	\$597	\$709	\$1,409
Subscriber, spouse + one or more children	\$583	\$661	\$671	\$742	\$838	\$1,689

Monthly child-only rates

One child, under age 1	\$178
Two children, youngest under age 1	\$356
Three or more children, up to age 1	\$534
One child, age 1-18	\$137
Two children, youngest ages 1-18	\$274
Three or more children, ages 1-18	\$410

\$25 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$218	\$251	\$310	\$410	\$488	\$892
Subscriber + spouse	\$484	\$550	\$604	\$798	\$946	\$1,729
Subscriber + one child	\$443	\$515	\$515	\$632	\$725	\$1,325
Subscriber + two or more children	\$634	\$690	\$690	\$750	\$891	\$1,628
Subscriber, spouse + one or more children	\$732	\$830	\$842	\$931	\$1,053	\$1,952

Monthly child-only rates

One child, under age 1	\$223
Two children, youngest under age 1	\$447
Three or more children, up to age 1	\$670
One child, age 1-18	\$172
Two children, youngest ages 1-18	\$344
Three or more children, ages 1-18	\$515

* Rates are based on the age of the younger spouse. For example, if one person is 44 and the other is 39, your household's rate would be based on age 39.

Important information regarding child-only rates: Rates are based on the age of the youngest child on January 1st of each year. For example, if the first child is 10 and the second child is under 1, your children's rate would be based on the younger child. If the child turns 1 during the year, new rates will not take effect until the following January 1st.

♦ Rates effective through 12/31/2005.

♦♦ If you are eligible for Medicare, you may qualify for lower monthly rates under Senior Advantage. Please call 1-800-290-3829 for more information.

Subscribers residing in Rate Area 3 are required to select a primary care Plan Physician (Affiliated Physician) for themselves and each covered dependent. Members will be contacted after enrollment regarding Plan Physician (Affiliated Physicians) selection.

RATE 4 ZIP CODES

91301-13
 91316
 91319-22
 91324-31
 91333-35
 91337
 91340-46
 91350-65
 91367
 91371-72
 91376-77
 91380-88
 91390
 91392-96
 91399
 91401-13
 91416
 91423
 91426
 91436
 91470
 91482
 91495-97
 91499
 91601-12
 91614-18
 93510
 93532
 93534-36
 93539
 93543-44
 93550-53
 93563
 93584
 93586
 93590-91
 93599

The rate you pay for your coverage depends on your age,* where you live, and how many family members are enrolling. If applying for family, use the age of the younger subscriber or spouse to determine your rate. Or, if applying for child-only, use the age of the youngest child to determine your rate.

MONTHLY RATES*

\$1,500 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$83	\$121	\$190	\$297	\$356	\$892
Subscriber + spouse	\$162	\$235	\$374	\$582	\$696	\$1,729
Subscriber + one child	\$147	\$193	\$275	\$406	\$494	\$1,325
Subscriber + two or more children	\$203	\$254	\$336	\$457	\$540	\$1,628
Subscriber, spouse + one or more children	\$243	\$323	\$460	\$659	\$768	\$1,952

Monthly child-only rates

One child, under age 1	\$139
Two children, youngest under age 1	\$279
Three or more children, up to age 1	\$418
One child, age 1-18	\$78
Two children, youngest ages 1-18	\$157
Three or more children, ages 1-18	\$235

\$250 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$164	\$194	\$240	\$317	\$377	\$892
Subscriber + spouse	\$365	\$425	\$467	\$617	\$731	\$1,729
Subscriber + one child	\$334	\$398	\$398	\$489	\$560	\$1,325
Subscriber + two or more children	\$478	\$533	\$533	\$580	\$688	\$1,628
Subscriber, spouse + one or more children	\$553	\$641	\$651	\$720	\$814	\$1,952

Monthly child-only rates

One child, under age 1	\$173
Two children, youngest under age 1	\$346
Three or more children, up to age 1	\$518
One child, age 1-18	\$132
Two children, youngest ages 1-18	\$265
Three or more children, ages 1-18	\$397

\$50 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$138	\$159	\$196	\$259	\$309	\$772
Subscriber + spouse	\$307	\$349	\$382	\$505	\$599	\$1,496
Subscriber + one child	\$281	\$326	\$326	\$401	\$459	\$1,147
Subscriber + two or more children	\$402	\$437	\$437	\$475	\$564	\$1,409
Subscriber, spouse + one or more children	\$464	\$526	\$534	\$590	\$667	\$1,689

Monthly child-only rates

One child, under age 1	\$142
Two children, youngest under age 1	\$283
Three or more children, up to age 1	\$425
One child, age 1-18	\$109
Two children, youngest ages 1-18	\$218
Three or more children, ages 1-18	\$327

\$25 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$173	\$200	\$247	\$326	\$388	\$892
Subscriber + spouse	\$385	\$438	\$480	\$635	\$752	\$1,729
Subscriber + one child	\$352	\$410	\$410	\$503	\$577	\$1,325
Subscriber + two or more children	\$504	\$549	\$549	\$596	\$708	\$1,628
Subscriber, spouse + one or more children	\$583	\$660	\$670	\$741	\$837	\$1,952

Monthly child-only rates

One child, under age 1	\$178
Two children, youngest under age 1	\$356
Three or more children, up to age 1	\$533
One child, age 1-18	\$137
Two children, youngest ages 1-18	\$273
Three or more children, ages 1-18	\$410

* Rates are based on the age of the younger spouse. For example, if one person is 44 and the other is 39, your household's rate would be based on age 39.

Important information regarding child-only rates: Rates are based on the age of the youngest child on January 1st of each year. For example, if the first child is 10 and the second child is under 1, your children's rate would be based on the younger child. If the child turns 1 during the year, new rates will not take effect until the following January 1st.

◆ Rates effective through 12/31/2005.

◆◆ If you are eligible for Medicare, you may qualify for lower monthly rates under Senior Advantage. Please call 1-800-290-3829 for more information.

RATE 5 ZIP CODES

90620-24 92735
 90630-33 92780-82
 90680 92799
 90720-21 92801-09
 90740 92811-12
 90742-43 92814-17
 92007-09 92821-23
 92013-14 92825
 92018-27 92831-38
 92029-30 92840-46
 92033 92850
 92037-40 92856-57
 92046 92859
 92049 92861-71
 92051-52 92885-87
 92054-58 92899
 92064-65
 92067-69
 92071-72
 92074-75
 92078-79
 92081-85
 92090-93
 92096
 92101-24
 92126-40
 92142-43
 92145
 92147
 92149-50
 92152-55
 92158-79
 92182
 92184
 92186-87
 92190-99
 92602-07
 92609-10
 92612
 92614-20
 92623-30
 92637
 92646-63
 92672-79
 92683-85
 92688
 92690-94
 92697-98
 92701-12
 92725
 92728

The rate you pay for your coverage depends on your age,* where you live, and how many family members are enrolling. If applying for family, use the age of the younger subscriber or spouse to determine your rate. Or, if applying for child-only, use the age of the youngest child to determine your rate.

MONTHLY RATES*

\$1,500 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$75	\$109	\$172	\$268	\$322	\$892
Subscriber + spouse	\$146	\$213	\$338	\$526	\$630	\$1,729
Subscriber + one child	\$133	\$175	\$249	\$368	\$447	\$1,325
Subscriber + two or more children	\$184	\$229	\$304	\$414	\$489	\$1,628
Subscriber, spouse + one or more children	\$220	\$292	\$417	\$597	\$695	\$1,952

Monthly child-only rates

One child, under age 1	\$126
Two children, youngest under age 1	\$252
Three or more children, up to age 1	\$379
One child, age 1-18	\$71
Two children, youngest ages 1-18	\$142
Three or more children, ages 1-18	\$212

\$250 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$149	\$176	\$217	\$287	\$341	\$892
Subscriber + spouse	\$331	\$385	\$422	\$558	\$662	\$1,729
Subscriber + one child	\$302	\$361	\$361	\$442	\$507	\$1,325
Subscriber + two or more children	\$433	\$483	\$483	\$524	\$623	\$1,628
Subscriber, spouse + one or more children	\$500	\$580	\$589	\$652	\$736	\$1,952

Monthly child-only rates

One child, under age 1	\$156
Two children, youngest under age 1	\$313
Three or more children, up to age 1	\$469
One child, age 1-18	\$120
Two children, youngest ages 1-18	\$239
Three or more children, ages 1-18	\$359

\$50 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$125	\$144	\$178	\$235	\$280	\$772
Subscriber + spouse	\$278	\$315	\$346	\$457	\$542	\$1,496
Subscriber + one child	\$254	\$295	\$295	\$362	\$415	\$1,147
Subscriber + two or more children	\$363	\$395	\$395	\$430	\$510	\$1,409
Subscriber, spouse + one or more children	\$420	\$475	\$483	\$534	\$603	\$1,689

Monthly child-only rates

One child, under age 1	\$128
Two children, youngest under age 1	\$256
Three or more children, up to age 1	\$384
One child, age 1-18	\$98
Two children, youngest ages 1-18	\$197
Three or more children, ages 1-18	\$295

\$25 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+** non-Medicare
Subscriber only	\$157	\$181	\$223	\$295	\$351	\$892
Subscriber + spouse	\$349	\$396	\$435	\$574	\$681	\$1,729
Subscriber + one child	\$319	\$371	\$371	\$455	\$522	\$1,325
Subscriber + two or more children	\$456	\$497	\$497	\$540	\$641	\$1,628
Subscriber, spouse + one or more children	\$527	\$597	\$606	\$670	\$758	\$1,952

Monthly child-only rates

One child, under age 1	\$161
Two children, youngest under age 1	\$322
Three or more children, up to age 1	\$482
One child, age 1-18	\$124
Two children, youngest ages 1-18	\$247
Three or more children, ages 1-18	\$371

* Rates are based on the age of the younger spouse. For example, if one person is 44 and the other is 39, your household's rate would be based on age 39.

Important information regarding child-only rates: Rates are based on the age of the youngest child on January 1st of each year. For example, if the first child is 10 and the second child is under 1, your children's rate would be based on the younger child. If the child turns 1 during the year, new rates will not take effect until the following January 1st.

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