



CIGNA DENTAL HEALTH INDIVIDUAL PLANS
Rates Effective October 1, 2009

LOS ANGELES	SINGLE	2-PARTY	FAMILY
HMO W1-06	\$15.04	\$30.46	\$43.96
HMO K1-06	\$20.16	\$33.84	\$54.46
HMO F1-06	\$23.82	\$48.20	\$70.10
IND. PPO	\$44.52	\$93.95	\$135.46

SAN DIEGO	SINGLE	2-PARTY	FAMILY
HMO W1-06	\$17.21	\$34.83	\$50.50
HMO K1-06	\$22.38	\$37.79	\$61.11
HMO F1-06	\$27.67	\$56.00	\$81.34
IND. PPO	\$46.54	\$98.13	\$141.26

SAN FRANCISCO	SINGLE	2-PARTY	FAMILY
HMO W1-06	\$19.13	\$38.63	\$56.05
HMO K1-06	\$23.37	\$39.60	\$63.88
HMO F1-06	\$30.15	\$60.98	\$89.17
IND. PPO	\$49.09	\$103.65	\$149.48

PLAN INFORMATION

Rates will be reviewed in October 2010. 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.