25-Apr-08

Enhanced MEHIP Rates
Effective July 1, 2008

PPO Plan

	Band	A	B	C	D	E	F	G	H	I
Anthem	Single	$ 461.63	$ 488.24	$ 514.86	$ 541.47	$ 568.09	$ 594.70	$ 621.32	$ 647.93	$ 674.55
	Two-Party	$ 1,015.58	$ 1,074.13	$ 1,132.68	$ 1,191.24	$ 1,249.79	$ 1,308.34	$ 1,366.90	$ 1,425.45	$ 1,484.00
	Family	$ 1,246.39	$ 1,318.25	$ 1,390.11	$ 1,461.97	$ 1,533.83	$ 1,605.69	$ 1,677.55	$ 1,749.42	$ 1,821.28
HealthNet	Single	$ 467.49	$ 494.11	$ 520.72	$ 547.34	$ 573.95	$ 600.57	$ 627.18	$ 653.80	$ 680.41
	Two-Party	$ 1,028.48	$ 1,087.03	$ 1,145.59	$ 1,204.14	$ 1,262.69	$ 1,321.25	$ 1,379.80	$ 1,438.35	$ 1,496.90
	Family	$ 1,262.23	$ 1,334.09	$ 1,405.95	$ 1,477.81	$ 1,549.67	$ 1,621.53	$ 1,693.39	$ 1,765.25	$ 1,837.11
United	Single	$ 448.86	$ 475.47	$ 502.09	$ 528.70	$ 555.32	$ 581.93	$ 608.55	$ 635.16	$ 661.78
	Two-Party	$ 987.48	$ 1,046.04	$ 1,104.59	$ 1,163.14	$ 1,221.70	$ 1,280.25	$ 1,338.80	$ 1,397.35	$ 1,455.91
	Family	$ 1,211.91	$ 1,283.77	$ 1,355.63	$ 1,427.49	$ 1,499.35	$ 1,571.21	$ 1,643.08	$ 1,714.94	$ 1,786.80

HMO/EPO Plan

	Band	A	B	C	D	E	F	G	H	I
Anthem	Single	$ 438.44	$ 463.61	$ 488.77	$ 513.94	$ 539.10	$ 564.27	$ 589.44	$ 614.60	$ 639.77
	Two-Party	$ 964.57	$ 1,019.93	$ 1,075.30	$ 1,130.66	$ 1,186.03	$ 1,241.39	$ 1,296.76	$ 1,352.12	$ 1,407.49
	Family	$ 1,183.79	$ 1,251.74	$ 1,319.68	$ 1,387.63	$ 1,455.58	$ 1,523.53	$ 1,591.48	$ 1,659.42	$ 1,727.37
HealthNet	Single	$ 444.30	$ 469.47	$ 494.64	$ 519.80	$ 544.97	$ 570.13	$ 595.30	$ 620.47	$ 645.63
	Two-Party	$ 977.47	$ 1,032.84	$ 1,088.20	$ 1,143.57	$ 1,198.93	$ 1,254.30	$ 1,309.66	$ 1,365.02	$ 1,420.39
	Family	$ 1,199.62	$ 1,267.57	$ 1,335.52	$ 1,403.47	$ 1,471.41	$ 1,539.36	$ 1,607.31	$ 1,675.26	$ 1,743.21
United	Single	$ 425.67	$ 450.84	$ 476.00	$ 501.17	$ 526.33	$ 551.50	$ 576.67	$ 601.83	$ 627.00
	Two-Party	$ 936.47	$ 991.84	$ 1,047.20	$ 1,102.57	$ 1,157.93	$ 1,213.30	$ 1,268.66	$ 1,324.03	$ 1,379.39
	Family	$ 1,149.31	$ 1,217.26	$ 1,285.20	$ 1,353.15	$ 1,421.10	$ 1,489.05	$ 1,557.00	$ 1,624.94	$ 1,692.89

Comprehensive PPO Plan

	Band	A	B	C	D	E	F	G	H	I
Anthem	Single	$ 442.41	$ 467.82	$ 493.23	$ 518.65	$ 544.06	$ 569.48	$ 594.89	$ 620.30	$ 645.72
	Two-Party	$ 973.30	$ 1,029.21	$ 1,085.12	$ 1,141.03	$ 1,196.94	$ 1,252.85	$ 1,308.76	$ 1,364.67	$ 1,420.58
	Family	$ 1,194.50	$ 1,263.12	$ 1,331.73	$ 1,400.35	$ 1,468.97	$ 1,537.59	$ 1,606.20	$ 1,674.82	$ 1,743.44
HealthNet	Single	$ 448.27	$ 473.69	$ 499.10	$ 524.51	$ 549.93	$ 575.34	$ 600.75	$ 626.17	$ 651.58
	Two-Party	$ 986.20	$ 1,042.11	$ 1,098.02	$ 1,153.93	$ 1,209.84	$ 1,265.75	$ 1,321.66	$ 1,377.57	$ 1,433.48
	Family	$ 1,210.33	$ 1,278.95	$ 1,347.57	$ 1,416.19	$ 1,484.80	$ 1,553.42	$ 1,622.04	$ 1,690.65	$ 1,759.27
United	Single	$ 429.64	$ 455.05	$ 480.46	$ 505.88	$ 531.29	$ 556.71	$ 582.12	$ 607.53	$ 632.95
	Two-Party	$ 945.20	$ 1,001.11	$ 1,057.02	$ 1,112.93	$ 1,168.84	$ 1,224.75	$ 1,280.66	$ 1,336.57	$ 1,392.48
	Family	$ 1,160.02	$ 1,228.64	$ 1,297.25	$ 1,365.87	$ 1,434.49	$ 1,503.11	$ 1,571.72	$ 1,640.34	$ 1,708.96

Notes:
- Rates are net of broker commissions
- Rates will change with different effective dates
- Rate relativities by plan are determined using Milliman's Health Cost Guidelines
- Rates assume original carrier proposed admin fees for lowest number of covered employees
- Rates assume no specific or aggregate stop loss protection
- Rates include a risk charge to cover claim fluctuations from expected values
- Rates are based on Enhanced MEHIP plan designs as presented in original four-page flyer