



CIGNA DENTAL HEALTH INDIVIDUAL PLANS
Rates Effective October 1, 2008

LOS ANGELES	SINGLE	2-PARTY	FAMILY
HMO W1-06	\$13.66	\$27.65	\$39.92
HMO K1-06	\$18.31	\$30.73	\$49.46
HMO F1-06	\$21.63	\$43.77	\$63.66
IND. PPO	\$39.31	\$82.95	\$119.59

SAN DIEGO	SINGLE	2-PARTY	FAMILY
HMO W1-06	\$15.63	\$31.63	\$45.86
HMO K1-06	\$20.32	\$34.32	\$55.49
HMO F1-06	\$25.13	\$50.85	\$73.86
IND. PPO	\$41.08	\$86.64	\$124.71

SAN FRANCISCO	SINGLE	2-PARTY	FAMILY
HMO W1-06	\$17.37	\$35.08	\$50.90
HMO K1-06	\$21.22	\$35.96	\$58.01
HMO F1-06	\$27.38	\$55.37	\$80.98
IND. PPO	\$43.34	\$91.50	\$131.97

PLAN INFORMATION

Rates will be reviewed in October 2009. Any increase in premium will be accompanied by a minimum 30-days notice and will be guaranteed for 12 months.

In order to qualify for the F1-06 Plan, you must currently be enrolled in another dental plan and provide proof of coverage.

Family members may select their own dental office.

Enrollment Fee: A one-time, nonrefundable fee of \$10.00. The fee is waived if the primary subscriber is already enrolled in another AAQHC program.

Membership Dues: A monthly fee of \$5.00 plus \$1.00 in dues per account beginning the 2nd coverage month.