

2004 PREMIUM RATES

JANUARY 1, 2004 - DECEMBER 3001, 2004

BLUE SHIELD		CAHP w/o Subsidy		CCPOA - NORTH		CCPOA - SOUTH		KAISER	
205(1)	\$315.22	230(1)	\$358.00	274(1)	\$308.98	284(1)	\$256.78	56(1)	\$305.42
(2)	630.44	(2)	695.00	(2)	617.97	(2)	513.57	(2)	610.84
(3)	819.57	(3)	909.00	(3)	834.25	(3)	693.31	(3)	794.09
206(1)	\$319.97	231(1)	\$354.00	275(1)	\$222.57	285(1)	\$222.57	66(1)	\$273.86
(2)	639.94	(2)	655.00	(2)	445.14	(2)	445.14	(2)	547.72
(3)	959.91	(3)	832.00	(3)	667.71	(3)	667.71	(3)	821.58
(4)	635.19	(4)	691.00	(4)	531.56	(4)	479.36	(4)	579.28
(5)	824.32	(5)	905.00	(5)	747.84	(5)	659.10	(5)	762.53
(6)	829.07	(6)	869.00	(6)	661.42	(6)	624.88	(6)	730.97
(7)	635.19	(7)	659.00	(7)	531.55	(7)	479.35	(7)	579.28
(8)	955.16	(8)	836.00	(8)	754.12	(8)	701.92	(8)	853.14
(9)	824.32	(9)	873.00	(9)	747.83	(9)	659.09	(9)	762.53
KAISER		PERS Choice		PERSCARE		PORAC		WHA	
** Out-of-State									
(1)	\$426.93	222(1)	\$349.41	278(1)	\$544.77	207(1)	\$399.00	282(1)	\$280.41
(2)	853.86	(2)	698.82	(2)	1,089.54	(2)	733.00	(2)	560.82
(3)	1,110.02	(3)	908.47	(3)	1,416.40	(3)	931.00	(3)	729.07
(1)	239.50	223(1)	\$305.67	279(1)	\$336.07	208(1)	\$351.00	283(1)	\$280.24
(2)	479.00	(2)	611.34	(2)	672.14	(2)	701.00	(2)	560.48
(3)	718.50	(3)	917.01	(3)	1,008.21	(3)	1,049.00	(3)	840.72
(4)	666.43	(4)	655.08	(4)	880.84	(4)	685.00	(4)	560.65
(5)	922.59	(5)	864.73	(5)	1,207.70	(5)	883.00	(5)	728.90
(6)	735.16	(6)	820.99	(6)	999.00	(6)	899.00	(6)	728.73
(7)	666.43	(7)	655.08	(7)	880.84	(7)	749.00	(7)	560.65
(8)	905.93	(8)	960.75	(8)	1,216.91	(8)	1,097.00	(8)	840.89
(9)	922.59	(9)	864.73	(9)	1,207.70	(9)	947.00	(9)	728.90
Updated 7/01/03		** These premiums cover all Kaiser Out-of-State							