

APPLY ONLINE AT

KP.ORG/INDIVIDUALS OR CONTACT YOUR KAISER PERMANENTE **AUTHORIZED BROKER**

PLAN HIGHLIGHTS AND RATES

EFFECTIVE JANUARY 2006

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 the "Outpatient Prescription Drugs, Supplies, and Supplements" section of the <i>Membership Agreement</i> for details	Brand-name items and compounded products are subject to a \$250 drug deductible; see the "Outpatient Prescription Drugs, Supplies, and Supplements" section of the <i>Membership Agreement</i> for details	Most prescription drugs are not covered.	Brand-name items and compounded products are subject to a \$250 drug deductible; see the "Outpatient Prescription Drugs, Supplies, and Supplements" section of the <i>Membership Agreement</i> 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 (up to 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 (up to 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 (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
Note: Visit and day limits do not apply to severe mental illness and serious emotional disturbances of children as described in the "Benefits, 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, Copayments, and Coinsurance" section of the *Membership Agreement*, which will be mailed to you upon acceptance. Also, exclusions, limitations, and reductions that apply to all benefits are described in the "Exclusions, Limitations, and Reductions" section of the *Membership Agreement*.

*These services are not subject to the deductible.

†When prescribed by an American Specialty Health Plans (ASH Plans) participating chiropractor and authorized by ASH Plans

RATE AREA 1 ZIP CODES

93230	94601-15	95425
93232	94617-25	95430-31
93242	94627	95433
93601-02	94643	95436
93604	94649	95439
93606-07	94659-62	95441-42
93609	94666	95444
93611-14	94701-10	95446
93616	94712	95448
93618-19	94720	95450
93623-27	94801-08	95452
93630-31	94820	95462
93637-39	94850	95465
93643-46	94875	95471-73
93648-54	94901	95476
93656-57	94903-04	95486-87
93660	94912-15	95492
93662	94920	95602-05
93666-69	94922-31	95607-21
93673	94933	95623-26
93675	94937-42	95628
93701-12	94945-57	95630
93714-18	94960	95632-35
93720-22	94963-66	95638-41
93724-29	94970-79	95645
93740-41	94998-99	95648
93744-45	95002	95650-52
93747	95008-09	95655
93750	95011	95658-64
93755	95013-15	95667-74
93760-61	95020-21	95676-78
93764-65	95026	95680-83
93771-80	95030-33	95686-88
93784	95035-38	95690-98
93786	95042	95703
93790-94	95044	95722
93844	95046	95736
93888	95050-56	95741-43
94002-03	95070-71	95746-47
94005	95101-03	95757-59
94010-31	95106	95762-63
94035	95108-42	95765
94037-45	95148	95776
94059-67	95150-61	95798-99
94070-71	95164	95812-38
94074	95170-73	95840-43
94080	95190-94	95851-53
94083	95196	95857
94085-90	95201-13	95860
94096	95215	95864-67
94098-99	95219-20	95887
94101-12	95227	95894
94114-47	95230-31	95899
94150-72	95234	95903
94175	95236-37	95961
94177	95240-42	
94188	95253	
94199	95258	
94203-09	95267	
94211	95269	
94229-30	95296-97	
94232	95304	
94234-37	95307	
94239-40	95313	
94243-50	95316	
94252-54	95319-20	
94256-59	95323	
94261-63	95326	
94267-69	95328-30	
94271	95336-37	
94273-74	95350-58	
94277-80	95360-61	
94282-91	95363	
94293-99	95366-68	
94301-10	95376-78	
94401-09	95380-82	
94497	95385-87	
94501-03	95391	
94506-31	95397	
94533-53	95401-09	
94555-83	95416	
94585-92	95419	
94595-99	95421	

The monthly rate you pay for your coverage depends on your age, which Kaiser Permanente rate area you live in based on your ZIP code, and how many family members are enrolling.* If you move to a new residence and change ZIP codes, your monthly rate may change. Please confirm that your ZIP code is listed in the shaded box on the left side of this page. If your ZIP code is not listed there, please contact our Member Service Call Center at **1-800-464-4000** for information on other rate areas.

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	\$904
Subscriber + spouse*	\$172	\$241	\$376	\$585	\$701	\$1,752
Subscriber + one child	\$157	\$200	\$281	\$413	\$502	\$1,343
Subscriber + two or more children	\$215	\$264	\$345	\$467	\$551	\$1,650
Subscriber, spouse* + one or more children	\$258	\$333	\$468	\$667	\$777	\$1,950

\$250 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ non-Medicare
Subscriber only	\$178	\$210	\$259	\$342	\$408	\$904
Subscriber + spouse*	\$395	\$460	\$504	\$666	\$790	\$1,752
Subscriber + one child	\$361	\$430	\$430	\$528	\$605	\$1,343
Subscriber + two or more children	\$517	\$576	\$576	\$626	\$744	\$1,650
Subscriber, spouse* + one or more children	\$597	\$693	\$704	\$778	\$879	\$1,950

\$50 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ non-Medicare
Subscriber only	\$149	\$172	\$212	\$280	\$334	\$800
Subscriber + spouse*	\$331	\$376	\$413	\$546	\$647	\$1,550
Subscriber + one child	\$303	\$352	\$352	\$432	\$496	\$1,188
Subscriber + two or more children	\$433	\$472	\$472	\$513	\$609	\$1,460
Subscriber, spouse* + one or more children	\$501	\$567	\$576	\$637	\$720	\$1,726

\$25 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ non-Medicare
Subscriber only	\$188	\$217	\$267	\$353	\$421	\$904
Subscriber + spouse*	\$417	\$474	\$520	\$688	\$815	\$1,752
Subscriber + one child	\$382	\$444	\$444	\$545	\$625	\$1,343
Subscriber + two or more children	\$546	\$595	\$595	\$646	\$767	\$1,650
Subscriber, spouse* + one or more children	\$631	\$715	\$726	\$803	\$907	\$1,950

Monthly child-only rates†

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

Monthly child-only rates†

One child, up to age 1	\$187
Two children, up to age 1	\$373
Three or more children, up to age 1	\$560
One child, age 1-18	\$143
Two children, ages 1-18	\$286
Three or more children, ages 1-18	\$429

Monthly child-only rates†

One child, up to age 1	\$153
Two children, up to age 1	\$306
Three or more children, up to age 1	\$458
One child, age 1-18	\$117
Two children, ages 1-18	\$235
Three or more children, ages 1-18	\$352

Monthly child-only rates†

One child, up to age 1	\$193
Two children, up to age 1	\$385
Three or more children, up to age 1	\$578
One child, age 1-18	\$148
Two children, ages 1-18	\$296
Three or more children, ages 1-18	\$444

*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.

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

‡Rates are based on the age of the oldest child on January 1 of each year.

Rates are effective through December 31, 2006.

RATE AREA 2 ZIP CODES

90004-10 92033
 90012-39 92037-40
 90041-51 92046
 90053-57 92049
 90060 92051-52
 90062-84 92054-58
 90086-89 92064-65
 90093-97 92067-69
 90099 92071-72
 90102 92074-75
 90189 92078-79
 90209-13 92081-85
 90230-33 92090-93
 90245 92096
 90291-96 92101-24
 90301-09 92126-40
 90311-13 92142-43
 90397-98 92145
 90401-11 92147
 90620-24 92149-50
 90630 92152-55
 90637-39 92158-79
 90680 92182
 90701-03 92184
 90715-16 92186-87
 90742 92190-99
 91001 92530-31
 91003 92602-07
 91006-07 92609-10
 91011-12 92612
 91020-21 92614-20
 91023-25 92623-30
 91030-31 92637
 91042-43 92646-63
 91046 92672-79
 91066 92683-85
 91077 92688
 91101-10 92690-94
 91114-18 92697-98
 91121 92701-12
 91123-26 92725
 91129 92728
 91131 92735
 91175 92780-82
 91182 92799
 91184-89 92801-09
 91191 92811-12
 91201-10 92814-17
 91214 92821-23
 91221-22 92825
 91224-26 92831-38
 91501-08 92840-46
 91510 92850
 91521-23 92856-57
 91526 92859
 91602 92861-71
 91610 92885-87
 91711 92899
 91750
 91754
 91756
 91759
 91766-67
 91775
 91801-04
 91841
 91896
 91899
 91901-03
 91908-17
 91921
 91931-33
 91935
 91941-47
 91950-51
 91962-63
 91976-80
 91987
 91990
 92007-11
 92013-14
 92018-27
 92029-30

The monthly rate you pay for your coverage depends on your age, which Kaiser Permanente rate area you live in based on your ZIP code, and how many family members are enrolling.* If you move to a new residence and change ZIP codes, your monthly rate may change. Please confirm that your ZIP code is listed in the shaded box on the left side of this page. If your ZIP code is not listed there, please contact our Member Service Call Center at **1-800-464-4000** for information on other rate areas.

MONTHLY RATES

\$1,500 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$76	\$111	\$174	\$272	\$326	\$892
Subscriber + spouse*	\$148	\$216	\$343	\$533	\$638	\$1,729
Subscriber + one child	\$135	\$177	\$252	\$372	\$453	\$1,325
Subscriber + two or more children	\$186	\$232	\$308	\$419	\$495	\$1,628
Subscriber, spouse*+ one or more children	\$223	\$296	\$422	\$604	\$704	\$1,952

\$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	\$892
Subscriber + spouse*	\$355	\$413	\$453	\$599	\$710	\$1,729
Subscriber + one child	\$325	\$387	\$387	\$475	\$544	\$1,325
Subscriber + two or more children	\$465	\$518	\$518	\$563	\$669	\$1,628
Subscriber, spouse*+ one or more children	\$537	\$623	\$633	\$700	\$791	\$1,952

\$50 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$134	\$155	\$191	\$252	\$301	\$772
Subscriber + spouse*	\$298	\$339	\$372	\$491	\$583	\$1,496
Subscriber + one child	\$273	\$317	\$317	\$389	\$446	\$1,147
Subscriber + two or more children	\$390	\$425	\$425	\$462	\$549	\$1,409
Subscriber, spouse*+ one or more children	\$451	\$511	\$519	\$574	\$648	\$1,689

\$25 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$168	\$194	\$239	\$316	\$376	\$892
Subscriber + spouse*	\$374	\$424	\$466	\$615	\$730	\$1,729
Subscriber + one child	\$342	\$398	\$398	\$488	\$559	\$1,325
Subscriber + two or more children	\$489	\$532	\$532	\$578	\$687	\$1,628
Subscriber, spouse*+ one or more children	\$565	\$640	\$650	\$719	\$812	\$1,952

Monthly child-only rates[‡]

One child, up to age 1	\$128
Two children, up to age 1	\$256
Three or more children, up to age 1	\$384

One child, age 1-18	\$72
Two children, ages 1-18	\$144
Three or more children, ages 1-18	\$215

Monthly child-only rates[‡]

One child, up to age 1	\$168
Two children, up to age 1	\$336
Three or more children, up to age 1	\$504

One child, age 1-18	\$129
Two children, ages 1-18	\$257
Three or more children, ages 1-18	\$386

Monthly child-only rates[‡]

One child, up to age 1	\$138
Two children, up to age 1	\$275
Three or more children, up to age 1	\$413

One child, age 1-18	\$106
Two children, ages 1-18	\$212
Three or more children, ages 1-18	\$318

Monthly child-only rates[‡]

One child, up to age 1	\$172
Two children, up to age 1	\$345
Three or more children, up to age 1	\$517

One child, age 1-18	\$133
Two children, ages 1-18	\$265
Three or more children, ages 1-18	\$398

*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.

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

‡ Rates are based on the age of the oldest child on January 1 of each year.

Rates are effective through December 31, 2006.

RATE AREA 3 ZIP CODES

90001-03 92339-41
 90011 92344-46
 90040 92350
 90052 92352
 90058-59 92354
 90061 92357-59
 90091 92369
 90101 92371-78
 90103 92382
 90174 92385-86
 90185 92391-95
 90201-02 92397
 90220-24 92399
 90239-42 92401-08
 90247-51 92410-15
 90254-55 92418
 90260-62 92423-24
 90266-67 92427
 90270 92501-09
 90274-75 92513-19
 90277-78 92521-22
 90280 92532
 90310 92543-46
 90501-10 92548
 90601-10 92551-57
 90612 92562-64
 90631-33 92567
 90640 92570-72
 90650-52 92581-87
 90659-62 92595-96
 90665 92599
 90670-71 92860
 90706-07 92877-83
 90710-14
 90717
 90720-21
 90723
 90731-34
 90740
 90743-49
 90755
 90801-10
 90813-15
 90822
 90831-35
 90840
 90842
 90844-48
 90853
 90888
 90899
 91009-10
 91016-17
 91701-02
 91706
 91708-10
 91714-16
 91722-24
 91729-35
 91737
 91739-41
 91743-49
 91752
 91755
 91758
 91761-65
 91768-73
 91776
 91778
 91780
 91784-86
 91788-93
 91795
 91797-99
 92220
 92223
 92305
 92307-08
 92313-18
 92320-22
 92324-26
 92329
 92333-37

The monthly rate you pay for your coverage depends on your age, which Kaiser Permanente rate area you live in based on your ZIP code, and how many family members are enrolling.* If you move to a new residence and change ZIP codes, your monthly rate may change. Please confirm that your ZIP code is listed in the shaded box on the left side of this page. If your ZIP code is not listed there, please contact our Member Service Call Center at **1-800-464-4000** for information on other rate areas.

MONTHLY RATES

\$1,500 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$80	\$116	\$184	\$286	\$343	\$892
Subscriber + spouse*	\$156	\$227	\$361	\$561	\$672	\$1,729
Subscriber + one child	\$142	\$186	\$265	\$392	\$476	\$1,325
Subscriber + two or more children	\$196	\$245	\$324	\$441	\$521	\$1,628
Subscriber, spouse*+ one or more children	\$235	\$311	\$444	\$636	\$741	\$1,952

\$250 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$168	\$199	\$245	\$324	\$386	\$892
Subscriber + spouse*	\$374	\$435	\$477	\$631	\$748	\$1,729
Subscriber + one child	\$342	\$407	\$407	\$500	\$573	\$1,325
Subscriber + two or more children	\$489	\$546	\$546	\$593	\$704	\$1,628
Subscriber, spouse*+ one or more children	\$565	\$656	\$666	\$736	\$832	\$1,952

\$50 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$141	\$163	\$201	\$266	\$316	\$802
Subscriber + spouse*	\$314	\$357	\$391	\$517	\$613	\$1,555
Subscriber + one child	\$287	\$334	\$334	\$410	\$470	\$1,191
Subscriber + two or more children	\$411	\$447	\$447	\$486	\$577	\$1,464
Subscriber, spouse*+ one or more children	\$475	\$538	\$546	\$604	\$682	\$1,755

\$25 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$177	\$204	\$252	\$333	\$396	\$892
Subscriber + spouse*	\$393	\$447	\$490	\$648	\$768	\$1,729
Subscriber + one child	\$360	\$418	\$418	\$513	\$589	\$1,325
Subscriber + two or more children	\$515	\$560	\$560	\$609	\$723	\$1,628
Subscriber, spouse*+ one or more children	\$595	\$674	\$684	\$756	\$855	\$1,952

Monthly child-only rates[‡]

One child, up to age 1	\$135
Two children, up to age 1	\$269
Three or more children, up to age 1	\$404

One child, age 1-18	\$76
Two children, ages 1-18	\$151
Three or more children, ages 1-18	\$227

Monthly child-only rates[‡]

One child, up to age 1	\$177
Two children, up to age 1	\$353
Three or more children, up to age 1	\$530

One child, age 1-18	\$135
Two children, ages 1-18	\$271
Three or more children, ages 1-18	\$406

Monthly child-only rates[‡]

One child, up to age 1	\$145
Two children, up to age 1	\$290
Three or more children, up to age 1	\$435

One child, age 1-18	\$111
Two children, ages 1-18	\$223
Three or more children, ages 1-18	\$334

Monthly child-only rates[‡]

One child, up to age 1	\$181
Two children, up to age 1	\$363
Three or more children, up to age 1	\$544

One child, age 1-18	\$140
Two children, ages 1-18	\$279
Three or more children, ages 1-18	\$419

*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.

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

‡Rates are based on the age of the oldest child on January 1 of each year.

Rates are effective through December 31, 2006.

RATE AREA 4 ZIP CODES

90263-65
90272
90290
91040-41
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
91603-09
91611-12
91614-18
93001-07
93009-12
93015-16
93020-22
93030-36
93040-44
93060-66
93093-94
93099
93510
93532
93534-36
93539
93543-44
93550-53
93563
93584
93586
93590-91
93599

The monthly rate you pay for your coverage depends on your age, which Kaiser Permanente rate area you live in based on your ZIP code, and how many family members are enrolling.* If you move to a new residence and change ZIP codes, your monthly rate may change. Please confirm that your ZIP code is listed in the shaded box on the left side of this page. If your ZIP code is not listed there, please contact our Member Service Call Center at **1-800-464-4000** for information on other rate areas.

MONTHLY RATES

\$1,500 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$84	\$122	\$193	\$300	\$360	\$935
Subscriber + spouse*	\$164	\$239	\$379	\$589	\$705	\$1,815
Subscriber + one child	\$149	\$196	\$279	\$412	\$500	\$1,391
Subscriber + two or more children	\$206	\$257	\$340	\$463	\$547	\$1,709
Subscriber, spouse*+ one or more children	\$246	\$327	\$466	\$668	\$779	\$2,020

Monthly child-only rates[‡]

One child, up to age 1	\$141
Two children, up to age 1	\$283
Three or more children, up to age 1	\$424

One child, age 1-18	\$79
Two children, ages 1-18	\$159
Three or more children, ages 1-18	\$238

\$250 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$177	\$209	\$257	\$340	\$405	\$935
Subscriber + spouse*	\$392	\$457	\$501	\$662	\$785	\$1,815
Subscriber + one child	\$359	\$428	\$428	\$525	\$602	\$1,391
Subscriber + two or more children	\$514	\$573	\$573	\$622	\$739	\$1,709
Subscriber, spouse*+ one or more children	\$593	\$689	\$699	\$773	\$874	\$2,020

Monthly child-only rates[‡]

One child, up to age 1	\$186
Two children, up to age 1	\$371
Three or more children, up to age 1	\$557

One child, age 1-18	\$142
Two children, ages 1-18	\$284
Three or more children, ages 1-18	\$426

\$50 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$148	\$171	\$211	\$279	\$332	\$842
Subscriber + spouse*	\$330	\$375	\$411	\$543	\$644	\$1,632
Subscriber + one child	\$302	\$351	\$351	\$430	\$493	\$1,251
Subscriber + two or more children	\$432	\$470	\$470	\$510	\$606	\$1,537
Subscriber, spouse*+ one or more children	\$499	\$565	\$574	\$634	\$717	\$1,843

Monthly child-only rates[‡]

One child, up to age 1	\$152
Two children, up to age 1	\$304
Three or more children, up to age 1	\$456

One child, age 1-18	\$117
Two children, ages 1-18	\$234
Three or more children, ages 1-18	\$351

\$25 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+ [†] non-Medicare
Subscriber only	\$186	\$214	\$264	\$349	\$416	\$935
Subscriber + spouse*	\$413	\$469	\$515	\$680	\$806	\$1,815
Subscriber + one child	\$378	\$439	\$439	\$539	\$618	\$1,391
Subscriber + two or more children	\$540	\$588	\$588	\$639	\$759	\$1,709
Subscriber, spouse*+ one or more children	\$624	\$707	\$718	\$794	\$897	\$2,020

Monthly child-only rates[‡]

One child, up to age 1	\$191
Two children, up to age 1	\$381
Three or more children, up to age 1	\$572

One child, age 1-18	\$146
Two children, ages 1-18	\$293
Three or more children, ages 1-18	\$439

*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.

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

‡Rates are based on the age of the oldest child on January 1 of each year.

Rates are effective through December 31, 2006.

RATE AREA 5 ZIP CODES

92201-03
 92210-11
 92230
 92234-36
 92240-41
 92247-48
 92252-56
 92258
 92260-64
 92268
 92270
 92274-78
 92282
 92284-86
 92292
 93203
 93205-06
 93215-16
 93220
 93222
 93224-26
 93238
 93240-41
 93243
 93250-52
 93261
 93263
 93268
 93276
 93280
 93285
 93287
 93301-09
 93311-14
 93380-90
 93501-02
 93504-05
 93518-19
 93531
 93560-61
 93581

The monthly rate you pay for your coverage depends on your age, which Kaiser Permanente rate area you live in based on your ZIP code, and how many family members are enrolling.* If you move to a new residence and change ZIP codes, your monthly rate may change. Please confirm that your ZIP code is listed in the shaded box on the left side of this page. If your ZIP code is not listed there, please contact our Member Service Call Center at **1-800-464-4000** for information on other rate areas.

MONTHLY RATES

\$1,500 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+† non-Medicare
Subscriber only	\$88	\$128	\$202	\$315	\$378	\$980
Subscriber + spouse*	\$171	\$250	\$397	\$617	\$739	\$1,902
Subscriber + one child	\$156	\$205	\$292	\$431	\$524	\$1,457
Subscriber + two or more children	\$215	\$269	\$356	\$485	\$573	\$1,791
Subscriber, spouse* + one or more children	\$258	\$342	\$489	\$700	\$816	\$2,116

\$250 Deductible Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+† non-Medicare
Subscriber only	\$185	\$219	\$270	\$356	\$424	\$980
Subscriber + spouse*	\$411	\$479	\$525	\$694	\$822	\$1,902
Subscriber + one child	\$376	\$448	\$448	\$550	\$630	\$1,457
Subscriber + two or more children	\$538	\$600	\$600	\$652	\$774	\$1,791
Subscriber, spouse* + one or more children	\$622	\$722	\$733	\$810	\$915	\$2,116

\$50 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+† non-Medicare
Subscriber only	\$155	\$179	\$221	\$292	\$348	\$882
Subscriber + spouse*	\$345	\$392	\$431	\$569	\$675	\$1,710
Subscriber + one child	\$316	\$368	\$368	\$451	\$517	\$1,310
Subscriber + two or more children	\$452	\$492	\$492	\$535	\$635	\$1,610
Subscriber, spouse* + one or more children	\$522	\$592	\$601	\$664	\$751	\$1,931

\$25 Copayment Plan

Family type:	19-29	30-39	40-49	50-59	60-64	65+† non-Medicare
Subscriber only	\$195	\$225	\$277	\$366	\$436	\$980
Subscriber + spouse*	\$433	\$492	\$539	\$713	\$845	\$1,902
Subscriber + one child	\$396	\$460	\$460	\$565	\$647	\$1,457
Subscriber + two or more children	\$566	\$616	\$616	\$670	\$795	\$1,791
Subscriber, spouse* + one or more children	\$654	\$741	\$752	\$832	\$940	\$2,116

Monthly child-only rates†

One child, up to age 1	\$148
Two children, up to age 1	\$296
Three or more children, up to age 1	\$444
One child, age 1-18	\$83
Two children, ages 1-18	\$166
Three or more children, ages 1-18	\$249

Monthly child-only rates†

One child, up to age 1	\$194
Two children, up to age 1	\$389
Three or more children, up to age 1	\$583
One child, age 1-18	\$149
Two children, ages 1-18	\$298
Three or more children, ages 1-18	\$447

Monthly child-only rates†

One child, up to age 1	\$159
Two children, up to age 1	\$319
Three or more children, up to age 1	\$478
One child, age 1-18	\$123
Two children, ages 1-18	\$245
Three or more children, ages 1-18	\$368

Monthly child-only rates†

One child, up to age 1	\$200
Two children, up to age 1	\$399
Three or more children, up to age 1	\$599
One child, age 1-18	\$153
Two children, ages 1-18	\$307
Three or more children, ages 1-18	\$460

*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.

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

‡Rates are based on the age of the oldest child on January 1 of each year. Rates are effective through December 31, 2006.