Solicitation 056-201003-DB

Request for Proposal for Health Maintenance Organization (HMO)

Our Community Our Commitment
ORANGE COUNTY, CALIFORNIA

County of Orange

Bid 056-201003-DB
Request for Proposal for Health Maintenance Organization (HMO)

Bid Number	056-201003-DB
Bid Title	Request for Proposal for Health Maintenance Organization (HMO)
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Bid Contact	Diana M Banzet Program Manager
Standard Disclaimer	The County of Orange is not responsible for and accepts no liability for any technical difficulties or failures that result from conducting business electronically.

Changes made on Apr 6, 2010 4:01:10 PM PDT

New Documents	Addendum 1 - ANSI Sample File Format.xls Addendum 2 - 2008 Employee Rates.pdf Addendum 3 - 2009 Employee Rates.pdf Addendum 4 - 2008 HMO experience.pdf

Changes were made to the following items:
Request for Proposal for Health Maintenance Organization (HMO)

Changes made on Apr 7, 2010 11:16:59 AM PDT

New Documents	Addendum 5 - 2009 Employee Large Claims.xls

Changes were made to the following items:
Request for Proposal for Health Maintenance Organization (HMO)

Description
This Request for Proposal (RFP) is being released for fully insured Health Maintenance Organization (HMO) coverage for the benefit of the County's eligible active employees. The existing contract will expire December 31, 2010. The new HMO contract will be effective from January 1, 2011 through December 31, 2013 with the County's option to extend the Agreement for two (2) separate one (1) year periods.
Added on Apr 6, 2010:
Please be advised that the following addendums have been released regarding this RFP:

Addendum 1 - Sample ANSI File
Addendum 2 - 2008 Employee Rates
Addendum 3 - 2009 Employee Rates
Addendum 4 - 2008 HMO Employee Experience
Added on Apr 7, 2010:
Please be advised that the following addendum has been released for this RFP.

Addendum 5 - 2009 Employee Large Claims

Changes made on Apr 6, 2010 4:01:10 PM PDT

Changes made on Apr 7, 2010 11:16:59 AM PDT

County of Orange HMO Provider Listing - PCPs

PCP Tax ID	Region or Medical Group	PCP Type (Internal Medicine, OB/GYN, etc.)	PCP First Name	PCP Middle Initial	PCP Last Name	Title (i.e., MD, Jr, Sr,)	Address	City	State	5-Digit Zip Code
009421719	MONARCH HEALTHCARE	IM	DANIEL		KIM		23340 MOULTON PKWY	LAGUNA HILLS	CA	92653

County of Orange HMO Provider Listing - Specialists

Specialist Tax ID	Region or Medical Group	Specialty Type (Cardiology, ENT, etc.)	Specialist First Name	Specialist Middle Initial	Specialist Last Name	Title (i.e., MD, Jr, Sr,)	Address	City	State	5-Digit Zip Code
010672393		PATHOLOGY ANATOMIC AND CLINICAL								
010752262		ANESTHESIOLOGY	CITRUS VALLEY ANESTHESIA		CITRUS VALLEY ANESTHESIA		225 S LAKE AVE # 535	PASADENA	CA	91101
030405422		NEPHROLOGY	AVEDIK		SEMERJIAN		5750 DOWNEY AVE # 2(	LAKEWOOD	CA	90712
030431018		SURGERY ORTHOPEDI	ROBERT		GELB		320 SANTA FE DR # 204	ENCINITAS	CA	92024

County of Orange HMO Provider Listing - Hospitals

Hospital Tax ID	Parent Company	Hospital Name	Address	City	State	5-Digit Zip Code
941196176		ABSMC ALTA BATES CAMPUS	2450 ASHBY AVE	BERKELEY	CA	94704
900454894		AHMC ANAHEIM MEMORIAL MEDICAL CENTER	1111 W LA PALM	ANAHEIM	CA	92801
951966746		AHMC ANAHEIM MEMORIAL MEDICAL CENTER	1111 W LA PALM	ANAHEIM	CA	92801
956002748		ARROWHEAD REGIONAL MEDICAL CENTER	400 N PEPPER A	COLTON	CA	92324

County of Orange Monthly Experience
Month by Month Claims Experience Summary for CIGNA HMO Actives

Total

Monthly	Subcribers	Members	Billed Premium	FFS Medical	Capitation	Pharmacy	Total Claims	Total Claims PMPM
Jan-09	6,873	15,521	$ 5,072,845	$ 2,383,253	$ 1,440,333	$ 708,487	$ 4,532,072	$ 292.00
Feb-09	6,785	15,365	$ 5,054,252	$ 3,328,777	$ 1,452,630	$ 726,890	$ 5,508,297	$ 358.50
Mar-09	6,774	15,375	$ 5,040,532	$ 2,343,217	$ 1,406,622	$ 667,553	$ 4,417,392	$ 287.31
Apr-09	6,753	15,364	$ 5,026,043	$ 3,837,360	$ 1,427,271	$ 760,980	$ 6,025,612	$ 392.19
May-09	6,742	15,361	$ 5,029,419	$ 2,234,160	$ 1,437,340	$ 747,076	$ 4,418,575	$ 287.65
Jun-09	6,728	15,322	$ 5,020,964	$ 1,962,548	$ 1,431,933	$ 701,005	$ 4,095,486	$ 267.29
Jul-09	6,688	15,220	$ 4,993,215	$ 2,379,557	$ 1,423,940	$ 681,901	$ 4,485,398	$ 294.70
Aug-09	6,638	15,143	$ 4,949,943	$ 2,621,172	$ 1,418,837	$ 697,958	$ 4,737,967	$ 312.88
Sep-09	6,614	15,122	$ 4,956,215	$ 2,591,487	$ 1,391,039	$ 732,160	$ 4,714,685	$ 311.78
Oct-09	6,604	15,141	$ 4,950,419	$ 2,302,816	$ 1,427,726	$ 707,503	$ 4,438,044	$ 293.11
Nov-09	6,587	15,112	$ 4,932,330	$ 1,430,889	$ 1,427,568	$ 715,791	$ 3,574,248	$ 236.52
Dec-09	6,579	15,087	$ 4,930,048	$ 3,123,676	$ 1,421,256	$ 721,593	$ 5,266,525	$ 349.08
Total	80,365	183,133	$ 59,956,224	$ 30,538,910	$ 17,106,496	$ 8,568,896	$ 56,214,302	$ 306.96
Average Contract Size		2.28						

County of Orange

Apr 7, 2010 3:15:06 PM PDT

CIGNA HealthCare

County of Orange All Other Employees

CIGNA HealthCare of California, Inc.
HMO

CIGNA HealthCare of California, Inc.
400 North Brand Boulevard
Glendale, CA 91203-2399
1.800.244.6224

This document takes the place of any documents previously issued to you which described your benefits.

CIGNA HealthCare

Thank you for choosing CIGNA HealthCare!

Here is your guide to getting the most from your health care plan.

It outlines the important benefits of belonging to a CIGNA HealthCare plan,

tells you how to use those benefits wisely and

should answer most of your questions.

Please keep it for reference.

If you can't find the information that you need,

call Member Services at

the toll-free number on your CIGNA HealthCare ID card.

Or visit our web site, myCIGNA.com.

We're here to help!



CIGNA HealthCare

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CIGNA HealthCare Handbook

The Benefits of Belonging to a CIGNA HealthCare Plan

Your CIGNA HealthCare plan is designed to help you stay healthy.

As you read through this information, you'll learn more about the covered services, benefits and special programs that help you take better care of yourself.

You choose a Primary Care Physician (PCP) to serve as your personal physician. Your PCP can treat you for a wide variety of conditions, provide preventive care, refer you to specialists and coordinate hospital care when needed. Each covered member of your family can choose his or her own PCP.

Your plan includes:

- Preventive Care – coverage for regular checkups, tests and childhood immunizations through programs tailored to your needs.
- As part of CIGNA HealthCare's commitment to women's health, you can see an OB/GYN in the CIGNA HealthCare network for covered obstetrical and gynecological services without a referral from your PCP.
- Prenatal care once your pregnancy is confirmed. You pay only the copayment for the first office visit, the one that confirms you're pregnant. After that, you pay nothing for routine maternity office visits throughout your pregnancy.
- Mental health and substance abuse services. These services require authorization by CIGNA Behavioral Health, Inc., or its affiliates. For information about your mental health and substance abuse services, to access care, or to speak with a behavioral health professional, call the toll-free "mental health and substance abuse" number found on your CIGNA Healthcare ID card. You can call 24 hours a day, 7 days a week.
- 24-hour emergency coverage, worldwide.
- **Access to the CIGNA HealthCare 24-Hour Health Information Line.**[SM] This line is staffed by Registered Nurses who can assist with health related questions at any time of the day or night. Look for the 24-Hour Health Information Line Library at the end of this guide.
- **Guest Privileges** – under certain circumstances, such as when you are temporarily away from your usual service area for at least 60 days, you may be able to obtain coverage in another area where there is a CIGNA HealthCare network available.

If You Have a Question

This Handbook briefly summarizes some of the important features of your coverage. For a complete explanation of your coverage please refer to your Group Service Agreement.

Where to Find More Information

CIGNA HealthCare offers you a variety of ways to learn more about your plan and coverage. We strive to make sure that the answers you need are always close by.

Your CIGNA HealthCare ID Card

Your CIGNA HealthCare identification (ID) card identifies you as a CIGNA HealthCare member to physicians, hospitals and other health care providers. Show it and you'll receive all of the service and supplies your plan offers as long as you are eligible.

- Carry it with you at all times.
- Show it whenever you access medical care.
- If you lose your card or if it's stolen, just call Member Services at 1.800.244.6224 or your employer. We'll send you a replacement right away.
- Each family member covered by your plan, even your children, should have his or her own card. If you need additional cards for family members, just call Member Services.



CIGNA HealthCare Handbook

Member Services

Member Services answers your questions, finds the information you need and works to resolve your problem quickly.

- The toll-free number is on your CIGNA HealthCare ID card.
- Se habla Español – and most other languages. We have bilingual representatives in Spanish-speaking areas and the AT&T Language Line translates more than 140 other languages.

Call Member Services if:

- Any of your personal or family information changes – name, address, phone number, marital status, employment or number of dependents. Also notify your employer of these changes.
- You have questions about how your plan works, your benefits, or a claim.
- You'd like an updated Physician Directory or more detailed information about a doctor or hospital.
- You want to change your PCP.

myCIGNA.com

Our interactive Web site is a valuable source of information. We update it often, so visit it often! You can:

- Find participating physicians, specialists, hospitals, and pharmacies fast. Now available in most areas, our interactive directories do the work. You can also download and print customized directories, even change your PCP online.
- Learn more about your plan and the benefits and programs available to you and your covered family members.
- Visit ***YourHealth@CIGNA***® to learn about important health care topics. Read online editions of our newsletter for helpful information on personal and family health, diet, exercise and healthy lifestyles.

The CIGNA HealthCare 24-Hour Health Information LineSM

No matter where in the U.S. you are, helpful health information is as close as the nearest phone. Just call the CIGNA HealthCare 24-Hour Health Information Line.SM The toll-free number is 1.800.564.8982. You can:

- Speak with registered nurses for answers to your health questions, including questions regarding emergency or urgent care, and get self-care tips that can help ease the discomfort of an illness or injury.
- Discuss personal behavioral health issues with a licensed counselor on the phone or face-to-face.
- Listen to informative, recorded programs on more than 1,000 health topics. The Health Information Library program list is at the end of this guide.
- Listen to as many programs as you like, whenever you like. And you can control all of the playback functions with your phone.
- Save time and reduce stress by quickly and easily accessing information and referral services on a wide variety of work/life topics such as child care, senior care, legal services, and financial information.

This service is available around the clock, seven days a week.

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Emergencies

An emergency is a sudden injury or a serious illness that a prudent layperson (a person with an average knowledge of medical science) believes needs to be treated right away or it could result in loss of life, serious medical complications or permanent impairment. For more information about emergency care, please see "Section IV" in the Group Service Agreement.

What to do in an emergency:

- Don't delay! Get help immediately. Call or ask someone to call 911 or your local emergency service, police or fire department. Or go directly to the nearest emergency facility.
- In an emergency you can go to any emergency facility or hospital, anywhere, even one that is not in the CIGNA HealthCare network.
- You do not need a referral from your PCP for emergency services, but you should call your PCP as soon as possible for further assistance and advice on follow-up care. If you require specialty care or a hospital admission, your PCP can coordinate it and handle the necessary authorizations for care or hospitalization.
- You're covered 24 hours a day, seven days a week.
- You will pay only a copayment for covered emergency services; it may be higher than your office visit copayment and it's listed on your CIGNA HealthCare ID card.
- If you are unsure about whether you should seek emergency care you can call your PCP, the physician covering calls for your PCP or the CIGNA HealthCare 24-Hour Health Information Line.SM

Examples of emergency situations can include, but are not limited to, treatment of the following conditions:

- Uncontrolled bleeding
- Seizure or loss of consciousness
- Shortness of breath
- Chest pain or squeezing sensation in the chest
- Suspected overdose of medication or poisoning
- Sudden paralysis or slurred speech
- Broken bones
- Severe pain
- Active labor

Urgent Care

You're also covered for situations that aren't emergencies but still require prompt medical attention. Examples can include:

- Severe sore throat
- Sprains and strains
- Ear or eye infection
- Fever

What to do when you need urgent care:

- If possible, call your PCP first. This notifies your doctor of your condition and helps coordinate your care for effective treatment.
- You can also call the CIGNA HealthCare 24-Hour Health Information Line℠ and ask to speak with a registered nurse about your condition.

Your PCP or the CIGNA HealthCare 24-Hour Health Information Line nurse may recommend steps you can take to be more comfortable and/or schedule an office visit.

Other Medical Care

Situations that are not considered emergencies or do not require urgent care should be handled through a scheduled office visit with your PCP. Examples can include:

- Routine physicals
- Immunizations
- Routine care for chronic conditions.
- Follow-up visits to check injuries or broken bones
- Prescription drug needs

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Section I. Definitions of Terms Used in This Group Service Agreement

The following definitions will help you in understanding the terms that are used in this Group Service Agreement. As you are reading this Group Service Agreement you can refer back to this section**.** We have identified defined terms throughout the Agreement by capitalizing the first letter of the term.

Agreement

This Agreement, the Face Sheet, the Schedule of Copayments, any optional Riders, any other attachments, your Enrollment Application, and any subsequent written amendment or written modification to any part of the Agreement.

Anniversary Date of Agreement

The date written on the Face Sheet as the Agreement anniversary date.

Contract Year

The 12-month period beginning at 12:01 a.m. on the first day of the initial term or any renewal term and ending at 12:01 a.m. on the next anniversary of that date.

Coordination of Benefits Definitions

For the purposes of "Section VI. Other Sources of Payment for Services and Supplies," the following terms have the meanings set forth below:

Plan

Any of the following that provides benefits or services for medical care or treatment:

- Group insurance and/or group-type coverage, whether insured or self-insured, which neither can be purchased by the general public nor is individually underwritten, including closed panel coverage;
- Coverage under Medicare and other governmental benefits as permitted by law, excepting Medicaid and Medicare supplement policies;

Each type of coverage you have in these two (2) categories shall be treated as a separate Plan. Also, if a Plan has two parts and only one part has coordination of benefit rules, each of the parts shall be treated as a separate Plan.

Closed Panel Plan

A Plan that provides health benefits primarily in the form of services through a panel of employed or contracted providers and that limits or excludes benefits provided by providers outside of the panel, except in the case of emergency or if referred by a provider within the panel.

Primary Plan

The Plan that determines and provides or pays its benefits without taking into consideration the existence of any other Plan.

Secondary Plan

A Plan that determines and may reduce its benefits after taking into consideration the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover the Reasonable Cash Value of any services it provided to you from the Primary Plan.

Allowable Expense

A necessary, customary, and reasonable health care service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any Plan covering you; but not including dental, vision or hearing care coverage. When a Plan provides benefits in the form of services, the Reasonable Cash Value of each service is the Allowable Expense and is a paid benefit.

Examples of expenses or services that are not an Allowable Expense include, but are not limited to the following:

1. An expense or service or a portion of an expense or service that is not covered by any of the Plans is not an Allowable Expense.
2. If you are confined to a private hospital room and no Plan provides coverage for more than the semi-private room, the difference in cost between the private and semi-private rooms is not an Allowable Expense.
3. If you are covered by two or more Plans that provide services or supplies on the basis of usual and customary fees, any amount in excess of the highest usual and customary fee is not an Allowable Expense.

4. If you are covered by one Plan that provides services or supplies on the basis of usual and customary fees and one Plan that provides services or supplies on the basis of negotiated fees, the Primary Plan's fee arrangement shall be the Allowable Expense.
5. If your benefits are reduced under the Primary Plan (through the imposition of a higher copayment amount, higher coinsurance percentage, a deductible and/or a penalty) because you did not comply with Plan provisions or because you did not use a preferred provider, the amount of the reduction is not an Allowable Expense. Examples of Plan provisions are second surgical opinions and pre-certification of admissions or services.

Claim Determination Period

A calendar year, but it does not include any part of a year during which you are not covered under this Agreement or any date before this section or any similar provision takes effect.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

Copayment

The amount shown in the Schedule of Copayments that you pay for certain Covered Services and Supplies. The Copayment may be a fixed dollar amount payable when Covered Services and Supplies are delivered or a percentage of the Participating Providers negotiated charge payable after Covered Services and Supplies are provided.

Covered Services and Supplies means the actual billed charges, except when the Participating Provider has contracted with the Healthplan to receive payment on a basis other than fee-for-service amount, the charge will be calculated based on the Healthplan's discounted fee amount.

Custodial Services

Any services that are of a sheltering, protective or safeguarding nature. Such services may include a stay in an institutional setting, at-home care or services to care for someone because of age or mental or physical condition. This service primarily helps the person in daily living. Custodial care also can provide medical services given mainly to maintain the person's current state of health. These services cannot be intended to greatly improve a medical condition; they are intended to provide care while the patient cannot care for himself or herself. Custodial Services include but are not limited to:

- Services related to watching or protecting a person;
- Services related to performing or assisting a person in performing any activities of daily living, such as: a) walking, b) grooming, c) bathing, d) dressing, e) getting in or out of bed, f) toileting, g) eating, h) preparing foods, or i) taking medications that can be self administered, and
- Services not required to be performed by trained or skilled medical or paramedical personnel.

Days

Calendar days; not 24 hour periods unless otherwise expressly stated.

Dependent

An individual in the Subscriber's family who is enrolled as a Member under this Agreement. You must meet the Dependent eligibility requirements in "Section II. Enrollment and Effective Date of Coverage" to be eligible to enroll as a Dependent.

Emergency Services

Emergency Services are those services required to treat a bodily injury or a serious illness which could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life or permanent impairment to bodily functions in the absence of immediate medical attention. Such services include medical, psychiatric, surgical, hospital and related health care services and testing, including ambulance services, medical screening, examination, evaluation by a physician (or other appropriate personnel under the supervision of a

physician to the extent provided by law) to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capabilities of the facility. Examples of emergency situations include, but are not limited to, uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, active labor (which is a labor when there is inadequate time to effect safe transfer to another hospital prior to delivery, or a transfer may pose a threat to the health and safety of the mother or the unborn child), burns, cuts, and broken bones or services required by a Member to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition within the capability of the facility.

Enrollment Application

The enrollment process that must be completed by an eligible individual in order for coverage to become effective.

Experimental, Investigational and Unproven Services

Services provided to a Member diagnosed with cancer and accepted into an eligible Phase I through IV clinical trial for cancer shall not be considered Experimental, Investigational and Unproven Services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Independent Review Process for Experimental and Investigational Therapies (see "Section III. Agreement Provisions") and the Healthplan Medical Director to be:

- not approved by the U.S. Food and Drug Administration (FDA) to be lawfully marketed for the proposed use and not recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information, The American Medical Association Drug Evaluations; or the American Hospital Formulary Service Drug Information) or in medical and scientific evidence. Medical and scientific evidence means:
  a. peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institute of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), and MEDLARS database Health Services Technology Assessment Research (HSTAR);
  b. medical journals recognized by the Secretary of Health and Human Services;
  c. the following standard reference compendia: The American Hospital Formulary Service-Drug Information, the American Medical Association Drug Evaluation, the American Dental Association Accepted Dental Therapeutics, and the United States Pharmacopoeia-Drug Information;
  d. findings, studies, or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes; and
  e. peer-reviewed abstracts accepted for presentation at major medical association meetings.
- the subject of review or approval by an Institutional Review Board for the proposed use;
- the subject of an ongoing clinical trial that meets the definition of a phase I, II or III Clinical Trial as set forth in the FDA regulations, regardless of whether the trial is subject to FDA oversight; or
- not demonstrated, through existing peer-reviewed literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed.

Face Sheet

The part of this Agreement that contains certain provisions affecting the relationship between the Healthplan and the Group. You can get a copy of the Face Sheet from the Group.

CIGNA HealthCare

I. Definitions of Terms Used In this Group Service Agreement

Group

The employer, labor union, trust, association, partnership, government entity, or other organization listed on the Face Sheet to this Agreement which enters into this Agreement and acts on behalf of Subscribers and Dependents who are enrolled as Members in the Healthplan.

Healthplan

The CIGNA HealthCare health maintenance organization (HMO) which is organized under applicable law and is listed on the Face Sheet to this Agreement. Also referred to as "we", "us" or "our".

Healthplan Medical Director

A California licensed Physician charged by the Healthplan to assist in managing the quality of the medical care provided by Participating Providers in the Healthplan; or his/her designee.

Medical Services

Professional services of Physicians or Other Participating Health Professionals (except as limited or excluded by this Agreement), including medical, psychiatric, surgical, diagnostic, therapeutic, and preventive services.

Medically Necessary/Medical Necessity

Medically Necessary Covered Services and Supplies are those determined by the Healthplan Medical Director to be:

- required to diagnose or treat an illness, injury, disease or its symptoms; and
- in accordance with generally accepted standards of medical practice; and
- clinically appropriate in terms of type, frequency, extent, site and duration; and
- not primarily for the convenience of the patient, Physician, or other health care provider; and
- rendered in the least intensive setting that is appropriate for the delivery of the services and supplies. Where applicable, the Healthplan Medical Director may compare the cost-effectiveness of alternative services, settings or supplies when determining the least intensive setting; or
- Services and supplies that are found to be Medically Necessary through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" provision under "Section III. Agreement Provisions".

Member

An individual meeting the eligibility criteria as a Subscriber or a Dependent who is enrolled for Healthplan coverage and for whom all required Prepayment Fees have been received by the Healthplan. Also referred to as "you" or "your".

Membership Unit

The unit of Members made up of the Subscriber and his/her Dependent(s).

Open Enrollment Period

The period of time established by the Healthplan and the Group as the time when Subscribers and their Dependents may enroll for coverage. The Open Enrollment Period occurs at least once every Contract Year.

Other Participating Health Care Facility

Other Participating Health Care Facilities are any facilities other than a Participating Hospital or hospice facility that is operated by or has an agreement to render services to Members. Examples of Other Participating Health Care Facilities include, but are not limited to, licensed skilled nursing facilities, rehabilitation hospitals and sub-acute facilities.

Other Participating Health Professional

An individual other than a Physician who is licensed or otherwise authorized under the applicable state law to deliver Medical Services and who has an agreement with the Healthplan to provide Covered Services and Supplies to Members. Other Participating Health Professionals include, but are not limited to physical therapists, registered nurses and licensed practical nurses.

CIGNA HealthCare

I. Definitions of Terms Used In this Group Service Agreement

Participating Hospital

An institution licensed as an acute care hospital under the applicable state law, which has an agreement to provide hospital services to Members.

Participating Physician

A Primary Care Physician (PCP) or other Physician who has an agreement to provide Medical Services to Members.

Participating Provider

Participating Providers are Participating Hospitals, Participating Physicians, Other Participating Health Professionals, and Other Participating Health Care Facilities.

Physician

An individual who is qualified to practice medicine under the applicable state law (or a partnership or professional association of such people) and who is a licensed Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).

Prepayment Fee

The sum of money paid to the Healthplan by the Group in order for you to receive the Services and Supplies covered by this Agreement.

Primary Care Physician (PCP)

A Physician who, has been designated as a Primary Care Physician by the Healthplan. Such a Physician, through an agreement with the Healthplan, provides basic health care services to you if you have chosen him/her as your Primary Care Physician (PCP). Your PCP also arranges specialized services for you.

Prior Authorization

The approval a Participating Provider must receive from the Healthplan Medical Director, prior to services being rendered, in order for certain Services and Supplies to be covered under this Agreement.

Qualified Medical Child Support Order

A Qualified Medical Child Support Order is a judgment, decree or order (including approval of a settlement agreement) or administrative notice, which is issued pursuant to a state domestic relations law (including a community property law), or to an administrative process, which provides for child support or provides for health benefit coverage to such child and relates to benefits under the group health plan, and satisfies all of the following:

- the order recognizes or creates a child's right to receive group health benefits for which a participant or beneficiary is eligible;
- the order specifies your name and last known address, and the child's name and last known address, except that the name and address of an official of a state or political subdivision may be substituted for the child's mailing address;
- the order provides a description of the coverage to be provided, or the manner in which the type of coverage is to be determined;
- the order states the period to which it applies; and
- If the order is a National Medical Support Notice completed in accordance with the Child Support Performance and Incentive Act of 1998, such notice meets the requirement above.

Referral

The approval you must receive from the Healthplan Medical Director or your PCP in order for the services of a Participating Provider, other than the PCP, participating vision care provider or participating OB/GYN Physician to be covered.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

Rider

An addendum to this Agreement between the Group and the Healthplan.

Schedule of Copayments

The section of this Agreement that identifies applicable Copayments and maximums.



CIGNA HealthCare

I. Definitions of Terms Used In this Group Service Agreement

Secondary Plan

A Plan that determines and may reduce its benefits after taking into consideration the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover the Reasonable Cash Value of any services it provided to you from the Primary Plan.

Serious Emotional Disturbances of a Child

means a child who (1) has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms, and (2) who meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

Severe Mental Illness

shall include: Schizophrenia, Schizoaffective disorder, Bipolar disorder (manic-depressive illness), Major depressive disorders, Panic disorder, Obsessive-compulsive disorder, Pervasive developmental disorder or autism, Anorexia nervosa and Bulimia nervosa.

Service Area

The geographic area, as described in the Provider Directory applicable to your plan, where the Healthplan is authorized to provide services.

Subscriber

An employee or participant in the Group who is enrolled as a Member under this Agreement. You must meet the requirements contained in "Section II. Enrollment and Effective Date of Coverage" to be eligible to enroll as a Subscriber.

Total Copayment Maximums

The total amount of Copayments that a Member or Membership unit must pay within a Contract Year. When the Member or Membership unit has paid applicable Copayments up to the Total Copayment Maximums, that Member or Membership unit will not be required to pay Copayments for those Services and Supplies for the remainder of the Contract Year. It is the Subscriber's responsibility to maintain a record of Copayments which have been paid and to inform the Healthplan when the amount reaches the Total Copayment Maximums. The Total Copayment Maximums and the Copayments that apply toward these maximums are identified in the Schedule of Copayments.

Urgent Care

Urgent Care is defined as medical, surgical, hospital and related health care services and testing which are not Emergency Services, but which are determined by the Healthplan Medical Director in accordance with generally accepted medical standards to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where you ordinarily receive and/or are scheduled to receive services (this limitation does not apply in the case of a pregnant woman). The immediate area, is the area in which you receive regularly scheduled, Medically Necessary care from a Participating Provider for the ongoing treatment of a medical condition. Such care includes but is not limited to: dialysis, scheduled medical treatments or therapy, or care received after a Physician's recommendation that you should not travel due to any medical condition.

We/Us/Our

CIGNA HealthCare of California, Inc.

You/Your

The Subscriber and/or any of his/her Dependents.

GSA-DEF(01) CA-B 1/05

Section II. Enrollment and Effective Date of Coverage

Who Can Enroll as a Member

To be eligible for covered Services and Supplies you must be enrolled as a Member. To be eligible to enroll as a Member you must meet either the Subscriber or Dependent eligibility criteria listed below. You must also meet and continue to meet the Group-specific enrollment and eligibility rules on the Face Sheet.

A. To be eligible to enroll as a Subscriber, you must:

1. be an employee of the Group or a participant in the Group; and
2. reside or work in the Service Area; and
3. meet and continue to meet these criteria.

B. To be eligible to enroll as a Dependent, you must:

1. be the legal spouse of the Subscriber, or be a domestic partner of the Subscriber that has properly filed a Declaration of Domestic Partnership with the California Secretary of State pursuant to Section 298 of the Family Code or who has a legal union validly formed in another state that is substantially equivalent to a California-registered domestic partnership; or
2. be the natural child, step-child, or adopted child of the Subscriber or eligible domestic partner, or the child for whom the Subscriber or eligible domestic partner is the legal guardian, legally placed with the Subscriber or eligible domestic partner for adoption, or supported pursuant to a court order imposed on the Subscriber or eligible domestic partner (including a qualified medical child support order), provided that the child:
   a. is unmarried and legally dependent upon the Subscriber for support;
   b. resides or works in the service area (unless the child is a full-time registered student outside the service area or is a child covered under a valid court order); and
   i. has not yet reached age nineteen (19); or
   ii. if the child is a full-time registered student in regular attendance at a secondary school, college or university, has not yet reached age twenty-three (23) or at such later age as specified in the Face Sheet or an attached Rider. If the school is located outside the Service Area, he/she is still eligible to enroll and will be covered for Emergency Services and Urgent Care benefits while at school; or
   iii. the child is nineteen **(**19) or older and continuously incapable of self-sustaining support because of mental retardation or a physical handicap which existed prior to attaining nineteen (19) years of age. You must submit proof of the child's condition and dependence to us within thirty-one (31) days after the date the child ceases to qualify as a Dependent under subsection (i) and (ii) above. We may, from time to time during the next two (2) years, require proof of the continuation of the child's condition and dependence. Thereafter, we may require such proof only once a year.

A Subscriber's grandchild is not eligible for coverage unless they meet the eligibility criteria for a Dependent.

A child born of a Member, when that Member is acting as a surrogate parent, is not eligible for coverage.

C. To be eligible to enroll as a domestic partner, you must:

1. Be a person of the same sex, or
1. one or both of the persons are over the age of sixty-two (62) and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits of Title XVI

of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals;

2. share a permanent residency with the Subscriber;
3. be at least eighteen (18) years of age;
4. be financially interdependent with the Subscriber and have proven such interdependence by providing documentation of at least two (2) of the following arrangements:
   a. common ownership of real property or a common leasehold interest in such property;
   b. common ownership of a motor vehicle;
   c. a joint bank account or a joint credit account;
   d. designation as a beneficiary for life insurance or retirement benefits or under the Subscriber's last will and testament;
   e. assignments of a durable power of attorney or health care power of attorney; or
   f. such other proof as is considered by the Healthplan to be sufficient to establish financial interdependency under the circumstances of a particular case.
5. not be a blood relative any closer than would prohibit legal marriage;
6. have signed jointly with the Subscriber a notarized affidavit in form and content which is satisfactory to the Healthplan and make this affidavit available to the Healthplan; and
7. have registered with the Subscriber as domestic partners if you reside in a state that provides for such registration.

You are not eligible to enroll as a domestic partner if either you or the Subscriber has:

1. previously filed a Declaration of Domestic Partnership with the Secretary of State pursuant to Division 2.5 of the Family code that has not been terminated under Section 299 of the Family Code;
2. is currently legally married to another person; or have any other domestic partner, spouse or spouse equivalent of the same or opposite sex.

An eligible domestic partner's children who meet the Dependent eligibility requirements in "Section II. Enrollment and Effective Date of Coverage" are also eligible to enroll.

The "Continuation of Group Coverage under COBRA" section of this Agreement does not apply to the Subscriber's domestic partner and his/her Dependents. However, the "Continuation of Group Coverage under Cal-COBRA" section of this Agreement does apply to the Subscriber's domestic partner and his/her Dependents.

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Enrollment and Effective Date of Coverage

A. Enrollment during an Open Enrollment Period

If you meet the Subscriber or Dependent eligibility criteria, you may enroll as a Member during the Open Enrollment Period by submitting a completed Enrollment Application, together with any applicable fees, to the Group.

If enrolled during the Open Enrollment Period, your effective date of coverage is the first day of the Contract Year.

B. Enrollment after an Open Enrollment Period

1. If, after the Open Enrollment Period, you become eligible for coverage as a Subscriber or a Dependent, you may enroll as a Member within thirty-one (31) days of the day on which you met the eligibility criteria. To enroll, you must submit an Enrollment Application, together with any additional fees due, to the Group. If so enrolled, your effective date of coverage will be the day on which you meet the eligibility criteria.

   If you do not enroll within the thirty-one (31) days, your next opportunity to enroll will be during the next Open Enrollment Period.

2. Services and Supplies under this Agreement are extended automatically to the newborn child of the Subscriber or spouse of the



II. Enrollment and Effective Date of Coverage

Subscriber from the time of that child's birth through and including the thirtieth (30) day following that birth. If you are a Subscriber who is enrolled as a Member, you may enroll a newborn child prior to the birth of the child or within thirty-one (31) days after the child's birth. To enroll a newborn child, you must submit an Enrollment Application, together with any additional fees due, to the Group. The effective date of coverage for your newborn child will be the date of his/her birth.

Commencing with the thirty-first (31st) day following that birth, no services or benefits shall be extended or provided to that child, except on a fee-for-service basis, unless that child meets the eligibility requirements for Dependents and is properly enrolled as a Dependent.

If you do not enroll a newborn child within the thirty-one (31) days, your next opportunity to enroll the child will be during the next Open Enrollment Period.

3. Services and Supplies under this Agreement are extended automatically to a newly adopted child of the Subscriber or spouse of the Subscriber (or child placed with him/her for adoption) through and including the thirtieth (30) day following adoption or placement for adoption. If you are a Subscriber who is enrolled as a Member, you may enroll a newly adopted child or child placed for adoption within thirty-one (31) days of the date the child is adopted or placed with you for adoption. To enroll an adopted child or a child placed with you for adoption, you must submit an Enrollment Application, together with any additional fees due, to the Group. The effective date of coverage for your newly adopted child or a child placed with you for adoption will be the date of adoption or placement for adoption.

   Commencing with the thirty-first (31st) day following adoption or placement for adoption, no services or benefits shall be extended or provided to that child, except on a fee-for-service basis, unless that child meets the eligibility requirements for Dependents and is properly enrolled as a Dependent.

   If you do not enroll a newly adopted child or a child placed with you for adoption within the thirty-one (31) days, your next opportunity to enroll the child will be during the next Open Enrollment Period.

   If you are a Subscriber who is enrolled as a Member, you may enroll a child for whom you have been granted legal guardianship within thirty-one (31) days of the date you are granted legal guardianship. To enroll a child for whom you are the legal guardian, you must submit an Enrollment Application, together with any additional fees due, to the Group. If so enrolled, the effective date of coverage will be the date of court ordered legal guardianship.

   If you do not enroll a child for whom you are legal guardian within the thirty-one (31) days, your next opportunity to enroll the child will be during the next Open Enrollment Period.

C. Special Enrollment After Open Enrollment Period

There are special circumstances under which an individual who was eligible to enroll for coverage as a Subscriber, but did not do so, may be eligible to enroll himself/herself and any eligible Dependents outside of the Open Enrollment Period.

After the Open Enrollment Period, you may submit an Enrollment Application and any applicable fees, to the Group, for yourself and any eligible Dependent(s) within thirty-one (31) days of the date of the following events:

1. Marriage;
2. Birth of a dependent newborn child; or
3. Adoption of a dependent child or legal placement of a child for adoption.

If so enrolled, the effective date of coverage will be the day of the event creating eligibility.

If you do not enroll within the thirty-one (31) days of one of these events, the next opportunity for you and any eligible Dependents to enroll will be during the next Open Enrollment Period.

CIGNA HealthCare

II. Enrollment and Effective Date of Coverage

D. Enrollment Due to Loss of Prior Creditable Coverage

If you and/or your dependent(s) did not enroll as a Member during the Open Enrollment Period because you and/or your dependent(s) had other creditable health care coverage, you may be eligible to enroll for coverage under this Agreement if you later lose that coverage. You must submit to the Group an Enrollment Application, and any applicable fees due within thirty-one (31) days of the day that you or your dependent(s):

1. are no longer eligible for the other coverage for any reason (including separation, divorce or death of the Subscriber);
2. lost the other coverage because an employer or plan sponsor failed to pay required premium or fees; or
3. completed continuation of other coverage as provided under federal or state law.

If so enrolled, the effective date of coverage will be the first day of the month following the day on which the Healthplan received the Enrollment Application.

If these conditions are not met, or if you do not submit an Enrollment Application within thirty-one (31) days of one of these events, the next opportunity for you and any eligible Dependent(s) to enroll will be during the next Open Enrollment Period.

E. Full and Accurate Completion of Enrollment Application

Each Subscriber must fully and accurately complete the Enrollment Application. False, incomplete or misrepresented information which is material and which was provided or withheld in any Enrollment Application with the intent to defraud may, in the Healthplan's sole discretion, cause the coverage of the Subscriber and/or his/her Dependents to be null and void from its inception.

F. Total Disability on the Effective Date of Coverage

If you are a new Subscriber or Dependent totally disabled on the effective date of your coverage and you are entitled to an extension of benefits under a prior carrier's contract or policy pursuant to Subdivision (b) of Section 1399.62 of the Health and Safety Code, the Healthplan will not provide benefits for services or expenses directly related to any conditions which caused the total disability until the earliest of the following events:

- Twelve (12) months from the termination date of the prior carrier's Agreement; or
- You are no longer totally disabled.

G. Hospitalization on the Effective Date of Coverage

If you are confined in a hospital on the effective date of your coverage, you must notify us of such a hospitalization within two (2) days, or as soon as reasonably possible thereafter. When you become a Member of the Healthplan, you agree to permit the Healthplan to assume direct coordination of your health care. We reserve the right to transfer you to the care of a Participating Provider and/or Participating Hospital if the Healthplan Medical Director, in consultation with your attending Physician, determines that it is medically safe to do so.

If you are hospitalized on the effective date of coverage and you fail to notify us of this hospitalization (except for circumstances where you are unable to notify us of the hospitalization due to your medical condition, or other circumstances beyond your control), refuse to permit us to coordinate your care, or refuse to be transferred to the care of a Participating Provider or Participating Hospital, we will not be obligated to pay for any medical or hospital expenses that are related to your hospitalization following the first two (2) days after your coverage begins.

H. To be eligible to enroll as a Member, you must:

1. never have been terminated as a Member of any CIGNA HealthCare Healthplan for any of the reasons explained in the “Section VII. Termination of Your Coverage” and
2. not have any unpaid financial obligations to the Healthplan or any other CIGNA HealthCare Healthplan.

Section III. Agreement Provisions

A. Healthplan's Representations and Disclosures

1. The Healthplan is a for-profit health maintenance organization (HMO) which arranges for the provision of covered Services and Supplies through a network of Participating Providers. The list of Participating Providers is provided to all Members at enrollment without charge. If you would like another list of Participating Providers, please contact Member Services at the toll-free number found on your CIGNA HealthCare ID card or visit the CIGNA HealthCare web site at myCIGNA.com.
2. With the exception of any employed Physicians who work in a facility operated by the Healthplan (so-called "staff model" providers), the Participating Providers are independent contractors. They are not the agents or employees of the Healthplan and they are not under the control of the Healthplan or any CIGNA company. All Participating Providers are required to exercise their independent medical judgment when providing care.
3. The Healthplan maintains all medical information concerning a Member as confidential in accordance with applicable laws and professional codes of ethics. A copy of the Healthplan's confidentiality policy is available upon request.
4. We do not restrict communication between Participating Providers and Members regarding treatment options.
5. Under federal law (the Patient Self-Determination Act), you may execute advance directives, such as living wills or a durable power of attorney for health care, which permit you to state your wishes regarding your health care should you become incapacitated.
6. Upon your admission to a participating inpatient facility, a Participating Physician other than your PCP may be asked to direct and oversee your care for as long as you are in the inpatient facility. This Participating Physician is often referred to as an "inpatient manager" or "hospitalist."
7. The terms of this Agreement may be changed in the future either as a result of an amendment agreed upon by the Healthplan and the Group or to comply with changes in law. The Group or the Healthplan may terminate this Agreement as specified in this Agreement. In addition, the Group reserves the right to discontinue offering any plan of coverage.
8. **Choosing a Primary Care Physician**

   PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

   Access To Reproductive Care

   Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call the health plan to ensure that you can obtain the health care services that you need.

   When you enroll as a Member, you must choose a Primary Care Physician (PCP). Each covered Member of your family must also choose a PCP. Your PCP must be within the Healthplan's Service Area and within a thirty (30) mile radius of the Subscriber's residence or work. Your PCP is your personal doctor and serves as your health care manager. If you do not select a PCP, we will assign one for you. If your PCP leaves the CIGNA HealthCare network, you will be able to choose a new PCP. You may voluntarily change your PCP for other reasons, including a disagreement



CIGNA HealthCare

III. Agreement Provisions

concerning an appropriate course of treatment, but not more than once in any calendar month, but no more than 12 times per Contract Year. We reserve the right to determine the number of times during a Contract Year that you will be allowed to change your PCP. If you select a new PCP before the fifteenth day of the month, the designation will be effective on the first day of the month following your selection. If you select a new PCP on or after the fifteenth day of the month, the designation will be effective on the first day of the month following the next full month. For example, if you notify us on June 10, the change will be effect on July 1. If you notify us on June 15, the change will be effective on August 1.

Your choice of a PCP may affect the specialists from which you may receive services. Your choice of a specialist may be limited to specialists in your PCP's medical group or network. Therefore, you may not have access to every specialist or Participating Provider in your Service Area. Before you select a PCP, you should check to see if that PCP is associated with the specialist or facility you prefer to use. If the Referral is not possible, you should ask the specialist about which PCPs can make Referrals to them, and then verify the information with the PCP before making your selection.

Your choice of a PCP may also affect the facilities from which you may receive services. Your choice of hospital, sub-acute or transitional care facilities, outpatient surgical facilities, or skilled nursing facilities is limited to those facilities that participate in Healthplan's provider network. The selection of facilities for inpatient care, outpatient surgery or hospitalization may be further limited to facilities affiliated with your PCP's medical group or network. Therefore, you may not have access to every health care facility in the Healthplan's Service Area. To receive a list of facilities that are contracted for sub-acute or transitional care, or for skilled nursing facilities, please contact Member Services at the toll-free number on your CIGNA HealthCare ID Card.

9. **Referrals**

You must obtain a Referral from your PCP before visiting any provider other than your PCP in order for the visit to be covered (see "Exceptions to the Referral Process" below). The Referral authorizes the specific number of visits that you may make to a provider within a specified period of time. If you receive treatment from a provider other than your PCP without a Referral from your PCP, the treatment is not covered. If you request a referral from your PCP and the request is denied, you may use the Healthplan's Appeals Procedure.

If you have a condition or disease that requires specialized care over a prolonged period of time and is life-threatening, degenerative, or disabling, you shall receive a standing referral to a specialist or specialty care center that has expertise in treating the condition or disease for the purpose of having the specialist, or the specialty care center, coordinate your health care.

The referral shall be made if your Primary Care Physician determines in consultation with the specialist, or specialty care center, if any, and the Healthplan Medical Director or his/her designee, that you need Medically Necessary continuing care from a specialist or specialty care center. The referral shall be made pursuant to a treatment plan approved by the Healthplan in consultation with the Primary Care Physician, the specialist, and you, if a treatment plan is deemed necessary. A treatment plan may be deemed to be not necessary provided that a current standing referral to a specialist is approved by the Healthplan or its contracting provider. The treatment plan may limit the number of visits to the specialist, limit the period of time that the visits are authorized, or require that the specialist provide the Primary Care Physician with regular reports on the health care provided to the Member.

After the referral is made, the specialist shall be authorized to provide health care services

that are within the specialist's area of expertise and training to you in the same manner as your Primary Care Physician, subject to the terms of the treatment plan.

The determinations to deny or approve a standing referral to a specialist or specialty care center shall be made within three (3) business days of the date the request for the determination is made by you or your Primary Care Physician and all appropriate medical records and other items of information necessary to make the determination are provided. Once a determination is made, the referral shall be made within four (4) business days of the date the proposed treatment plan, if any, is submitted to the Healthplan Medical Director or his/her designee.

You should refer to the Healthplan's Provider Directory to obtain a list of Healthplan Providers who have demonstrated expertise in treating a condition or disease involving a complicated treatment regimen that requires on-going monitoring.

Exceptions to the Referral Process:

If you are a female Member, you may visit a qualified Participating Provider for covered obstetrical and gynecological services, as defined in "Section IV. Covered Services and Supplies," without a Referral from your PCP.

You do not need a Referral from your PCP for Emergency Services as defined in the "Section IV. Covered Services and Supplies." In the event of an emergency, get help immediately. Go to the nearest emergency room, the nearest hospital or call or ask someone to call 911 or your local emergency service, police or fire department for help. You do not need a Referral from your PCP for Emergency Services, but you do need to call your PCP as soon as possible for further assistance and advice on follow-up care. If you require specialty care or a hospital admission, your PCP will coordinate it and handle the necessary authorizations for care or hospitalization.

In an Urgent Care situation a Referral is not required but you should, whenever possible, contact your PCP for direction prior to receiving services.

10. **Procedures for Authorization of Services**

    Most PCPs belong to a network of primary care and specialty care physicians who have been given responsibility by the Healthplan for administering services within their referral network. Referral services provided under this Agreement must be authorized in writing by your PCP or his/her network. Referrals for ambulatory care services will be initiated by your PCP and authorized in accordance with your PCP network's utilization management protocol.

    The following two situations also require prior authorization by the Healthplan:

    a. referrals, including second medical opinion referrals, to non-contracted, non-participating or non-credentialed providers; and

    b. services and benefits outside of the Agreement.

    These authorizations can be requested from Healthplan via telephone, facsimile, or mail. Healthplan will request medical information regarding your condition and the information surrounding the provider's determination of the Medical Necessity for the request. If the information requires Healthplan Medical Director review, Healthplan will make a decision to approve, modify, or deny based on Medical Necessity, requests by providers prior to, or concurrent with, the provision of health care services. The Healthplan shall respond in a timely fashion appropriate for the nature of your condition, not to exceed five (5) business days from the Healthplan's receipt of the information reasonably necessary and requested by the Healthplan to make the determination. When you face imminent and serious threat to your health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process would be detrimental to your life or

health or could jeopardize your ability to regain maximum function, the decision to approve, modify, or deny requests shall be made in a timely fashion appropriate for the nature of your condition, not to exceed seventy-two (72) hours after the Healthplan's receipt of the request. Decisions to approve, modify, or deny requests by providers for authorization prior to, or concurrent with, the provision of health care services to you shall be communicated to the requesting provider within twenty-four (24) hours of the decision. Decisions resulting in denial, delay, or modification of all or part of the requested health care service shall be communicated to you in writing within two (2) business days of the decision.

Your Primary Care Physician or his/her medical group or Healthplan will notify you of the number of referrals that have been authorized based on your plan of care.

If you are not satisfied with Healthplan's decision to authorize or deny services, including Second Opinions, you should make use of the Healthplan's Complaint or Appeal Procedure, which is further described under "Section III. Agreement Provisions", "When You Have a Complaint or Appeal."

If you wish to obtain a full description of the process the Healthplan uses to review, approve, modify, delay or deny requests by providers, you should contact the Healthplan at:

CIGNA HealthCare of California, Inc.
National Appeals
P.O. Box 5225
Scranton, PA 18505-5225
Healthplan Toll-Free number appears on your CIGNA HealthCare ID card

11. **Second Opinions**

You or your Participating Physician or Other Participating Health Professional may request a second opinion relating to a medical treatment or surgical procedure.

Reasons for a second opinion to be provided or authorized shall include, but are not limited to, the following:

(a) If you question the reasonableness or necessity of recommended surgical procedures.

(b) If you question a diagnosis or plan of care for a condition that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment, including, but not limited to, a serious chronic condition.

(c) If the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition, and you request an additional diagnosis.

(d) If the treatment plan in progress is not improving your medical condition within an appropriate period of time given the diagnosis and plan of care, and you request a second opinion regarding the diagnosis or continuance of the treatment.

(e) If you have attempted to follow the plan of care or consulted with your initial provider concerning serious concerns about the diagnosis or plan of care.

If you or your Participating Provider who is treating you requests a second opinion pursuant to this section, an authorization or denial shall be provided in an expeditious manner. When your condition is such that you face an imminent and serious threat to your health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or lack of timeliness that would be detrimental to your ability to regain maximum function, the second opinion shall be authorized or denied in a timely fashion appropriate for the nature of your condition, not to exceed seventy-two (72) hours after the Healthplan's receipt of the request, whenever possible.

The applicable Copayment as indicated in the Schedule of Copayments will apply.



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If you wish to obtain a description of the Healthplan's timelines for authorizing second opinions, you should contact the Healthplan at:

CIGNA HealthCare of California, Inc.
National Appeals
P.O. Box 5225
Scranton, PA 18505-5225
Healthplan Toll-Free number appears on your CIGNA HealthCare ID card

Definition of Appropriately Qualified Health Care Professional

An Appropriately Qualified Health Care Professional is a Primary Care Physician or specialist who is acting within his/her scope of practice and who possesses a clinical background, including training and expertise, related to the particular illness, disease, condition or conditions associated with the request for a second opinion.

You may obtain a second opinion in one of the following ways:

(a) If you request a second opinion about care from your Primary Care Physician, the second opinion shall be provided by an Appropriately Qualified Health Care Professional, of your choice within the Primary Care Physician's medical group.

(b) If you are requesting a second opinion about care from a specialist, you may obtain the second opinion from any Healthplan Qualified Health Care Professional of the same or equivalent specialty of your choice, within the Healthplan's provider network. If not authorized by the Healthplan or the Primary Care Physician's medical group, additional medical opinions not within the Primary Care Physician's medical group shall be your responsibility.

(c) If there is no Participating Provider within the Healthplan's network who meets the standard of an Appropriately Qualified Health Care Professional, then the Healthplan or the Primary Care Physician's medical group shall authorize a second opinion by an Appropriately Qualified Health Care Professional outside of the Healthplan's provider network.

In approving a second opinion either inside or outside of the Healthplan's provider network, the Participating Provider and/or the Healthplan shall take into account your ability to travel to the provider.

The Healthplan shall require the second opinion health professional to provide you and the initial health professional with a consultation report, including any recommended procedures or tests that the second opinion health professional believes appropriate.

You are limited to one (1) second medical opinion per medical treatment or surgical procedure, unless the Healthplan based on its independent determination, authorizes additional medical opinions concerning your medical condition.

If the Healthplan or the Participating Provider's medical group denies a request by you for a second opinion, they shall notify you in writing of the reasons for the denial and inform you of the right to file a grievance with the Healthplan.

12. **Continuity of Care for New and Current Members**

Upon your request, the Healthplan shall provide or arrange for the completion of covered services from a terminated Participating Provider or non-Participating Provider if you have one of the following conditions and were receiving services from the terminated Participating Provider or non-Participating Provider at the time of the contract termination or at the time you became eligible under the Healthplan Agreement. You will qualify to receive continued services for the following conditions and specified time periods:

- **An acute condition**. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt



medical attention and that has a limited duration. Completion of covered services shall be provided for the duration of the acute condition.

- **A serious chronic condition**. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. Completion of covered services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the Healthplan in consultation with you and the terminated Provider or non-Participating Provider and consistent with good professional practice. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered Member.
- **A pregnancy.** A pregnancy is the three trimesters of pregnancy and the immediate postpartum period. Completion of covered services shall be provided for the duration of the pregnancy.
- **A terminal illness.** A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of covered services shall be provided for the duration of a terminal illness, which may exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a new Member.
- The care of a newborn child between birth and age 36 months. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered Member.
- Performance of a surgery or other procedure that is authorized by the Healthplan as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage for a newly covered Member.

Provider's Responsibility. In order for a terminated Participating Provider or non-Participating Provider to continue caring for a Healthplan Member, the terminated Participating Provider or non-Participating Provider must comply with Healthplan's contractual and credentialing requirements and must meet Healthplan's standards for utilization review and quality assurance. The terminated Participating Provider or non-Participating Provider must also agree to a mutually acceptable rate of payment. If these conditions are not met, the Healthplan is not required to arrange for continuity of care.

Healthplan is not obligated to arrange for continuity of care with a terminated Participating Provider or non-Participating Provider who has been terminated for medical disciplinary reasons or who has committed fraud or other criminal activities.

Arranging for Continuity of Care. If the Member meets the necessary requirements for continuity of care as described herein, and would like to continue his/her care with a terminated Participating Provider or non-Participating Provider, the Member should call the Member Services Department at the number shown on the Member's Identification Card to make a formal request for continuity of care.

This information will be reviewed by Healthplan to determine if the Member's medical condition and the terminated Participating Provider or non-Participating Provider's status qualifies for continuity of care.



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The Member will be notified if continuity of care arrangements can be made with the Member's current terminated Participating Provider or non-Participating Provider and will receive information relating to the extent and length of care that can be provided. Healthplan will make every effort to expedite the review and inform the Member of the continuity of care decision as soon as possible. If the Member does not meet the requirements for continuity of care or if the terminated Participating Provider or non-Participating Provider refuses to render care or has been determined unacceptable for quality or contractual reasons, Healthplan will work with the Member to accomplish a timely transition to another qualified Participating Provider.

To make a request for continuity of care, please contact the Member Services Department as early as possible so the review process can begin and your treatment can continue.

13. **Provider Compensation**

We compensate our Participating Providers in ways that are intended to emphasize preventive care, promote quality of care, and assure the most appropriate use of Medical Services. You can discuss with your Participating Provider how he/she is compensated by us. The methods we use to compensate Participating Providers are:

Discounted fee for service – payment for service is based on an agreed upon discounted amount for the services provided.

Capitation – A method of paying for healthcare services on the basis of the number of patients who are covered for specific services over a specified period of time rather than the actual cost or the number of services that are actually provided. The Healthplan agrees to pay a Participating Provider a predetermined amount on a monthly basis for agreeing to provide specified services to our Members covered by the Healthplan.

With capitation, the Participating Provider is paid the same amount for each Member regardless of how often (if at all) the Member receives care during the month and regardless of cost. Capitation offers Participating Providers a predictable income, encourages Participating Providers to keep Members well through preventive care, eliminates the financial incentive to provide services that will not benefit the patient, and reduces paperwork.

The Healthplan does not utilize "withholds" in any of our provider contracts. A withhold is a percentage of a Participating Provider's payment that is "held back" during the year and any remaining funds may then be distributed to the provider. However, another method to compensate providers in addition to capitation is to set up risk pools for specific services. With such a method, CIGNA pays a capitation payment to each Participating Provider and places additional revenue into a pool. Medical expense for specific services are charged against the pool. Once expenses for services in the pool are covered, any positive excess funds are paid to the Participating Provider who participated in the pool. CIGNA closely monitors for appropriate utilization, accessibility, availability, quality and member satisfaction.

Bonuses and Incentives – Eligible Physicians may receive additional payments based on their performance. To determine who qualifies, we evaluate Physician performance using criteria that may include quality of care, quality of service, accountability and appropriate use of Medical Services.

Per Diem – A specific amount is paid to a hospital per day for all health care received. The payment may vary by type of service and length of stay.

Case Rate – A specific amount is paid for all the care received in the hospital for each standard service category as specified in our contract with the Participating Provider (e.g., for a normal maternity delivery).



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14. **Member Participation in Healthplan Public Policy**

    The Healthplan's public policy is shaped by Member input. One-third of Our Board of Directors is made up of active Members who have access to specific Healthplan information and can vote on all issues put forth before the Board that establish public policy.

B. Member's Rights, Responsibilities and Representations

You have the right to:

1. Medical treatment that is available when you need it and is handled in a way that respects your privacy and dignity.
2. Get the information you need about your health care plan, including information about services that are covered, services that are not covered, and any costs that you will be responsible for paying.
3. Have access to a current list of providers in our network and have access to information about a particular provider's education, training and practice.
4. Select a Primary Care Physician (PCP) for yourself and each covered Member of your family, and to change your PCP for any reason (see "Section III Choosing a Primary Care Physician").
5. Have your medical information kept confidential by our employees and your health care provider. Confidentiality laws and professional rules of behavior allow us to release medical information only when it's required for your care, required by law, necessary for the administration of your plan or to support our programs or operations that evaluate quality and service. We may also summarize information in reports that do not identify you or any other participants specifically.
6. Have your health care provider give you information about your medical condition and your treatment options, regardless of benefit coverage or cost. You have the right to receive this information in terms you understand.
7. Learn about any care you receive. You should be asked for your consent to all care unless there is an emergency and your life and health are in serious danger.
8. Refuse medical care. If you refuse medical care, your health care provider should tell you what might happen. We urge you to discuss your concerns about care with your PCP or another Participating Physician. Your doctor will give you advice, but you will always have the final decision.
9. Be heard. Our complaint-handling process is designed to hear and act on your complaint or concern about us and/or the quality of care you receive, provide a courteous, prompt response, and to guide you through our appeals process if you do not agree with our decision.
10. Make recommendations regarding our policies on Member rights and responsibilities. If you have recommendations, please contact Member Services at the toll-free number on your CIGNA HealthCare ID card.

You have the responsibility to:

1. Review and understand the information you receive about your health care plan. Please call CIGNA HealthCare Member Services when you have questions or concerns.
2. Understand how to obtain covered Services and Supplies that are provided under your plan.
3. Show your CIGNA HealthCare ID card before you receive care.
4. Schedule a new patient appointment with any new CIGNA HealthCare PCP; build a comfortable relationship with your doctor; ask questions about things you don't understand; and follow your doctor's advice. You should also understand that your condition may not improve and may even get worse if you don't follow your doctor's advice.



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5. Understand your health condition and work with your doctor to develop treatment goals that you both agree upon, to the extent that this is possible.
6. Provide honest, complete information to the providers caring for you.
7. Know what medicine you take, why, and how to take it.
8. Pay all Copayments for which you are responsible at the time the service is received.
9. Keep scheduled appointments and notify the doctor's office ahead of time if you are going to be late or need to reschedule or cancel an appointment.
10. Pay all charges for services that are not covered by your plan.
11. Voice your opinions, concerns or complaints to CIGNA HealthCare Member Services and/or your provider.
12. Notify your employer as soon as possible about any changes in family size, address, phone number or membership status.

You represent that:

1. The information provided to us and the Group in the Enrollment Application is complete and accurate.
2. By enrolling in the Healthplan, you accept and agree to all terms and conditions of this Agreement.
3. By presenting your CIGNA HealthCare ID card and receiving treatment and services from our Participating Providers, you authorize the following to the extent allowed by law (in accordance with state and federal confidential requirements, information regarding mental illness, substance abuse, genetic testing results, HIV and AIDS will require your prior consent to release these records):
   a. any provider to provide us with information and copies of any records related to your condition and treatment;
   b. any person or entity having confidential information to provide any such confidential information upon request to us, any Participating Provider, and any other provider or entity performing a service, for the purpose of administration of the plan, the performance of any Healthplan program or operations, or assessing or facilitating quality and accessibility of health care Services and Supplies;
   c. us to disclose confidential information to any persons, company or entity to the extent we determine that such disclosure is necessary or appropriate for the administration of the plan, the performance of the Healthplan programs or operations, assessing or facilitating quality and accessibility of health care Services and Supplies, or reporting to third parties involved in plan administration; and
   d. that payment be made under Part B of Medicare to us for medical and other services furnished to you for which we pay or have paid, if applicable.

   This authorization will remain in effect until you send us a written notice revoking it or for such shorter period as required by law. Until revoked, we and other parties may rely upon this authorization.

   With respect to Members, confidential information includes any medical, dental, mental health, substance abuse, communicable disease, AIDS and HIV related information and disability or employment related information.
4. You will not seek treatment as a CIGNA HealthCare Member once your eligibility for coverage under this Agreement has ceased.

C. Information about Organ Donation

A simple act of generosity on your part can help alleviate one of our nation's most serious health needs. An individual who is at least eighteen (18) years of age, or an individual who is between fifteen (15) and eighteen (18) years of age may make an organ donation. Following are some statistics regarding organ donation:



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- Advancements in organ transplant technology allow more patients to benefit from organ transplants. As a result, the supply of organs has not kept up with the number of patients eligible for transplantation.
- Organ donation can save many people's lives and is not limited by age.
- Each deceased donor contributes an average of three organs.
- Organ donation begins at the hospital when a patient is identified as a potential organ donor. Only those patients pronounced brain dead are considered for organ donation, though some organs are recovered from donors declared dead by traditional cardiac death criteria. Most donors die from injuries such as brain hemorrhage, motor vehicle accidents, drowning, gunshot or stab wounds, or asphyxiation.
- Once a potential organ donor has been identified, a staff member of the hospital or the organ procurement organization will contact the individual's family, which has the opportunity to donate organs. If the family consents, the organ procurement organization coordinates the organ procurement activities, including preserving the organs and arranging for the transportation of the organs to the hospital where the transplant will be performed.

The California Health and Safety Code states that an anatomical gift may be made only by one of the following ways:

- A document of gift signed by the donor.
- A document of gift signed by another individual and by two witnesses, all of whom have signed at the direction and in the presence of the donor and of each other, and state that it has been so signed.
- A document of gift orally made by a donor by means of a tape recording in his or her own voice.

One easy way you can make yourself eligible for organ donation is through the Department of Motor Vehicles (DMV). Every time a license is renewed or a new one is issued to replace one that was lost, the DMV will automatically send an organ donor card. You may complete the card to indicate that you are willing to have your organs donated upon your death. You will then be given a small dot to stick on your driver's license, indicating you have an organ donor card on file. For more information, contact the local DMV office and request an organ donor card.

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D. When You Have a Complaint or Appeal

(For the purposes of this section, any reference to "you", "your" or "Member" also refers to a representative or provider designated by you to act on your behalf, unless otherwise noted.)

We want you to be satisfied with the care you receive. That's why we've established a process for addressing your concerns and solving your problems.

Grievances include both complaints and appeals. Complaints can include concerns about people, quality of service, quality of care, benefit exclusions or eligibility. Appeals are requests to reverse a prior denial or modified decision about your care.

How to File a Grievance

By Phone: To contact us by phone, call us toll-free at the telephone number on your CIGNA HealthCare identification card.

By Mail: Send written grievances to:

CIGNA HealthCare of California, Inc.
National Appeals
P.O. Box 5225
Scranton, PA 18505-5225

We will provide you with a grievance form upon request, but you are not required to use the form in order to make a written grievance.

Online: You can download a grievance form or submit an online grievance through our Web site:

http://myCIGNA.com/health/consumer/medical/state/ca.html#medical.

In Person: During normal business hours we will assist you in submitting your grievance at the following address:

400 N. Brand Boulevard, Suite 400
Glendale, CA 91203

If the Member is a minor, is incompetent or unable to exercise rational judgment or give consent, the parent, guardian, conservator, relative, or other legal representative acting on behalf of the Member, as appropriate, may submit a grievance to the Healthplan or the California Department of Managed Health Care (DMHC or "Department"), as the agent of the Member. Also, a Participating Provider or any other person you identify may join with or assist you or your agent in submitting a grievance to the Healthplan or the DMHC.

Complaints

If you are concerned about the quality of service or care you have received, a benefit exclusion, or have an eligibility issue, you should contact us to file a verbal or written complaint. If you contact us by telephone to file a complaint, we will attempt to document and/or resolve your complaint over the telephone. If we are unable to resolve your complaint the day your call was received, or if we receive your complaint in the mail, we will send you a letter confirming that we received the complaint within five (5) calendar days of receiving it. This letter will tell you whom to contact should you have questions or would like to submit additional information about your complaint. We will investigate your complaint and will notify you of the outcome within thirty (30) calendar days.

Appeals

If you are not satisfied with the outcome of a decision that was made about your care and are requesting that the Healthplan reverse it, you should contact us within one year of receiving the denial notice to file a verbal or written appeal. Be sure to share any new information that may support a reversal of the original decision. Within five (5) calendar days from when we receive your appeal, we will confirm with you, in writing, that we received it. The letter will tell you whom to contact at the Healthplan should you have questions or would like to submit additional information about your appeal. We will make sure your appeal is handled by someone who was not involved in the initial decision, but who has authority to take action. We will investigate your appeal and notify you of our decision, within thirty (30) calendar days of our receipt of your appeal. Only a licensed physician or licensed health care professional who is competent to evaluate the specific clinical issues involved in the health care services requested by the provider may deny or modify requests for authorization of health care services for a Member for reasons of Medical Necessity. You may request that the appeal process be expedited, if the time frames under this process would seriously jeopardize your life or health, would jeopardize your ability to regain maximum functionality or, if you are experiencing severe pain. A Healthplan licensed Physician or health care professional, in consultation with your treating physician, will decide if an expedited appeal is necessary. When an appeal is expedited, the Healthplan will respond verbally and in writing with a decision within seventy-two (72) hours.

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Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services

Definitions

For purposes of this section, the following definitions shall apply:

Coverage decision means the approval or denial of health care services by the Healthplan, or by one of its contracting entities, substantially based on a finding that the provision of a particular service is included or excluded as a covered benefit under the terms and conditions of the Healthplan Agreement. A "coverage decision" does not encompass a Healthplan or contracting provider decision regarding a disputed health care service.

Disputed health care services means any health care service eligible for coverage and payment under the Healthplan Agreement that has been denied, modified, or delayed by a decision of the



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Healthplan, or by one of its contracting providers, in whole or in part due to a finding that the service is not Medically Necessary.

Medical and scientific evidence means the following sources:

1. Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff.
2. Peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institute of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), Medline, and MEDLARS database Health Services Technology Assessment Research (HSTAR).
3. Medical journals recognized by the Secretary of Health and Human Services, under Section 1861(t)(2) of the Social Security Act.
4. The following standard reference compendia: The American Hospital Formulary Service-Drug Information, the American Medical Association Drug Evaluation, the American Dental Association Accepted Dental Therapeutics, and the United States Pharmacopoeia-Drug Information.
5. Findings, studies, or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes including the Federal Agency for Health Care Policy and Research, National Institutes of Health, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services.
6. Peer-reviewed abstracts accepted for presentation at major medical association meetings.

Independent Review Process for Experimental and Investigational Therapies

A Member may seek an Independent Medical Review from the Department of Managed HealthCare's Independent Medical Review System for Experimental and Investigational Therapies when all of the following conditions are met:

1. The Member has a life-threatening or seriously debilitating condition. Life-threatening means either or both of the following:
   a. Diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted.
   b. Diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

   Seriously debilitating means diseases or conditions that cause major irreversible morbidity.
2. The Member's Physician certifies that the Member has a condition, as defined in paragraph 1., for which standard therapies have not been effective in improving the condition, or for which standard therapies would not be medically appropriate for the Member, or that there is no more beneficial standard therapy covered by the Healthplan than the therapy being proposed pursuant to paragraph 3.; and
3. Either:
   a. the Member's Participating Physician has recommended a drug, device, procedure or other therapy that the Participating Physician certifies in writing is likely to be more beneficial to you than any available standard therapies, or
   b. the Member, or the Member's non-Participating Physician who is a licensed, board-certified or board-eligible Physician qualified to practice

in the area of practice appropriate to treat the Member's condition, has requested a therapy that, based on two (2) documents from the Medical and Scientific Evidence, as defined "Definitions" above, is likely to be more beneficial to you than any available standard therapy. The Physician certification shall include a statement of the evidence relied upon by the Physician in certifying his/her recommendation. Nothing in this subdivision shall be construed to require Healthplan to pay for the services of a non-Participating Physician provided pursuant to this subdivision, that are not otherwise covered pursuant to the Agreement.

4. The Member has been denied coverage by Healthplan for a drug, device, procedure or other therapy recommended or requested pursuant to paragraph 3; and

5. The specific drug, device, procedure or other therapy recommended pursuant to paragraph 3. would be a covered service, except for Healthplan's determination that the therapy is experimental or investigational.

The Healthplan shall notify eligible Members in writing of the opportunity to request the independent review within five (5) business days of the decision to deny coverage.

If the Member's physician determines that the proposed therapy would be significantly less effective if not promptly initiated, the analyses and recommendations of the experts on the panel shall be rendered within seven (7) days of the request for expedited review. At the request of the expert, the deadline shall be extended by up to three (3) days for a delay in providing the documents required. The timeframes specified in this paragraph shall be in addition to any otherwise applicable timeframes contained in the "Independent Review Process for Disputed Health Care Services" section below.

Each expert's analysis and recommendation shall be in written form and state the reasons the requested therapy is or is not likely to be more beneficial for the Member than any available standard therapy, and the reasons that the expert recommends that the therapy should or should not be provided by the Healthplan, citing the Member's specific medical condition, the relevant documents provided, and the relevant medical and scientific evidence, including, but not limited to, the medical and scientific evidence as defined above under "Definitions", to support the expert's recommendation.

Coverage for the services required under this section shall be provided subject to the terms and conditions generally applicable to other benefits under the Agreement.

The Member shall not be required to participate in CIGNA's Appeals Procedure prior to requesting an Independent Medical Review from the Department of Managed Health Care's Independent Medical Review System.

The Member shall not be required to pay for the external independent review or any application or processing fees.

Independent Review Process for Disputed Health Care Services

A Member may request an independent medical review from the Department of Managed Health Care's Independent Medical Review System when the Member believes that health care services have been improperly denied, modified, or delayed by the Healthplan, or by one of its contracting providers. A decision not to participate in the Independent Medical Review Process may cause the Member to forfeit any statutory right to pursue legal action against the Healthplan regarding the disputed health care service. A Member may apply to the Department of Managed Health Care for a voluntary independent medical review when all of the following conditions are met:

1. a. The Member's provider has recommended a health care service as Medically Necessary, or



b. The Member has received urgent care or emergency services that a provider determined was Medically Necessary, or

c. The Member, in the absence of a provider recommendation under subparagraph a. or the receipt of urgent care or emergency services by a provider under subparagraph b., has been seen by a Healthplan provider for the diagnosis or treatment of the medical condition for which the Member seeks independent review. The Healthplan shall expedite access to a Healthplan provider upon request of a Member. The Healthplan provider need not recommend the disputed health care service as a condition for the Member to be eligible for an independent review.

For purposes of this section, the Member's provider may be a non-Healthplan provider. However, the Healthplan shall have no liability for payment of services provided by a non-Healthplan provider, except for emergency services outside the Healthplan provider network, which services are later found by the Independent Medical Review Organization to have been Medically Necessary, the director of the Department of Management Health Care shall require the Healthplan to promptly reimburse you for any reasonable costs associated with those services when the director of the Department of Managed Health Care finds that your decision to secure the services outside of the Healthplan's provider network prior to completing the Healthplan's Appeals Procedure or seeking an Independent Medical Review was reasonable under the circumstances and the disputed health care services were a covered benefit under the terms and conditions of the Healthplan Agreement.

2. The disputed health care service has been denied, modified, or delayed by the Healthplan, or by one of its contracting providers, based in whole or in part on a decision that the health care service is not Medically Necessary.

3. The Member has filed a grievance with the Healthplan or its contracting provider pursuant to Healthplan's Appeals Procedure and the disputed decision is upheld or the grievance remains unresolved after thirty (30) days. You shall not be required to participate in the Healthplan's Appeals process for more than thirty (30) days. In the case of a grievance that requires expedited review, you shall not be required to participate in the Healthplan's Appeals Procedure process for more than three (3) days. The Department may waive the requirement that the Member participate in the plan's grievance process if the Department determines that extraordinary and compelling circumstances exist, which include, but are not limited to, serious pain, the potential loss of life, limb or major bodily function, or the immediate, and serious deterioration of the health of the Member.

A Member may apply for an independent medical review from the Department of Managed Health Care's Independent Medical Review System within six (6) months of any of the above qualifying periods or events. The director of the Department of Managed Health Care may extend the application deadline beyond six (6) months if the circumstances of a case warrant the extension.

Coverage for the services required under this section shall be provided subject to the terms and conditions generally applicable to other benefits under the Agreement.

The Member shall not be required to pay for the external independent review or any application or processing fees.

Department of Managed Health Care's Independent Medical Review System

If the Department of Managed Health Care finds that a Member's application for Independent Medical Review (IMR) does not meet the requirements for review under the Independent Medical Review System, the Member's application for IMR shall be



reviewed by the Department of Managed Health Care under its standard Complaint process. The Department of Managed Health Care shall make the final determination regarding whether a Member's application for IMR qualifies for review under the Department's IMR or Standard Complaint process.

In any case in which a Member or provider asserts that a decision to deny, modify, or delay health care services was based, in whole or in part, on consideration of Medical Necessity, the department shall have the final authority to determine whether the grievance is more properly resolved pursuant to an independent medical review or pursuant to the Healthplan's Appeals procedure.

A decision regarding a disputed health care service relates to the practice of medicine and is not a coverage decision. If the Healthplan, or one of its contracting providers, issues a decision denying, modifying, or delaying health care services, based in whole or in part on a finding that the proposed health care services are not a covered benefit under the Agreement that applies to the Member, the statement of decision shall clearly specify the provision in the Agreement that excludes that coverage.

Upon notice from the Department of Managed Health Care that the Healthplan's Member has applied for an independent medical review, the Healthplan or its contracting providers shall provide to the independent medical review organization designated by the Department of Managed Health Care a copy of all of the following documents within three (3) business days of the Healthplan's receipt of the Department of Managed Health Care's notice of a request by a Member for an independent review:

1. A copy of all of the Member's medical records in the possession of the Healthplan or its contracting providers relevant to each of the following:
   a. The Member's medical condition.
   b. The health care services being provided by the Healthplan and its contracting providers for the condition.
   c. The disputed health care services requested by the Member for the condition.
2. Any newly developed or discovered relevant medical records in the possession of the Healthplan or its contracting providers after the initial documents are provided to the independent medical review organization shall be forwarded immediately to the independent medical review organization. The Healthplan shall concurrently provide a copy of medical records required by this subparagraph to the Member or the Member's provider, if authorized by the Member, unless the offer of medical records is declined or otherwise prohibited by law. The confidentiality of all medical record information shall be maintained pursuant to applicable state and federal laws.
3. A copy of all information provided to the Member by the Healthplan and any of its contracting providers concerning Healthplan and provider decisions regarding the Member's condition and care, and a copy of any materials the Member or the Member's provider submitted to the Healthplan and to the Healthplan's contracting providers in support of the Member's request for disputed health care services. This documentation shall include the written response to the Member's grievance.
4. A copy of any other relevant documents or information used by the Healthplan or its contracting providers in determining whether disputed health care services should have been provided, and any statements by the Healthplan and its contracting providers explaining the reasons for the decision to deny, modify, or delay disputed health care services on the basis of Medical Necessity. The Healthplan shall concurrently provide a copy of the documents required above, except for any information found by the director of the Department of Managed Health Care to be legally privileged information, to the Member and the Member's provider. The Department of Managed Health Care and the independent review organization shall maintain the confidentiality of any information found by the director of the Department of Managed Health Care to be the proprietary information of the Healthplan.

   Upon receipt of information and documents related to a case, the medical professional reviewer or reviewers selected to conduct the review by the independent medical review organization shall promptly review all pertinent medical records of the Member, provider reports, as well as any other information



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submitted to the organization as authorized by the Department of Managed Health Care or requested from any of the parties to the dispute by the reviewers. If reviewers request information from any of the parties, a copy of the request and the response shall be provided to all of the parties. The reviewer or reviewers shall also review relevant information related to the criteria. Following its review, the reviewer or reviewers shall determine whether the disputed health care service was Medically Necessary based on the specific medical needs of the Member and any of the following:

1. Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.
2. Nationally recognized professional standards.
3. Expert opinion.
4. Generally accepted standards of medical practice.
5. Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious.

The independent medical review organization shall complete its review and make its determination in writing, and in layperson's terms to the maximum extent practicable within thirty (30) days of the receipt of the application for review and supporting documentation, or within less time as prescribed by the director of the Department of Managed Health Care.

If the disputed health care service has not been provided and the Member's provider or the Department of Managed Health Care certifies in writing that an imminent and serious threat to the health of the Member may exist, including, but not limited to, serious pain, the potential loss of life, limb, or major bodily function, or the immediate and serious deterioration of the health of the Member, the analyses and determinations of the reviewers shall be expedited and rendered within three (3) days of the receipt of the information. Subject to the approval of the Department of Managed Health Care, the deadlines for analyses and determinations involving both regular and expedited reviews may be extended by the director of the Department of Managed Health Care for up to three (3) days in extraordinary circumstances or for good cause.

The independent medical review organization's analyses and determinations shall state whether the disputed health care service is Medically Necessary. Each analysis shall cite the Member's medical condition, the relevant documents in the record, and the relevant findings associated with the following provisions to support the determination:

1. Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.
2. Nationally recognized professional standards.
3. Expert opinion.
4. Generally accepted standards of medical practice.
5. Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious.

If more than one medical professional reviews the case, the recommendation of the majority shall prevail. If the medical professionals reviewing the case are evenly split as to whether the disputed health care service should be provided, the decision shall be in favor of providing the service.

The independent medical review organization shall provide the director of the Department of Managed Health Care, the Healthplan, the Member, and the Member's provider with the analyses and determinations of the medical professionals reviewing the case, and a description of the qualifications of the medical professionals. The independent medical review organization shall keep the names of the reviewers confidential in all communications with entities or individuals outside the independent medical review organization, except in cases where the reviewer is called to testify and in response to court orders. If more than one medical professional reviewed the case and the result was differing determinations, the



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independent medical review organization shall provide each of the separate reviewer's analyses and determinations.

The director of the Department of Managed Health Care shall immediately adopt the determination of the independent medical review organization, and shall promptly issue a written decision to the parties that shall be binding on the Healthplan. Coverage for the services required under this section shall be provided subject to the terms and conditions generally applicable to other benefits under the Agreement.

The Member shall not be required to pay for the external independent review or any application or processing fees.

FOR INFORMATION ON HOW TO ACCESS THE INDEPENDENT REVIEW PROCESS FOR EXPERIMENTAL AND INVESTIGATIONAL THERAPIES AND DISPUTED HEALTH CARE SERVICES THE MEMBER SHOULD CONTACT CIGNA MEMBER SERVICES AT THE TOLL-FREE NUMBER ON YOUR HEALTHPLAN IDENTIFICATION CARD.

Member Rights Under State Law

The California Department of Managed Health Care ("Department") is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1.800.244.6224 (1.800.321.9545 (TTY) for the hearing and speech impaired) or the toll-free telephone number on your CIGNA HealthCare identification card** and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1.888.HMO.2219)** and a TDD line **(1.877.688.9891)** for the hearing and speech impaired. The Department's Internet Web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.

You may also request a voluntary mediation with the Healthplan before exercising the right to submit a concern or appeal to the Department. If you choose to use mediation, it will not prevent you from making a concern or complaint to the Department when the mediation is completed. In order for mediation to occur, you and Healthplan each must voluntarily agree to the mediation. The Healthplan will consider each request, by you, for mediation on a case by case basis. Each side will equally share the expenses of the mediation.

If a Member is a minor, or is incompetent or incapacitated, the parent, guardian, conservator, relative, or other person acting on behalf of the patient, as appropriate, may submit a grievance or complaint, as the agent of the Member, to Healthplan or the Department. Also, a Participating Provider may join with, or assist, a Member or Member's agent in submitting a complaint to the Department and in resolving the complaint.

FOR MORE SPECIFIC INFORMATION REGARDING THE APPEALS PROCEDURE, OR IF YOU HAVE OTHER QUESTIONS, CONTACT HEALTHPLAN MEMBER SERVICES AT THE TOLL-FREE NUMBER ON YOUR HEALTHPLAN IDENTIFICATION CARD.

Mandatory Arbitration

To the extent permitted by law the Healthplan uses binding arbitration to settle disputes, including claims of medical malpractice and disputes relating to the delivery of service under



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the plan. It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The parties to this contract, by entering into it, are giving up their legal right to have any dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. It is understood that this agreement to arbitrate shall apply and extend to any dispute for medical malpractice, relating to the delivery of service under the plan, and to any claims in tort, contract or otherwise, and for violations of any law(s) or statute(s) between Group, any individual(s) seeking services under the plan, whether referred to as a Member, Subscriber, Dependent, Enrollee or otherwise (whether a minor or an adult), or the heirs-at-law or personal representatives of any such individual(s), and Healthplan (including any of their agents, successors-or predecessors-in-interest or employees).

In the event the total amount of damages claimed is over $200,000, within a reasonable time after any of the above named parties has provided notice to the other of demand for arbitration of said dispute, the parties shall appoint an arbitrator and give notice of such appointment to the other. Within a reasonable time after such notice has been given, the two selected arbitrators shall select a neutral arbitrator and give notice of the selection thereof to the parties. In the event the total amount of damages claimed is $200,000 or less, the parties to the dispute shall, within a reasonable time, appoint a single neutral arbitrator who shall have no jurisdiction to award more than $200,000.

In cases of extreme hardship, Healthplan will assume all or a portion of a Member's share of the fees and expenses of the neutral arbitrator. Application for hardship relief will be provided to the Member upon reasonable notice being given by the Member. To request information about the hardship process or to receive a hardship application, Members should mail a request to:

CIGNA HealthCare of California, Inc.
Risk Management Department
P.O. Box 2125
Glendale, CA 91209-2125

Arbitration may be initiated by a Demand to Arbitrate served on CIGNA HealthCare of California identifying each individual, healthcare plan, and/or clinic to be named therein, as well as the bases of the claim. The arbitrator(s) shall hold a hearing within a reasonable time from the date of notice of selection of the neutral arbitrator. All notices or other papers required to be served shall be served by United States Postal Service. The arbitration shall be prosecuted with reasonable diligence, compulsory, binding, and conducted and governed by the provisions of the California Code of Civil Procedure (Sections 1280-1295 and 2016-2034) and the Federal Arbitration Act (9 U.S.C. Sections 1,et seq.).

No party to this Agreement shall have a right to cease performance of services or otherwise refuse to carry out its obligations under this Agreement pending the outcome of arbitration in accordance with this section, except as otherwise specifically provided under this Agreement.

Binding arbitration is not mandatory for disputes pertaining to claims for benefits under the Employee Retirement Income Security Act of 1974.

Notice of Benefit Determination on Appeal

Every notice of a determination on appeal will be provided in writing or electronically and will include: (1) the specific reason or reasons for the adverse determination; (2) reference to the specific plan provisions on which the determination is based; (3) a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other Relevant Information as defined; (4) a statement describing any voluntary appeal procedures offered by the plan and the claimant’s right to bring an action under ERISA section 502(a); (5) upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar



criterion that was relied upon in making the adverse determination regarding your appeal, and an explanation of the scientific or clinical judgement for a determination that is based on a medical necessity, experimental treatment or other similar exclusion or limit.

You also have the right to bring a civil action under Section 502(a) of ERISA if you are not satisfied with the decision on review. You or your plan may have other voluntary alternative dispute resolution options such as Mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your State insurance regulatory agency. You may also contact the Plan Administrator.

Relevant Information

Relevant Information is any document, record, or other information which was (a) relied upon in making the benefit determination; (b) was submitted, considered, or generated in the course of making he benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination; (c) demonstrates compliance with the administrative processes and safeguards required by federal law in making the benefit determination; or (d) constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

Legal Action

If your plan is governed by ERISA, you have the right to bring a civil action under Section 502 (a) of ERISA if you are not satisfied with the outcome of the Appeals Procedure. In most instances, you may not initiate a legal action against CIGNA HealthCare of California until you have completed the Appeals processes.



Section IV. Covered Services and Supplies

The covered Services and Supplies available to Members under this plan are described below. Any applicable Copayments or limits are identified in the Schedule of Copayments.

Unless otherwise authorized in writing by the Healthplan Medical Director, covered Services and Supplies are available to Members only if:

- **They are Medically Necessary and not specifically excluded in this Section or in Section V.**
- **Provided by your Primary Care Physician (PCP) or if you have received a Referral to be seen by another Participating Provider. However, "Emergency Services" do not require a Referral from your PCP and do not have to be provided by Participating Providers. Also, you do not need a Referral from your PCP for "Obstetrical and Gynecological Services," "Vision Care Services" and "Urgent Care."**
- **Prior Authorization is obtained from the Healthplan Medical Director by the Participating Provider, for those services that require Prior Authorization. Services that require Prior Authorization include, but are not limited to, inpatient hospital services, inpatient services at any Other Participating Health Care Facility, outpatient facility services, advanced radiological imaging, non-emergency ambulance, and Transplant services.**
- **However, if the California Department of Managed Health Care or the Healthplan subsequently determines that care received from a non-Participating Provider was Medically Necessary and should have been provided under the terms of this Agreement, or if there were excessive delays in treatment or referrals that may have prompted the Member to seek care from a non-Participating Provider, the Healthplan will cover the cost of such care.**

Physician Services

All diagnostic and treatment services provided by Participating Physicians and Other Participating Health Professionals, including office visits, periodic health assessments, including all routine diagnostic testing and laboratory services appropriate for such examinations; immunizations for adults as recommended by the United States Public Health Service; well-child care, including child preventive care consistent with the Recommendations for Preventive Pediatric Health Care adopted by the American Academy of Pediatrics, blood lead level screenings and routine immunizations in accordance with accepted medical practices, including immunizations for children as recommended by the American Academy of Pediatrics or State Department of Health Services; hospital care, consultation, and surgical procedures.

Inpatient Hospital Services

Inpatient hospital services for evaluation or treatment of conditions that cannot be adequately treated on an ambulatory basis or in an Other Participating Health Care Facility. Inpatient hospital services include semi-private room and board; care and services in an intensive care unit; drugs, medications, biologicals, fluids, blood and blood products, and chemotherapy; special diets; dressings and casts; general nursing care; use of operating room and related facilities; laboratory and radiology services and other diagnostic and therapeutic services; anesthesia and associated services; inhalation therapy; radiation therapy; and other services which are customarily provided in acute care hospitals.

Outpatient Facility Services

Services provided on an outpatient basis, including: diagnostic and/or treatment services; administered drugs, medications, fluids, biologicals, blood and blood products; inhalation therapy; and procedures which can be appropriately provided on an outpatient basis, including certain surgical procedures, anesthesia, and recovery room services.

Emergency Services and Urgent Care

Emergency Services Both In and Out of the Service Area. In the event of an emergency, get help immediately. Go to the nearest emergency room, the nearest hospital or call or ask someone to call 911 or your local emergency service, police or fire department for help. You do not need a Referral for Emergency Services, but you do need to call your PCP or the CIGNA HealthCare 24-Hour Health



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Information Line SM as soon as possible for further assistance and advice on follow-up care. If you require specialty care or a hospital admission, your PCP or the CIGNA HealthCare 24-Hour Health Information Line SM will coordinate it and handle the necessary authorizations for care or hospitalization. Participating Providers are on call twenty-four (24) hours a day, seven (7) days a week, to assist you when you need Emergency Services.

If you receive Emergency Services outside the Service Area, you must notify us as soon as reasonably possible. We may arrange to have you transferred to a Participating Provider for continuing or follow-up care if it is determined to be medically safe to do so.

Emergency Services are those services required to treat a bodily injury or a serious illness which could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life or permanent impairment to bodily functions in the absence of immediate medical attention. Such services include medical, psychiatric, surgical, hospital and related health care services and testing, including ambulance services, medical screening, examination, evaluation by a physician (or other appropriate personnel under the supervision of a physician to the extent provided by law) to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capabilities of the facility. Examples of emergency situations include, but are not limited to, uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, active labor (which is a labor when there is inadequate time to effect safe transfer to another hospital prior to delivery, or a transfer may pose a threat to the health and safety of the mother or the unborn child), burns, cuts, and broken bones, or services required by a Member to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition within the capability of the facility.

Urgent Care Inside the Service Area. For Urgent Care inside the Service Area, you must take all reasonable steps to contact the CIGNA HealthCare 24 Hour Health Information Line SM or your PCP for direction and you must receive care from a Participating Provider, unless otherwise authorized by your PCP or the Healthplan.

Urgent Care Outside the Service Area. In the event you need Urgent Care while outside the Service Area, you should, whenever possible, contact the CIGNA HealthCare 24-Hour Health Information Line SM or your PCP for direction and authorization prior to receiving services.

Urgent Care is defined as medical, surgical, hospital and related health care services and testing which are not Emergency Services, but which are determined by the Healthplan Medical Director in accordance with generally accepted medical standards to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where you ordinarily receive and/or are scheduled to receive services (this limitation does not apply in the case of a pregnant woman). The immediate area, is the area in which you receive regularly scheduled, Medically Necessary care from a Participating Provider for the ongoing treatment of a medical condition. Such care includes but is not limited to: dialysis, scheduled medical treatments or therapy, or care received after a Physician's recommendation that you should not travel due to any medical condition.

Continuing or Follow-up Treatment. Continuing or follow-up treatment, whether in or out of the Service Area, is not covered unless it is provided or arranged for by your PCP, a Participating Physician or upon Prior Authorization of the Healthplan Medical Director.

Notification, Proof of a Claim, and Payment. Inpatient hospitalization for any Emergency Services or Urgent Care requires notification to and authorization by the Healthplan Medical Director. Notification of inpatient hospitalization is required as soon as reasonably possible, but no later than within forty-eight (48) hours of admission. This requirement shall not cause denial of an otherwise valid claim if you could not reasonably comply, provided that notification is given to us as soon as reasonably possible. If you receive Emergency Services or Urgent Care from non-Participating Providers, you should submit a claim to us no later



than one hundred eighty (180) days after the first service is provided. The claim shall contain an itemized statement of treatment, expenses, and diagnosis. This requirement shall not cause denial of an otherwise valid claim if you could not reasonably comply, provided you submit the claim and the itemized statement to us as soon as reasonably possible. Coverage for Emergency Services and Urgent Care received through non-Participating Providers shall be limited to covered services to which you would have been entitled under this Agreement. Please call Member Services at the toll-free number on your CIGNA HealthCare ID card for information on filing a claim.

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Ambulance Service

Ambulance services to the nearest appropriate provider or facility, or such ambulance services required as a result of a 911 emergency response system request for Emergency Services.

Cancer Clinical Trials

A Member diagnosed with cancer and accepted into a phase I through IV clinical trial for cancer shall receive coverage for all routine patient care costs related to the clinical trial if the Member's Healthplan treating physician recommends participation in the clinical trial after determining that participation in the clinical trial has a meaningful potential to benefit the Member.

The clinical trial must meet the following requirements:

- The trial's endpoints shall not be defined exclusively to test toxicity, but shall have a therapeutic intent.
- The treatment provided in a clinical trial must either be:
    1. Approved by the National Institutes of Health, the Federal Food and Drug Administration, the U.S. Department of Defense, or the U.S. Veterans' Administration, or
    2. Involve a drug that is exempt under federal regulations from a new drug application.

Routine patient care costs are costs associated with the provision of health care services, including drugs, items, devices and services that would otherwise be covered by the Healthplan if they were not provided in connection with a clinical trial, including the following:

- Services typically provided absent a clinical trial.
- Services required solely for the provision of the investigational drug, item, device or service.
- Services required for the clinically appropriate monitoring of the investigational drug, device, item or service.
- Services provided for the prevention of complications arising from the provision of the investigational drug, device, item or service.
- Reasonable and necessary care arising from the provision of the investigational drug, device, item or service, including the diagnosis or treatment of complications.

If the clinical trial is conducted by a non Healthplan Participating Provider, the payment shall be at the negotiated rate that the Healthplan would otherwise pay to a Healthplan Participating Provider for the same services, less any applicable Copayments and deductibles.

Note: Clinical trial providers that are not Healthplan Participating Providers may bill the Member for charges in excess of the amounts that the Healthplan is legally obligated to pay.

The Healthplan may restrict coverage for clinical trials to participating hospitals and physicians in California, unless the protocol for the trial is not provided in California.

Dental Anesthesia

Coverage will be provided for general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center setting, when the clinical status or underlying medical condition of the patient requires dental procedures that ordinarily would not require general anesthesia to be rendered in a hospital or surgery center setting.

This section shall apply only to general anesthesia and associated facility charges for only the following

Members, and only if the Members meet the above criteria.

- Members who are under seven (7) years of age.
- Members who are developmentally disabled, regardless of age.
- Members whose health is compromised and for whom general anesthesia is Medically Necessary, regardless of age.

Diabetic Services

Diabetic services shall consist of diabetic outpatient self-management training, education, and medical nutrition therapy necessary to enable you to properly use the equipment, supplies, and medications. Additional diabetic outpatient self-management training, education, and medical nutrition therapy shall be provided when ordered or prescribed by your Participating Physician or Other Participating Health Professional.

Coverage will be provided for the following Medically Necessary diabetic supplies and equipment recommended or prescribed by a Participating Physician or Other Participating Health Professional and approved by Healthplan for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes as Medically Necessary, even if the items are available without a prescription.

The following supplies will be provided under Durable Medical Equipment:

- Blood glucose monitors.
- Blood glucose monitors designed to assist the visually impaired.
- Insulin pumps and all related necessary supplies.
- Podiatric devices to prevent or treat diabetes-related complications.
- Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

The following supplies will be provided under the Prescription Drugs – Supplemental Rider:

- Blood glucose testing strips.
- Ketone urine testing strips.
- Lancets and lancet puncture devices.
- Pen delivery systems for the administration of insulin.
- Insulin syringes.

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Durable Medical Equipment

Purchase or rental of durable medical equipment that is ordered or prescribed by a Participating Physician and provided by a vendor approved by the Healthplan for use outside a Participating Hospital or Other Participating Health Care Facility. Coverage for repair, replacement or duplicate equipment is provided only when required due to a change in medical condition, anatomical change and/or reasonable wear and tear. Repair or replacement of equipment used in an activity which is not its intended use or equipment which is damaged due to loss, theft or willful destruction is not covered. All maintenance and repairs that result from a Member's misuse are the Member's responsibility. Coverage for Durable Medical Equipment is limited to the standard item of equipment that as determined by the Healthplan Medical Director adequately meets your medical needs.

Durable medical equipment is defined as items which are designed for and able to withstand repeated use by more than one person; customarily serve a medical purpose; generally are not useful in the absence of illness or injury; are appropriate for use in the home; and are not disposable. Such equipment includes, but is not limited to, crutches, hospital beds, respirators, wheel chairs, dialysis machines and Medically Necessary diabetic equipment and supplies.

Coverage will be provided for the following Medically Necessary diabetic equipment and supplies recommended or prescribed by a Participating Physician or Other Participating Health Professional for the management and treatment of insulin using diabetes, non-insulin-using diabetes, and gestational diabetes provided by a vendor approved by Healthplan, even if the items are available without a prescription.

- Blood glucose monitors.
- Blood glucose monitors designed to assist the visually impaired.
- Insulin pumps and all related necessary supplies.



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- Podiatric devices to prevent or treat diabetes-related complications.
- Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

Durable Medical Equipment items that are not covered, include but are not limited to those that are listed below.

- **Bed related items**: bed trays, over the bed tables, bed wedges, pillows, custom bedroom equipment, mattresses, including non-power mattresses, custom mattresses and posturepedic mattresses.
- **Bath related items**: bath lift, non-portable whirlpool, bathtub rails, toilet rails, raised toilet seats, bath benches, bath stools, hand held showers, paraffin baths, bath mats, and spas.
- **Chairs, Lifts and Standing Devices**: computerized or gyroscopic mobility systems, roll about chairs, geriatric chairs, hip chairs, seat lifts (mechanical or motorized), patient lifts (mechanical or motorized – manual hydraulic lifts are covered if patient is two person transfer), and auto tilt chairs.
- **Fixtures to real property**: ceiling lifts, and wheelchair ramps.
- **Car/van modifications**.
- **Air quality items**: room humidifiers, vaporizers, air purifiers and electrostatic machines.
- **Blood/injection related items**: blood pressure cuffs, centrifuges, nova pens (provided under Diabetic Services), and needle-less injectors.
- **Other equipment:** heat lamp, heating pad, cryounits, cryotherapy machines, electronic controlled therapy units, ultraviolet cabinets, sheepskin pads and boots, postural drainage board, AC/DC adaptors, Enuresis alarms, magnetic equipment, scales (baby and adult), stair gliders, elevators, saunas, any exercise equipment, and diathermy machines.

External Prosthetic Appliances

Purchase and fitting of external prosthetic appliances and devices that are ordered or prescribed by a Participating Physician, available only by prescription and are necessary for the alleviation or correction of illness, injury or congenital defect.

External prosthetic appliances and devices shall include prostheses/prosthetic appliances and devices, orthoses and orthotic devices, braces, and splints.

Prostheses/Prosthetic Appliances and Devices

Prostheses/prosthetic appliances and devices are defined as fabricated replacements for missing body parts. Prostheses/prosthetic appliances and devices include, but are not limited to:

- Basic limb prosthetics.
- Terminal devices such as a hand or hook. and
- Speech prostheses.

Orthoses and orthotic devices

Orthoses and orthotic devices are defined as orthopedic appliances or apparatuses used to support, align, prevent or correct deformities. Coverage is provided for custom foot orthoses and other orthoses as follows:

- Non-foot orthoses – only the following non-foot orthoses are covered:
  a. Rigid and semi-rigid custom fabricated orthoses;
  b. Semi-rigid pre-fabricated and flexible orthoses; and
  c. Rigid pre-fabricated orthoses, including preparation, fitting and basic additions, such as bars and joints.
- Custom foot orthotics – custom foot orthoses are only covered as follows:
  a. For Members with impaired peripheral sensation and/or altered peripheral circulation (e.g. diabetic neuropathy and peripheral vascular disease);
  b. When the foot orthosis is an integral part of a leg brace, and it is necessary for the proper functioning of the brace;
  c. When the foot orthosis is for use as a replacement or substitute for missing parts of the foot (e.g. amputation) and is necessary for the alleviation or

correction of illness, injury, or congenital defect; and

d. For Members with neurologic or neuromuscular condition (e.g. cerebral palsy, hemiplegia, spina bifida) producing spasticity, malalignment, or pathological positioning of the foot, and there is reasonable expectation of improvement.

The following are specifically excluded orthoses and orthotic devices:

- Prefabricated foot orthoses;
- Unless Medically Necessary, cranial banding/cranial orthoses/other similar devices are excluded, except when used postoperatively for synostotic plagiocephaly. When used for this indication, the cranial orthosis will be subject to the limitations and maximums of the External Prosthetic Appliances and Devices benefit;
- Orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers;
- Orthoses primarily used for cosmetic rather than functional reasons; and
- Orthoses primarily for improved athletic performance or sports participation.

Braces

A brace is defined as an orthosis or orthopedic appliance that supports or holds in correct position any movable part of the body and that allows for motion of that part.

The following braces are specifically excluded:

- Unless Medically Necessary, copes scoliosis braces.

Splints

A Splint is defined as an appliance for preventing movement of joints or for the fixation of displaced or movable parts.

Coverage for replacement of external prosthetic appliances and devices is limited to the following:

- Replacement due to regular wear. Replacement for damage due to abuse or misuse by the member will not be covered; and
- Replacement will be provided when anatomic change has rendered the external prosthetic appliance or device ineffective. Anatomic change includes significant weight gain or loss, atrophy and/or growth.

Coverage for replacement is limited as follows:

- Replacement due to a surgical alteration or revision of the site.

The following are specifically excluded external prosthetic appliances and devices:

- External and internal power enhancements or power controls for prosthetic limbs and terminal devices; and
- Unless Medically Necessary, myoelectric prostheses – peripheral nerve stimulators.

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Family Planning Services (Contraception and Voluntary Sterilization)

Family planning services including: medical history; physical examination; related laboratory tests; medical supervision in accordance with generally accepted medical practice; other Medical Services; information and counseling on contraception; implanted/injected contraceptives; and, after appropriate counseling, Medical Services connected with surgical therapies (vasectomy or tubal ligation).

Health Education and Medical Social Services

Health Education Services

The Healthplan will organize, sponsor and conduct programs in health education for the benefit of all Members. Programs offered will include instructions in the appropriate use of health services; information about the health services offered by the Healthplan and the generally accepted medical standards for the use and frequency of such service; instruction in the methods each Member can take to maintain his/her own health, such as personal health care measures and nutritional education and counseling.

Medical Social Services

Healthplan shall provide support to Members dealing with the physical, emotional and economic effects of illness and disability through Medical Social Services including hospitalization planning and related family counseling, and referral to (but not payment for) services provided through community health and social welfare agencies.

Genetic Testing

Genetic testing that uses a proven testing method for the identification of genetically-linked inheritable disease. Genetic testing is only covered if:

- You have symptoms or signs of a genetically-linked inheritable disease;
- It has been determined that you are at risk for carrier status as supported by existing peer-reviewed, evidence-based scientific literature for the development of a genetically-linked inheritable disease when the results will impact clinical outcome; or
- The therapeutic purpose is to identify specific genetic mutation that has been demonstrated in the existing peer-reviewed, evidence-based scientific literature to directly impact treatment options.

Pre-implantation genetic testing, genetic diagnosis prior to embryo transfer, is covered when either parent has an inherited disease or is a documented carrier of a genetically-linked inheritable disease.

Genetic counseling is covered if you are undergoing approved genetic testing, or if you have an inherited disease and are a potential candidate for genetic testing. Genetic counseling is limited to three (3) visits per condition, per Contract Year for both pre- and post-genetic testing.

Home Health Services

Home health services when you:

- require skilled care;
- are unable to obtain the required care as an ambulatory outpatient; and
- do not require confinement in a Hospital or Other Participating Health Care Facility.

Home Health Services are provided only if the Healthplan Medical Director has determined that the home is a medically appropriate setting. If you are a minor or an adult who is dependent upon others for non-skilled care and/or Custodial Services (e.g., bathing, eating, toileting), home health services will only be provided for you during times when there is a family member or care giver present in the home to meet your non-skilled care and/or Custodial Services needs.

Home Health Services are those skilled health care services that can be provided during visits by Other Participating Health Professionals. The services of a home health aide are covered when rendered in direct support of skilled health care services provided by Other Participating Health Professionals. Skilled nursing services or private duty nursing services provided in the home are subject to the Home Health Services benefit terms, conditions and benefit limitations. A visit is defined as a period of 4 hours or less. Necessary consumable medical supplies and home infusion therapy, administered or used by Other Participating Health Professionals in providing Home Health Services are covered. Home Health Services do not include services by a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house even if that person is an Other Participating Health Professional. Home Health Services maximums do not apply to any home health care that is provided as part of Hospice Care Services. Physical, Occupational, and other Rehabilitative Therapy services provided in the home are [not subject to the Home Health Services benefit limitations in the Schedule of Copayments.

Hospice Care Services

Hospice Care Services which are provided under an approved hospice care program when provided to a Member who has been diagnosed by a Participating Physician as having a terminal illness with a prognosis of one (1) year or less to live if the disease follows its natural course. Hospice Care Services include Inpatient Care; Outpatient Services; professional services of a Physician; services of a psychologist, social worker or family counselor for individual and family counseling; bereavement services for surviving family members for a period

of at least one (1) year after the death of the Member; and Home Health Services.

Hospice care services do not include the following:

- services of a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house;
- services for curative or life-prolonging procedures;
- services for which any other benefits are payable under the Agreement;
- services or supplies that are primarily to aid you or your Dependent in daily living;
- nutritional supplements, non-prescription drugs or substances, vitamins or minerals.

Hospice care services are services provided by a Participating Hospital; a participating skilled nursing facility or a similar institution; a participating home health care agency; a participating hospice facility, or any other licensed facility or agency under a Medicare approved hospice care program.

A hospice care program is:

- a coordinated, interdisciplinary program to meet the physical, psychological, spiritual and social needs of dying persons and their families;
- a program that provides an overall written plan of care as well as palliative and supportive medical, nursing, and other health services through home or inpatient care during the illness;
- nursing care covered on a continuous basis for as much as twenty-four (24) hours a day during periods of crises as necessary to maintain an individual at home. Either homemaker or home health aide services or both may be covered on a twenty-four (24) hour continuous basis during periods of crisis but care during these periods must be predominantly nursing care. A period of crisis is a period in which the individual requires continuous care to achieve palliation or management of acute medical symptoms;
- short inpatient stays that may be necessary to manage acute symptoms or due to the temporary absence, or need for respite, of a capable primary caregiver. Respite care may be provided only on an occasional basis and for not more than five (5) consecutive days at a time;
- Medical appliances and supplies, including drugs and biologicals as defined in section 1861(t) of the Social Security Act and which are used primarily for the relief of pain and symptom control related to the Member's terminal illness are covered;
- and a program for persons who have a terminal illness and for the families of those persons.

A hospice facility is a participating institution or portion of a facility which primarily provides care for terminally ill patients; is a Medicare approved hospice care facility; meets standards established by the Healthplan; and fulfills all licensing requirements of the state or locality in which it operates.

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Infertility Services

Services related to diagnosis of infertility and treatment of infertility once a condition of infertility has been diagnosed. Services include, but are not limited to: approved surgeries and other therapeutic procedures that have been demonstrated in existing peer-reviewed, evidence-based, scientific literature to have a reasonable likelihood of resulting in pregnancy, including artificial insemination; laboratory tests; sperm washing or preparation; and diagnostic evaluation.

Infertility is defined as the inability of opposite-sex partners to achieve conception after one year of unprotected intercourse; or the inability of a woman to achieve conception after six trials of artificial insemination over a one-year period.

This benefit includes diagnosis and treatment of both male and female infertility.

The following are specifically excluded infertility services:

- In vitro fertilization; gamete intrafallopian transfer (GIFT); zygote intrafallopian transfer (ZIFT) and variations of these procedures;
- Reversal of male or female voluntary sterilization;



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- Infertility services when the infertility is caused by or related to voluntary sterilization;
- Donor charges and services;
- Cryopreservation of donor sperm and eggs; and
- Any experimental, investigational or unproven infertility procedures or therapies.

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Inpatient Services at Other Participating Health Care Facilities

Inpatient services at Other Participating Health Care Facilities including semi-private room and board; skilled and general nursing services; Physician visits; physiotherapy; speech therapy; occupational therapy; x-rays; and administration of drugs, medications, biologicals and fluids.

Internal Prosthetic/Medical Appliances

Internal prosthetic/medical appliances that provide permanent or temporary internal functional supports for non-functional body parts are covered. Medically Necessary repair, maintenance or replacement of a covered appliance is also covered.

Laboratory and Radiology Services

Diagnostic laboratory and radiation therapy and other diagnostic and therapeutic radiological procedures.

Maternity Care Services

Medical, surgical and hospital care during the term of pregnancy, upon delivery and during the postpartum period for normal delivery, spontaneous abortion (miscarriage) and complications of pregnancy.

Inpatient Hospital Services for Maternity Care shall not require prior Healthplan approval, and may not be less than forty-eight (48) hours for a normal vaginal delivery or less than ninety-six (96) hours for caesarian section, unless both of the following requirements are met:

- The decision to discharge the maternity patient and newborn prior to these time frames is made by the Participating Physician in consultation with the new mother; and
- If prescribed by the Participating Physician, Healthplan provides a follow-up visit by or to a licensed provider. The follow-up visit may be a home visit; physician visit or plan facility visit for both the new mother and the newborn within forty-eight (48) hours of discharge.

Includes providing coverage for participation in the statewide prenatal testing program administered by the State Department of Health Services known as the Expanded Alpha Feto Protein program.

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Severe Mental Illness of a Member of any Age and Serious Emotional Disturbances of a Child

Outpatient Services of Participating Providers and Inpatient and Partial Hospital Services by a facility designated by the Healthplan Medical Director for the diagnosis and Medically Necessary treatment of severe mental illness of a Member of any age, and of serious emotional disturbances of a child who is a Member. The Healthplan may utilize case management and utilization review techniques to manage and authorize services and to assure that only Medically Necessary services are provided under the Agreement.

Severe mental illness shall include:

- Schizophrenia.
- Schizoaffective disorder.
- Bipolar disorder (manic-depressive illness).
- Major depressive disorders.
- Panic disorder.
- Obsessive-compulsive disorder.
- Pervasive developmental disorder or autism.
- Anorexia nervosa.
- Bulimia nervosa.

Serious emotional disturbances of a child shall be defined as a child who (1) has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms, and (2) who meets the criteria in paragraph (2) of subdivision (a)

of Section 5600.3 of the Welfare and Institutions Code.

Mental Health and Substance Abuse Services

Mental Health Services are services that are required to treat a disorder that impairs the behavior, emotional reaction or thought processes. In determining benefits payable, charges made for the treatment of any physiological conditions related to mental health will not be considered to be charges made for treatment of mental health.

Substance Abuse is defined as the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining benefits payable, charges made for the treatment of any physiological conditions related to rehabilitation services for alcohol or drug abuse or addiction will not be considered to be charges made for treatment of Substance Abuse.

Inpatient Mental Health Services

Services that are provided by a Participating Hospital for the treatment and evaluation of mental health.

Inpatient Mental Health benefits are exchangeable with partial hospitalization sessions when benefits are provided for not less than four (4) hours and not more than twelve (12) hours in any twenty-four (24) hour period. The benefit exchange will be two (2) partial hospitalization sessions are equal to one day of inpatient care.

Outpatient Mental Health Services

Services of Participating Providers who are qualified to treat mental health when treatment is provided on an outpatient basis in an individual, group or structured group therapy program. Covered services include, but are not limited to, outpatient treatment of conditions such as: anxiety or depression which interferes with daily functioning; emotional adjustment or concerns related to chronic conditions, such as psychosis or depression; emotional reactions associated with marital problems or divorce; child/adolescent problems of conduct or poor impulse control; affective disorders; suicidal or homicidal threats or acts; eating disorders; or acute exacerbation of chronic mental health conditions (crisis intervention and relapse prevention) and outpatient testing and assessment.

Substance Abuse Detoxification Services

Detoxification and related medical ancillary services when required for the diagnosis and treatment of addiction to alcohol and/or drugs. The Healthplan Medical Director will decide, based on the Medical Necessity of each situation, whether such services will be provided in an inpatient or outpatient setting.

Excluded Mental Health and Substance Abuse Services

The following are specifically excluded from mental health and substance abuse services:

- Any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluations unless Medically Necessary and otherwise covered under this Agreement.
- Treatment of mental disorders that have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain; developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders; counseling for activities of an educational nature and counseling for borderline intellectual functioning, except as specified in the "Severe Mental Illness of a Member of any Age and Serious Emotional Disturbances of a Child" section of "Section IV. Covered Services and Supplies."
- Counseling for occupational problems.
- Counseling related to consciousness raising.
- Vocational or religious counseling.
- I.Q. testing.
- Residential treatment.
- Custodial care, including but not limited to geriatric day care.
- Psychological testing on children requested by or for a school system.

- Occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline.

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Nutritional Evaluation

Nutritional Evaluation and counseling from a Participating Provider when diet is a part of the medical management of a documented organic disease, including clinically severe obesity.

Obstetrical and Gynecological Services

Obstetrical and gynecological services that are provided by qualified Participating Providers for pregnancy, well-women gynecological exams, primary and preventive gynecological care and acute gynecological conditions. Upon the referral of the Members Participating Provider, includes coverage for an annual cervical cancer screening test which shall include the conventional Pap test and the option of any cervical cancer screening test approved by the federal Food and Drug Administration. For these Service and Supplies you have direct access to qualified Participating Providers; you do not need a Referral from your PCP. If your PCP is part of a multi-specialty group medical practice, you must see an Obstetrician/Gynecologist who is part of the same group practice. Follow up care and subsequent referrals provided by the Obstetrician/Gynecologist may be subject to the utilization management program of the medical group. Authorization will be required for obstetrical and gynecological subspecialty care such as gynecologic oncology, gynecologic endocrinology and covered infertility services.

Transplant Services

Medically Necessary human organ and tissue transplant services at designated facilities throughout the United States. Transplant services include solid organ and bone marrow/stem cell procedures. This coverage is subject to the following conditions and limitations.

Transplant services include the recipient's medical, surgical and hospital services; inpatient immunosuppressive medications; and costs for organ or bone marrow/stem cell procurement. Transplant services are covered only if they are required to perform any of the following human to human organ or tissue transplants: allogeneic bone marrow/stem cell, autologous bone marrow/stem cell, cornea, heart, heart/lung, kidney, kidney/pancreas, liver, lung, pancreas or intestinal which includes small bowel, liver or multivisceral. All other types of organ and tissue transplants will be considered experimental and will be excluded from this Agreement on this basis. If a transplant service has been denied on the basis of being experimental, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions". From time to time the Healthplan will review developments in medical technology, and based upon generally accepted medical standards, determine if the list of covered transplants should be revised.

All transplant services other than cornea, must be received at a qualified or provisional CIGNA LIFESOURCE Transplant Network® facility.

Coverage for organ procurement costs are limited to costs directly related to the procurement of an organ, from a cadaver or a live donor. Organ procurement costs shall consist of surgery necessary for organ removal, organ transportation and the transportation, hospitalization and surgery of a live donor. Compatibility testing undertaken prior to procurement is covered if Medically Necessary. Costs related to the search and identification of a bone marrow or stem cell donor for an allogeneic transplant are also covered.

Transplant Travel Services

Reasonable travel expenses incurred by you in connection with a pre-approved organ/tissue transplant are covered subject to the following conditions and limitations. Transplant Travel benefits are not available for cornea transplants. Benefits for transportation, lodging and food are available to you only if you are the recipient of a pre-approved organ/tissue transplant from a designated CIGNA LIFESOURCE Transplant Network® facility. The term recipient is defined to include a Member receiving authorized transplant related services during any of the following: (a) evaluation, (b) candidacy, (c) transplant event, or (d) post-transplant care. Travel expenses for the



Member receiving the transplant will include charges for:

- transportation to and from the transplant site (including charges for a rental car used during a period of care at the transplant facility);
- lodging while at, or traveling to and from the transplant site; and
- food while at, or traveling to and from the transplant site.

In addition to you being covered for the charges associated with the items above, such charges will also be considered covered travel expenses for one companion to accompany you. The term companion includes your spouse, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver.

The following are specifically excluded travel expenses:

- travel costs incurred due to travel within sixty (60) miles of your home;
- laundry bills;
- telephone bills;
- alcohol or tobacco products; and
- charges for transportation that exceed coach class rates.

These benefits are only available when the Member is the recipient of a transplant. No benefits are available where the Member is a donor.

Oxygen

Oxygen and an oxygen delivery system. Members traveling outside their CIGNA Service Area must contact their Participating Physician prior to travel so that arrangements can be made to provide the required oxygen.

Periodic Health Examinations for Adults

All routine diagnostic testing and laboratory services appropriate for such examinations including all generally accepted cancer screening tests. Includes coverage for the screening and diagnosis of prostate cancer, which includes, but is not limited to, prostate specific antigen testing and digital rectal examinations, when Medically Necessary and consistent with good medical practice.

Phenylketonuria (PKU) Testing and Treatment

Coverage for treatment of phenylketonuria (PKU) shall include those formulas and special food products that are part of a diet prescribed by a Participating Provider who specializes in the treatment of metabolic disease, provided that the diet is deemed Medically Necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of phenylketonuria (PKU).

Coverage pursuant to this section is not required except to the extent that the cost of the necessary formulas and special food products exceeds the cost of a normal diet. For purposes of this section, the following definitions shall apply:

1. Formula means an enteral product or enteral products for use at home that are prescribed by a Participating Provider authorized to prescribe dietary treatments, as Medically Necessary for the treatment of phenylketonuria (PKU).
2. Special food product means a food product that is both of the following:
   a. Prescribed by a Participating Provider for the treatment of phenylketonuria (PKU) and is consistent with the recommendations and best practices of qualified health professionals with expertise germane to, and experience in the treatment and care of, phenylketonuria (PKU). It does not include a food that is naturally low in protein, but may include a food product that is specially formulated to have less than one gram of protein per serving.
   b. Used in place of normal food products, such as grocery store foods, used by the general population.

Reconstructive Surgery

Reconstructive Surgery or therapy to repair or correct abnormal structures of the body caused by congenital defects, developmental abnormalities, tumors, trauma, infections, disease or the complications of Medically Necessary, non-cosmetic surgery provided that:

- the surgery or therapy restores or improves function; or
- creates a normal appearance, to the extent possible; or
- reconstructive surgery or therapy is to repair or correct a severe physical deformity or disfigurement, which is accompanied by functional deficit (other than abnormalities of the jaw or related to non-medically necessary treatment of TMJ disorder); or
- reconstruction is required as a result of Medically Necessary, non-cosmetic surgery; or
- the surgery or therapy is required as a result of the congenital absence or agenesis (lack of formation or development) of a body part.

Repeat or subsequent surgeries for the same condition are covered only when there is the probability of significant additional improvement as determined by the Healthplan Medical Director.

The Healthplan may utilize prior authorization and utilization review that may include, but not be limited to any of the following:

- Denial of the proposed surgery if there is another more appropriate surgical procedure that will be approved for you.
- Denial of the proposed surgery or surgeries if the procedure or procedures, in accordance with the standard of care as practiced by physicians specializing in Cosmetic Surgery, offer only a minimal improvement in your appearance.
- Denial of payment for procedures performed without prior authorization.

Rehabilitative Therapy and Chiropractic Care Services

Rehabilitative Therapy that is part of a rehabilitation program, including physical, speech, occupational, cognitive, osteopathic manipulative, cardiac rehabilitation and pulmonary rehabilitation therapy, when provided in the most medically appropriate setting**.** Also included are services that are provided by a chiropractic Physician when provided in an outpatient setting. Services of a chiropractic Physician include the management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment that is rendered to restore motion, reduce pain and improve function.

The following limitations apply to Rehabilitative Therapy and chiropractic care services:

- To be covered all therapy services must be restorative in nature or determined to be Medically Necessary. Restorative therapy services are services that are designed to restore levels of function that had previously existed but that have been lost as a result of injury or sickness. Restorative therapy services do not include therapy designed to acquire levels of function that had not been previously achieved prior to the injury or illness.
- For Rehabilitative Therapy, the Healthplan may request that your Participating Provider provide biweekly updates on your progress.
- Services are not covered if they are custodial, training, educational or developmental in nature unless determined to be Medically Necessary.
- Occupational therapy is provided only for purposes of enabling Members to perform the activities of daily living after an illness or an injury.

Unless determined to be Medically Necessary, Rehabilitative Therapy services that are not covered include, but are not limited to:

- Sensory integration therapy, group therapy; treatment of dyslexia; behavior modification or myofunctional therapy for dysfluency, such as stuttering or other involuntarily-acted conditions without evidence of an underlying medical condition or neurological disorder;
- Treatment for functional articulation disorder, such as correction of tongue thrust, lisp, verbal apraxia or swallowing dysfunction that is not based on an underlying diagnosed medical condition or injury; and
- Maintenance or preventive treatment consisting of routine, long-term or non-Medically Necessary care provided to prevent reoccurrences or to maintain the patient's current status.

If any Rehabilitative Therapy has been denied on the basis of not being Medically Necessary, you may seek an appeal through the "Independent Medical



Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions".

The following are specifically excluded from Chiropractic Care Services:

- Services of a chiropractor, which are not within his/her scope of practice, as defined by state law;
- Charges for care not provided in an office setting;
- Maintenance or preventive treatment consisting of routine, long term or non-Medically Necessary care provided to prevent reoccurrence or to maintain the patient's current status;
- Vitamin therapy; and
- Massage therapy in the absence of other modalities.

If multiple services are provided on the same day, a separate Copayment will apply to the services provided by each Participating Provider.

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Screening, Diagnosis and Treatment for Breast Cancer

Screening and Diagnosis of Breast Cancer. Coverage for mammography for screening or diagnosis of breast cancer, consistent with generally accepted medical practice and scientific evidence, will be provided when referred by your Primary Care Physician or Participating Provider (which shall include a participating nurse practitioner, participating certified nurse midwife), providing care to you and operating within the scope of practice provided under existing law.

Breast Reconstruction and Breast Prostheses. Incidental to mastectomies and lymph node dissections, the following are considered covered services and benefits: initial and subsequent reconstructive surgeries of the breast on which the mastectomy was performed or initial and subsequent prosthetic devices, and follow up care deemed necessary by the Participating Physician; two mastectomy bras per Contract Year; complications from a mastectomy, including lymphedema therapy; prosthetic devices and reconstructive surgery for a healthy breast, if in the opinion of the Participating Physician this surgery is necessary to achieve normal symmetrical appearance. The length of hospital stay associated with a mastectomy or lymph node dissection shall be determined by the Participating Physician in consultation with the patient, consistent with sound clinical principles and processes and shall not require prior Healthplan approval. As used in this section, "mastectomy" means the removal of all or part of the breast for Medically Necessary reasons.

Vision and Hearing Screenings for Dependents

Vision and hearing screenings provided by your PCP, provided you are under the age of eighteen (18) years.

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Vision Care Services

One complete eye examination, including basic vision screening, refraction and tono-metric testing and the purchase of eyeglasses. For these Services and Supplies you have direct access to qualified Participating Vision Care Providers as listed in your Provider Directory; you do not need a Referral from your PCP.

The following are specifically excluded from coverage:

- Any services or items related to orthoptics or vision training;
- Magnification vision aids;
- Any non-prescription eyeglasses or lenses;
- Any prescription or non-prescription contact lenses;
- Any charges for tinting, anti-reflective coatings, prescription sunglasses or light sensitive lenses;
- Any eye examination required by an employer as a condition of employment or which an employer is required to provide under a collective bargaining agreement;
- Any eye examination required by law; and
- Safety glasses or lenses required for employment.

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Section V. Exclusions and Limitations

Exclusions

Unless determined to be Medically Necessary, any Services and Supplies which are not described as covered in "Section IV. Covered Services and Supplies" or in an attached Rider or are specifically excluded in "Section IV. Covered Services and Supplies" or an attached Rider are not covered under this Agreement.

In addition, the following are specifically excluded Services and Supplies:

1. Care for health conditions that are required by state or local law to be treated in a public facility; provided, however, that this exclusion shall not operate to exclude coverage for services provided to a Member confined in a city or county jail or in a juvenile facility, solely because of such confinement, or for services provided to a Member while confined in a state hospital, solely because the services were provided in a state hospital.
2. Care required by state or federal law to be supplied by a public school system or school district.
3. Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this Agreement.
4. Assistance in the activities of daily living, including but not limited to, eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
5. Any services and supplies for or in connection with experimental, investigational and unproven services as defined in "Section I. Definitions of Terms Used in this Group Service Agreement."
6. Cosmetic surgery or therapy except as specified in the "Reconstructive Surgery" section of "Section IV. Covered Services and Supplies."
7. The following services are excluded unless Medically Necessary:
   - Macromastia or Gynecomastia Surgeries – Macromastia surgery is the surgical excision of enlarged female breast tissue, skin and fat in order to decrease the size of the breast. Gynecomastia surgery is a procedure to treat benign enlargement of the male breast;
   - Surgical treatment of varicose veins;
   - Abdominoplasty – Abdominoplasty, also referred to as a "tummy tuck" is a surgical procedure that tightens a lax anterior abdominal wall and removes excess abdominal skin (panniculectomy component). It is generally to improve appearance by recontouring the abdominal wall area;
   - Panniculectomy – Panniculectomy is the surgical excision of redundant panniculus adiposus (the superficial fascia which contains an abundance of fat tissue);
   - Rhinoplasty;
   - Blepharoplasty – Blepharoplasty refers to the surgical excision of redundant tissues (muscle, fat, skin) of the eyelids;
   - Redundant skin surgery;
   - Removal of skin tags.
8. The following services are excluded from coverage regardless of clinical indications:
   - Acupressure;
   - Craniosacral/cranial therapy – Craniosacral therapy (CST), also called cranial therapy, is an unproven non-invasive treatment that utilizes diagnostic touching to detect reported pulsations and rhythms of the flow of cerebrospinal fluid to effect a release of possible restrictions without the use of forceful manipulation. CST has been utilized for a variety of both musculoskeletal and general medical conditions. Some reported clinical applications of CST include acute systemic infections, chronic pain conditions, localized infection, dysfunctions of the viscera (e.g., ulcerative bowel conditions, asthma), depression, strabismus, auditory problems, developmental delay, and autism. The safety and efficacy of this treatment has not been proven. If you feel that any of these services have been denied on the basis of being experimental, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions";
   - Dance therapy, movement therapy;



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- Applied kinesiology – Applied kinesiology is a system using muscle testing as a functional neurological evaluation. The methodology is concerned primarily with neuromuscular function as it relates to the structural, chemical and mental physiologic regulatory mechanisms. A.K., which originated within the chiropractic profession, is an approach to clinical practice, with multidisciplinary applications. The safety and efficacy of this technique has not been proven. If you feel that any of these services have been denied on the basis of being experimental, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions";
- Rolfing;
- Prolotherapy – Prolotherapy is the injection of a solution for the purpose of tightening and strengthening loose or weak tendons, ligaments or joint capsules through the multiplication and activation of fibroblasts. The safety and efficacy of this treatment has not been proven. If you feel that any of these services have been denied on the basis of being experimental, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions"; and
- Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions – Extracorporeal shock wave therapy (ESWL) is a noninvasive treatment that involves delivery of 1000 to 3000 shock waves to the painful musculoskeletal region, and has been proposed as an alternative to surgery. The mechanism by which ESWL might work to relieve pain associated is unknown and the efficacy has not been proven. If you feel that any of these services have been denied on the basis of being experimental, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions".

9. Orthognathic treatment/surgery, including but not limited to treatment/surgery for mandibular or maxillary prognathism, microprognathism or malocclusion, surgical augmentation for orthodontics, or maxillary constriction. However, Medically Necessary treatment of orthognathic problems, which may include TMJ disorder are covered.
10. Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six (6) months of the accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least fifty (50%) percent bony support and are functional in the arch.
11. Medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute (NHLBI) guideline is covered only at approved centers if the services are demonstrated, through existing peer-reviewed, evidence-based scientific literature and scientifically-based guidelines, to be safe and effective for treatment of the condition. Clinically severe obesity is defined by the NHLBI as a BMI of 40 or greater without comorbidities, or 35-39 with comorbidities. The following are specifically excluded:
    - Medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity, unless Medically Necessary or as specified in the "Reconstructive Surgery" section of "Section IV. Covered Services and Supplies"; and
    - Weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.
12. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance



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or government licenses, and court ordered, forensic, or custodial evaluations.

13. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise covered under "Section IV. Covered Services and Supplies."
14. In vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
15. Reversal of male and female voluntary sterilization procedures.
16. Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
17. Treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation. However, Medically Necessary treatment and penile implants are covered when an established medical condition is the cause of erectile dysfunction.
18. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
19. Non-medical counseling or ancillary services including but not limited to, Custodial Services, education, training, vocational rehabilitation, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return-to-work services, work hardening programs and driving safety. Behavioral training and services, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays, or mental retardation are also excluded except as specified in the “Severe Mental Illness of a Member of any Age and Serious Emotional Disturbances of a Child” section of “Section IV. Covered Services and Supplies.”
20. Consumable medical supplies other than ostomy supplies, urinary catheters and diabetic supplies. Excluded supplies include, but are not limited to, bandages and other disposable medical supplies including skin preparations, except as specified in the "Inpatient Hospital Services", "Outpatient Facility Services", "Diabetic Services", "Diabetic Supply Coverage", "Durable Medical Equipment" and "Home Health Services", sections of "Section IV. Covered Services and Supplies."
21. Private hospital rooms and/or private duty nursing except as provided in the "Home Health Services" section of "Section IV. Covered Services and Supplies," or unless determined to be Medically Necessary by the Healthplan Medical Director in consultation with the Member's treating Physician.
22. Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
23. Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
24. Hearing aids, including, but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
25. Aids or devices that assist with non-verbal communications, including, but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
26. Contact Lenses (except for the first pair of contacts for treatment of keratoconus or post-cataract surgery).
27. Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
28. Treatment by acupuncture.
29. All prescription drugs, non-prescription drugs, injectable prescription drugs that do not require physician supervision and are typically considered self-administered drugs, and investigational and experimental drugs (except as specified in “Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services” under “Section III. Agreement



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V. Exclusions and Limitations

Provisions"), and "Section IV. Covered Services and Supplies."

30. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
31. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
32. Dental implants for any condition.
33. Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease, except as provided in the "Genetic Testing" section of "Section IV. Covered Services and Supplies."
34. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Healthplan Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
35. Blood administration for the purpose of general improvement in physical condition.
36. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
37. Cosmetics, dietary supplements and health and beauty aids.
38. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism and as specified under the "Phenylketonuria (PKU) Testing and Treatment" provision of Section IV. Covered Services and Supplies.
39. Telephone, email and internet consultations.
40. Massage therapy.
41. Mental Health and Substance Abuse Services except as specified in "Section IV. Covered Services and Supplies. "

In addition to the provisions of this "Exclusions and Limitations" section , you will be responsible for the actual cost the Healthplan paid for Services and Supplies under the conditions described in the "Reimbursement" provision of "Section VI. Other Sources of Payment for Services and Supplies. "

Limitations

Circumstance Beyond the Healthplan's Control. To the extent that a natural disaster, war, riot, civil insurrection, epidemic or any other emergency or similar event not within our control results in our facilities or personnel being unavailable to provide or arrange for the provisions of a basic or supplemental health service or supplies in accordance with this Agreement, we will make a good faith effort to provide or arrange for the provision of the services or supplies, taking into account the impact of the event. Under these extreme circumstances, the Member is advised to seek Emergency Services at the nearest emergency facility. The Healthplan will provide coverage and reimbursement as described in the Emergency Services and Urgent Care Section of the Agreement.

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VI. Other Sources of Payment For Services and Supplies

Section VI. Other Sources of Payment for Services and Supplies

Subrogation

If you are injured or rendered ill under circumstances which create a liability for a third party to pay claims or damages to you, we are subrogated to all rights, claims, or interests which you may have against such third party and shall have automatically, without the need to file with such third party or with a tribunal or court of competent jurisdiction, a lien upon the portion of the proceeds of any recovery from such third party representing the damage award you received for Medical and Hospital services provided by the Healthplan as follows:

We have the right to recover from the third party the actual cost the Healthplan has paid, for care which we have provided for you; and

We have the right to recover from the third party to the extent of actual payments that we have paid for Services and Supplies and not rendered services. If permitted by applicable state or federal law, we may require you, your guardian, personal representative, estate, Dependents, or survivors, as appropriate, to assign your claim or cause of action against the third party to us and to execute and deliver such instruments to secure our right to that claim.

Except for Participating Hospitals(who retain whatever lien rights afforded them under state and federal law), Healthplan Participating Providers will accept the Healthplan's payments on your behalf and will not assert against you statutory or other lien rights that may exist.

Reimbursement

If you receive any payment from any third party, including, but not limited to, any worker's compensation fund or carrier, Medicare, a tort feasor, or any other insurance carrier, but excluding Medi-Cal, for Services and Supplies either rendered or paid by us, we have the right to receive reimbursement from you to the extent that you have received payment as follows:

We have the right to receive reimbursement from you to the extent of the actual cost the Healthplan has paid for your care and treatment which we have directly rendered or arranged to be rendered for you; and we have the right to receive reimbursement from you to the extent that we have paid for Services and Supplies and not rendered services.

Except for Participating Hospitals (who retain whatever lien rights afforded them under state and federal law), Healthplan Participating Providers will accept the Healthplan's payments on your behalf and will not assert against you statutory or other lien rights that may exist.

If you are not reimbursed from any third party because you knowingly chose not to apply for, or to reject, or to waive coverage, then you will be responsible for payment of all expenses for services rendered on account of such injury or illness. In addition, you will be obligated to fully cooperate with us in any attempts to recover such expenses from your employer if your employer failed to take the steps required by law or regulation to obtain such coverage.

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Coordination of Benefits

This section applies if you are covered under another plan besides this health plan and determines how the benefits under the plans will be coordinated. If you are covered by more than one health benefit plan, you should file all claims with each plan.

A. Definitions

For the purposes of this section, the following terms have the meanings set forth below:

Plan

Any of the following that provides benefits or services for medical care or treatment:

- Group insurance and/or group-type coverage, whether insured or self-insured, which neither can be purchased by the general public nor is individually underwritten, including closed panel coverage;
- Coverage under Medicare and other governmental benefits as permitted by law, excepting Medicaid and Medicare supplement policies;

Each type of coverage you have in these two (2) categories shall be treated as a separate Plan. Also, if a Plan has two parts and only one part



has coordination of benefit rules, each of the parts shall be treated as a separate Plan.

Closed Panel Plan

A Plan that provides health benefits primarily in the form of services through a panel of employed or contracted providers and that limits or excludes benefits provided by providers outside of the panel, except in the case of emergency or if referred by a provider within the panel.

Primary Plan

The Plan that determines and provides or pays its benefits without taking into consideration the existence of any other Plan.

Secondary Plan

A Plan that determines and may reduce its benefits after taking into consideration the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover the Reasonable Cash Value of any services it provided to you from the Primary Plan.

Allowable Expense

A necessary, customary, and reasonable health care service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any Plan covering you; but not including dental, vision or hearing care coverage. When a Plan provides benefits in the form of services, the Reasonable Cash Value of each service is the Allowable Expense and is a paid benefit.

Examples of expenses or services that are not an Allowable Expense include, but are not limited to the following:

1. An expense or service or a portion of an expense or service that is not covered by any of the Plans is not an Allowable Expense.
2. If you are confined to a private hospital room and no Plan provides coverage for more than the semi-private room, the difference in cost between the private and semi-private rooms in not an Allowable Expense.
3. If you are covered by two or more Plans that provide services or supplies on the basis of usual and customary fees, any amount in excess of the highest usual and customary fee is not an Allowable Expense.
4. If you are covered by one Plan that provides services or supplies on the basis of usual and customary fees and one Plan that provides services and supplies on the basis of negotiated fees, the Primary Plan's fee arrangement shall be the Allowable Expense.
5. If your benefits are reduced under the Primary Plan (through the imposition of a higher copayment amount, higher coinsurance percentage, a deductible and/or a penalty) because you did not comply with Plan provisions or because you did not use a preferred provider, the amount of the reduction is not an Allowable Expense. Examples of Plan provisions are second surgical opinions and pre-certification of admissions or services.

Claim Determination Period

A calendar year, but it does not include any part of a year during which you are not covered under this Agreement or any date before this section or any similar provision takes effect.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

B. Order of Benefit Determination Rules

A Plan that does not have a coordination of benefits rule consistent with this section shall always be the Primary Plan. If the Plan does have a coordination of benefits rule consistent with this section, the first of the following rules that applies to the situation is the one to use:

1. The Plan that covers you as a Subscriber or an employee shall be the Primary Plan and the Plan that covers you as a Dependent shall be the Secondary Plan;



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VI. Other Sources of Payment For Services and Supplies

2. If you are a Dependent child whose parents are not divorced or legally separated, the Primary Plan shall be the Plan which covers the parent whose birthday falls first in the calendar year as a Subscriber or employee;
3. If you are the Dependent of divorced or separated parents, benefits for the Dependent shall be determined in the following order:
   a. first, if a court decree states that one parent is responsible for the child's health care expenses or health coverage and the Plan for that parent has actual knowledge of the terms of the order, but only from the time of actual knowledge;
   b. Then, the Plan of the parent with custody of the child;
   c. Then, the Plan of the spouse of the parent with custody of the child;
   d. Then, the Plan of the parent not having custody of the child, and
   e. Finally, the Plan of the spouse of the parent not having custody of the child.
4. The Plan that covers you as an active employee (or as that employee's Dependent) shall be the Primary Plan and the Plan that covers you as a laid-off or retired employee (or as that employee's Dependent) shall be the Secondary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
5. The Plan that covers you under a right of continuation which is provided by federal or state law shall be the Secondary Plan and the Plan that covers you as an active employee or retiree (or as that employee's Dependent) shall be the Primary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
6. If one of the Plans that covers you is issued out of the state whose laws govern this Agreement and determines the order of benefits based upon the gender of a parent, and as a result, the Plans do not agree on the order of benefit determination, the Plan with the gender rules shall determine the order of benefits.

If none of the above rules determines the order of benefits, the Plan that has covered you for the longer period of time shall be primary.

When coordinating benefits with Medicare, this Plan will be the Secondary Plan and determine benefits after Medicare, where permitted by the Social Security Act of 1965, as amended. However, when more than one Plan is secondary to Medicare, the benefit determination rules identified above, will be used to determine how benefits will be coordinated.

C. Effect on the Benefits of this Agreement

If we are the Secondary Plan, we may reduce benefits so that the total benefits paid by all Plans during a Claim Determination Period are not more than one hundred (100%) percent of the total of all Allowable Expenses.

The difference between the benefit payments that we would have paid had we been the Primary Plan and the benefit payments that we actually paid as the Secondary Plan shall be recorded as a benefit reserve for you. We will use this benefit reserve to pay any Allowable Expense not otherwise paid during the Claim Determination Period.

As to each claim that is submitted, we shall determine the following:

1. Our obligation to provide Services and Supplies under this Agreement;
2. Whether a benefit reserve has been recorded for you; and
3. Whether there are any unpaid Allowable Expenses during the Claim Determination Period.

If there is a benefit reserve, we shall use the benefit reserve recorded for you to pay up to one hundred (100%) percent of the total of all Allowable Expenses. At the end of the Claim Determination Period, your benefit reserve shall return to zero (0) and a new benefit reserve shall be calculated for each new Claim Determination Period.



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D. Recovery of Excess Benefits

If we provide Services and Supplies that should have been paid by the Primary Plan or if we provide services in excess of those for which we are obligated to provide under this Agreement, we shall have the right to recover the actual payment made or the Reasonable Cash Value of any services.

We shall have the sole discretion to seek such recovery from any person to, or for whom, or with respect to whom, such services were provided or such payments were made; any insurance company; health care Plan or other organization. If we request, you shall execute and deliver to us such instruments and documents as we determine are necessary to secure its rights.

E. Right to Receive and Release Information

We, without consent of or notice to you, may obtain information from and release information to any Plan with respect to you in order to coordinate your benefits pursuant to this section. You shall provide us with any information we request in order to coordinate your benefits pursuant to this section.

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Section VII. Termination of Your Coverage

We may terminate your coverage for any of the reasons stated below.

Termination For Cause

Upon written notice to the Group and you, we may terminate your coverage or your Membership Unit's coverage for cause if any of the following events occur:

1. You omit, misrepresent, or provide materially false information in the Enrollment Application; in which case, we may render coverage of a Membership Unit to be null and void from the effective date of coverage;
2. You permit a non-Member to use your CIGNA HealthCare ID card or to falsely obtain Services and Supplies;
3. You obtain or attempt to obtain Services and Supplies by means of false, misleading or fraudulent information, acts or omissions;
4. You fail to pay any Copayment, or any other amount due as a result of receiving Services and Supplies;
5. Your repeated behavior, in our sole opinion, is disruptive, unruly, abusive or uncooperative to such an extent that we are substantially impaired in our ability to provide services to you or to any other Member; or
6. You threaten the life or wellbeing of any Healthplan employee, Participating Provider, or another Member.

Any person whose coverage is terminated under this section may have such termination reviewed by using the Healthplan Appeals process.

If you believe your coverage has been terminated or not renewed because of your health status or requirements for health care services and supplies, you may request a review by the director of the California Department of Managed Health Care or use the Healthplan Appeals process.

Termination By Reason of Ineligibility

When you fail to meet the eligibility criteria in "Section II. Enrollment and Effective Date of Coverage" as either a Subscriber or Dependent, your coverage under this Agreement shall cease. Coverage of all Members within a Membership Unit shall cease when the Subscriber fails to meet the eligibility criteria. The Group shall notify us of all Members who fail to meet the eligibility criteria.

Unless otherwise provided by law, if you fail to meet the eligibility criteria your coverage shall cease at midnight of the day that the loss of eligibility occurs, and we shall have no further obligation to provide Services and Supplies.

Termination by Member

If you desire to terminate Healthplan coverage, you should contact your Group for the Group's policies and procedures for terminating or changing health coverage outside of designated enrollment periods.

Termination By Termination of This Agreement

This Agreement may be terminated for any of the following reasons:

1. **Termination for Non-Payment of Fees.** We may terminate this Agreement for the Group's non-payment of any Prepayment Fees owed to us.
2. **Termination on Notice.** The Group, without cause, may terminate this Agreement upon sixty (60) days prior written notice to us. We, without cause, may terminate this Agreement upon either: (i) ninety (90) days prior written notice to the Group of our decision to discontinue offering this particular type of coverage; or (ii) one hundred eighty (180) days prior written notice to the Group of our decision to discontinue offering all coverage in the applicable market. If coverage is terminated in accordance with (i) above, the Group may purchase a type of coverage currently being offered in that market.
3. **Termination for Fraud or Misrepresentation.** We may terminate this Agreement upon thirty (30) days prior written notice to the Group if, at any time, we determine that the Group has performed an act or practice that constitutes fraud or has intentionally misrepresented a material fact.

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VII. Termination of Your Coverage

4. **Termination for Violation of Contribution or Participation Rules.** We may terminate this Agreement upon thirty (30) days prior written notice to the Group if, after the initial twelve (12) month or other specified time period, it is determined that the Group is not in compliance with the participation and/or contribution requirements as established by us.
5. **Termination Due to Association Membership Ceasing.** If this Agreement covers an association, we may terminate this Agreement in accordance with applicable state or federal law as to a member of a bona fide association if the member is no longer a member of the bona fide association.
6. **Termination Due to a Change in Group's Size.** The Agreement may be terminated by Healthplan upon thirty (30) days prior written notice to Group if, at anytime, it is determined that Group's size has changed, making Group eligible for the small group reform product, as determined by the applicable state law.
7. **Termination in Accordance with State and/or Federal law.** We may terminate this Agreement upon prior notice to the Group in accordance with any applicable state and/or federal law.

Termination Effective Date

Coverage under this Agreement shall terminate at midnight of the date of termination provided in the written notice, except in the case of termination for non-payment of fees, in which case this Agreement shall terminate on the last day of the month for which payment is due.

Notice of Termination to Members

If this Agreement is terminated for any reason in this section, the notice of termination of the Agreement or of Member coverage under the Agreement shall be mailed by the Healthplan to the Group or to the Subscriber, as applicable. Such notice shall be dated and shall state:

1. The cause for termination, with specific reference to the applicable provision of the Agreement;
2. The cause for termination was not the Subscriber's or a Member's health status or requirements for health care services;
3. The time the termination is effective;
4. The fact that a Subscriber or Member alleging that the termination was based on health status or requirements for health care services may request a review of the termination by the director of the California Department of Managed Health Care;
5. In instances of termination for non-payment of fees, that receipt by the Healthplan of any such past due fees within fifteen (15) days following receipt of notice of termination will reinstate the Agreement as though it had never been terminated; if payment is not made within such fifteen (15) day period a new application will be required and Healthplan shall refund such payment within twenty (20) business days;
6. Any applicable rights Members may have under the "Continuation of Coverage" Section.

Group shall be responsible for notifying its Members, including the custodial non-covered parent of a Dependent child and the non-custodial parent providing coverage pursuant to a valid court order when termination of coverage occurs.

Review of Termination

If your coverage under this Agreement is terminated, you may request the Director of the Department of Managed Health Care of the State of California to review such termination action taken by the Healthplan and/or the Group. Such review opportunity is provided for under Section 1365(b) of the California Health and Safety Code.

Responsibility for Payment

The Group shall be responsible for the payment of all Prepayment Fees due through the date on which coverage ceases. Please contact your employer for information regarding any sums to be withheld from your salary or to be paid by you to your employer or Agreement holder. You shall be financially responsible for all services



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VII. Termination of Your Coverage

rendered after that date. The Group shall be responsible for providing appropriate notice of cancellation to all Members in accordance with applicable state law. If the Group fails to give written notice to you prior to such date, the Group shall also be financially responsible for, and shall submit to us, all Prepayment Fees due until such date as the Group gives proper notice.

Return of Prepayment Fees

In the event of any termination of the Agreement or of Member coverage for any reason, the Healthplan shall, within thirty (30) days following the effective date of such termination, return to the Group or the Subscriber, as applicable, the pro rata portion of any Prepayment Fees which corresponds to any unexpired period for which payment had been received, together with amounts due on claims, if any, less any amounts due to the Healthplan.

Certification of Creditable Coverage Upon Termination

Upon request, we will issue you a Certification of Creditable Group Health Plan Coverage as required by law and based on information provided to us by the Group at the following times:

1. When your coverage is terminated for cause or by reason of ineligibility or you otherwise become covered under “Section VIII. Continuation of Coverage”;
2. When your continuation coverage, if you elected to receive it, is exhausted; and
3. When you make a request within twenty-four (24) months after the date coverage expires under either of the above two situations.

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Section VIII. Continuation of Coverage

Please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in a higher premium or you could be denied coverage entirely.

Continuation of Group Coverage under COBRA

If an employer is subject to the requirements of the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA), an employer must give its employees and dependents the right to continue their group health care benefits. A person who would otherwise lose coverage as a result of a qualifying event is generally entitled to continue the same benefits that were in effect the day before the date of the qualifying event. Coverage may be continued under COBRA only if the required premiums are paid when due and will be subject to future plan changes.

IMPORTANT NOTICE TO INDIVIDUALS WHO BEGIN RECEIVING COBRA COVERAGE ON OR AFTER JANUARY 1, 2003.

The Healthplan shall offer an enrollee who has exhausted continuation coverage under COBRA the opportunity to continue coverage under Cal-COBRA for up to 36 months from the date the enrollee's continuation coverage began, if the enrollee is entitled to less than 36 months of continuation coverage under COBRA. See "Continuation of Group Coverage under Cal-COBRA" for a complete description of Cal-COBRA.

Qualifying Events for Continuation of COBRA Coverage

A **qualifying event** is any of the following:

- termination of the Subscriber's employment (other than for gross misconduct) or reduction of hours worked so as to render the Subscriber ineligible for coverage;
- death of the Subscriber;
- divorce or legal separation of the Subscriber from his or her spouse;
- loss of coverage due to the Subscriber becoming entitled to Medicare;
- a Dependent child ceasing to qualify as an eligible Dependent under the plan; or
- if the plan provides coverage for retired Subscribers and eligible Dependents, a qualifying event will also mean a substantial loss of that coverage due to the employer filing for Chapter 11 Bankruptcy. (The substantial loss can occur within one year before or after the filing for Chapter 11 Bankruptcy.)

Election/Notice Requirements

When there is a divorce or legal separation or a child ceases to qualify as an eligible Dependent, the Subscriber or eligible Dependent is responsible for notifying the employer within 60 days after the date of such qualifying. If the employer is not so notified, the person will not be given the opportunity to continue coverage.

After notification of his or her COBRA rights, the Subscriber or eligible Dependent has a limited amount of time to elect continuation. Continued health care is not automatic.

Continuation of COBRA benefits must be elected within 60 days of the later of the following:

- the date the Subscriber or eligible Dependent loses coverage as a result of the qualifying event; or
- the date the Subscriber or eligible Dependent is notified by the employer of the right to continued coverage.

Notice of the right to continue coverage to your spouse will be deemed notice to any Dependent child residing with your spouse.

COBRA Premium Payments

The Subscriber or eligible Dependent may be required to pay a premium to continue coverage. If the Subscriber or eligible Dependent elects to continue coverage, the Subscriber or eligible Dependent will have 45 days from the date of election to pay the initial premium due. All subsequent premiums will be due on a monthly basis. There is a 30 day grace period to pay premiums. If the premium is not paid before the expiration of the grace period, COBRA continuation



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benefits will terminate at midnight at the end of the period for which premium payments were made.

Continuation Period for Subscriber and Dependent(s)

If elected, the maximum period of continued coverage for a qualifying event involving termination of employment or reduced working hours is 18 months from the date of the qualifying event. However, if a second qualifying event occurs (such as a divorce or death of the Subscriber) within this 18 month period, the period of coverage for any affected Dependent may be extended to up to 36 months from the date of the initial qualifying event.

If a covered Subscriber has a qualifying event (termination of employment or reduction in hours worked) and he/she had become entitled to Medicare before the date of this qualifying event, then;

- the Subscriber may continue the group health coverage for up to 18 months from the date of termination or reduction in hours worked, and
- any other qualified beneficiary (the spouse and/or children) will be entitled to the greater of (i) 36 months from the date the Subscriber first became entitled to Medicare, or (ii) 18 months from the covered Subscriber's termination or reduction in hours.

The maximum period of continued benefits for a qualifying event involving retired Subscribers of employers under Chapter 11 Bankruptcy and their Dependents will be:

- the date of death of the retired Subscriber; or
- for a surviving spouse or eligible Dependent, 36 months after the date of death of the retired employee.

For all other qualifying events, the maximum period is 36 months. Other events will cause COBRA benefits to end sooner and this will occur on the earliest of any of the following:

- the date the employer ceases to provide any group health plan to any employee;
- the end of the period for which premium payments were made, if the qualified beneficiary ceases to make payments or fails to make timely payments of a required premium, in accordance with the terms and conditions of the Agreement;
- the first day after the date of election on which the qualified beneficiary first becomes covered under any other group health plan which does not contain any exclusions or limitations with respect to any pre-existing condition for such person; or the date such exclusion or limitation no longer applies to the Subscriber or Dependent;
- the first day after the date of election on which the qualified beneficiary first becomes entitled to Medicare (except for a Chapter 11 Bankruptcy qualifying event); or
- with respect to a qualified beneficiary whose coverage is being extended for the additional 11 months as described below, coverage will terminate on the first day of the month that is more than 30 days after the date in which the disabled individual is no longer disabled for Social Security purposes.

Continuation Coverage for Totally Disabled Individuals

If a qualified beneficiary is totally disabled under the Social Security Act on the date of the qualifying event, or at any time during the first 60 days of continued coverage, the 18 month period may be extended to up to 29 months. If there are non-disabled family members of this qualified beneficiary who have elected COBRA continuation coverage, they are also entitled to this additional 11 months of coverage. In order for this additional 11 months of coverage to be effective, the Subscriber or eligible Dependent must provide the employer with a copy of the Social Security Administration’s determination of total disability within 60 days of receiving such notice. The notice must also be provided to the employer within the initial 18 months of COBRA continuation coverage.

If the Agreement is terminated and replaced by another group health plan, you may elect to maintain COBRA Continuation under the replacement plan.

If the plan provides for a conversion privilege, the plan must offer this option within the 180 days of the end of the maximum period. However, no conversion will be provided if the qualified beneficiary does not actually maintain COBRA coverage to the expiration date.

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IMPORTANT NOTICE - COBRA BENEFITS WILL ONLY BE ADMINISTERED ACCORDING TO THE TERMS OF THE CONTRACT. THE HEALTHPLAN WILL NOT BE OBLIGATED TO ADMINISTER, OR FURNISH, ANY COBRA BENEFITS AFTER THE CONTRACT HAS TERMINATED.

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Continuation of Group Coverage under Cal-COBRA

This section shall apply to the Group and its Members if the Group is subject to Cal-COBRA law. Cal-COBRA law applies to any small employer that employed 2 to 19 eligible employees on at least 50% percent of its working days during the preceding calendar year, or, if the employer was not in business during any part of the preceding calendar year, employed 2 to 19 eligible employees on at least 50 percent of its working days during the preceding calendar quarter.

IMPORTANT NOTICE

Cal-COBRA will also apply to groups that employ 20 or more employees if the individual began receiving COBRA coverage on or after January 1, 2003. The maximum periods of continued coverage for a qualifying event under federal COBRA will be extended to the maximum periods of continued coverage under Cal-COBRA as described below.

Under the requirements of Cal-COBRA, an employer must give notice to its employees and dependents the right to continue their group health care benefits. A person who would otherwise lose coverage as a result of a qualifying event is generally entitled to continue the same benefits that were in effect the day before the date of the qualifying event. Coverage may be continued under Cal-COBRA only if the required premiums are paid when due and will be subject to future plan changes.

Qualifying Events for Continuation of Cal-COBRA Coverage

A **qualifying event** is any of the following:

- termination of the Subscriber's employment (other than for gross misconduct) or reduction of hours worked so as to render the Subscriber ineligible for coverage;
- death of the Subscriber;
- divorce or legal separation of the Subscriber from his or her spouse;
- loss of coverage due to the Subscriber becoming entitled to Medicare;
- a Dependent child ceasing to qualify as an eligible Dependent under the plan.

Notification Requirements

The Group will notify the Healthplan (or an administrator acting on the Healthplan's behalf) in writing, of termination or reduction of hours with respect to any Subscriber who is employed by the Group, within 30 days of the date of the qualifying event. You may be disqualified from receiving Cal-COBRA continuation coverage if the Group does not provide the required written notification to the Healthplan (or an administrator acting on the Healthplan's behalf).

The Group shall also notify the Healthplan (or an administrator acting on the Healthplan's behalf) in writing, within 30 days of the date, when the Group becomes subject to Section 4980B of the United States Internal Revenue Code or Chapter 18 of the Employee Retirement Income Security Act, 29 U.S.C. Sec. 1161 et seq., or when the Group becomes subject to federal COBRA requirements.

To be eligible for continuation coverage, for any of the following qualifying event(s) the Subscriber or eligible Dependent must notify the Healthplan (or an administrator acting on the Healthplan's behalf) in writing of such qualifying event within 60 days after the event occurs:

- death of the Subscriber;
- divorce or legal separation of the Subscriber from his or her spouse;
- loss of coverage due to the Subscriber becoming entitled to Medicare;
- a Dependent child ceasing to qualify as an eligible Dependent under the plan.

If you do not notify the Healthplan (or an administrator acting on the Healthplan's behalf) in writing within 60 days of the qualifying event(s), you will be disqualified from receiving Cal-COBRA continuation coverage.

Once notified of the qualifying event, the Healthplan (or an administrator acting on the Healthplan's



behalf) will send you the necessary benefit information, premium information, enrollment form and notice requirements within 14 days after receiving notification of the qualifying event from the Group or you. The information shall be sent to the qualified beneficiary's last known address. Notice of the right to continue coverage to your spouse will be deemed notice to any Dependent child residing with your spouse.

Formal Election

To continue group coverage under Cal-COBRA you must make a formal election by submitting a written request to the Healthplan (or an administrator acting on the Healthplan's behalf) at CIGNA HealthCare, PO Box 5352, Melville, NY 11747. The written request must be delivered by first-class mail, certified mail or other reliable means of delivery within 60 days of the later of the following dates:

- the date of the qualifying event;
- the date the qualified beneficiary receives notice of the ability to continue group coverage as provided above; or
- the date coverage under the Group's health plan terminates or will terminate by reason of the qualifying event.

If a formal election is not received by the Healthplan (or an administrator acting on the Healthplan's behalf) within this time period, the otherwise qualified beneficiary(ies) will not receive Cal-COBRA benefits.

Cal-COBRA Premium Payments

To complete the election process, you must make the first required premium payment no more than 45 days after submitting your completed application to the Healthplan (or an administrator acting on the Healthplan's behalf). All subsequent premiums will be due on a monthly basis. Your first premium payment should be delivered to the Healthplan (or an administrator acting on the Healthplan's behalf) at CIGNA HealthCare, PO Box 5352, Melville, NY 11747 by first-class mail, certified mail or other reliable means of delivery. The first premium payment must satisfy any required premiums and all premiums due. Failure to submit the correct premium amount within the 45 day period will disqualify the qualified beneficiary from receiving Cal-COBRA coverage. There is a 30 day grace period to pay subsequent premiums. If the premium is not paid before the expiration of the grace period, Cal-COBRA continuation benefits will terminate at midnight at the end of the period for which premium payments were made.

Continuation Period for Subscriber and Dependent(s)

(The following paragraph applies to Members who began receiving Cal-COBRA continuation prior to January 1, 2003)

If elected, the maximum period of continuation coverage for a qualifying event involving termination of employment or reduced working hours is 18 months from the date the qualified beneficiary's benefits under the contract would have otherwise terminated because of the qualifying event. However, if a second qualifying event occurs (such as a divorce or death of the Subscriber) within this 18 month period, the period of coverage for any affected Dependent may be extended to up to 36 months from the date of the initial qualifying event.

(The following section applies to Members who began receiving COBRA or Cal-COBRA continuation on or after January 1, 2003)

If elected, the maximum period of continuation coverage for a qualifying event is 36 months from the date the qualified beneficiary's benefits under the contract would have otherwise terminated because of the qualifying event.

Other events will cause Cal-COBRA benefits to end sooner and this will occur on the earliest of any of the following:

- the date the employer ceases to provide any group health plan to any employee;
- the end of the period for which premium payments were made, if the qualified beneficiary ceases to make payments or fails to make timely payments of a required premium, in accordance with the terms and conditions of the Agreement;
- the first day after the date of election on which the qualified beneficiary first becomes covered under any other group health plan which does not contain any exclusions or limitations with respect to any pre-existing condition for such person; or the date such exclusion or limitation

no longer applies to the Subscriber or Dependent;

- the first day after the date of election on which the qualified beneficiary first becomes entitled to Medicare.
- the coverage for a qualified beneficiary that is determined to be disabled under the Social Security Act will terminate as described below.
- The qualified beneficiary moves out of the Healthplan's Service Area or the qualified beneficiary commits fraud or deception in the use of Healthplan services.

Continuation Coverage for Totally Disabled Individuals

(The following paragraph applies to Members who began receiving Cal-COBRA continuation prior to January 1, 2003)

If a qualified beneficiary who is eligible for continuation coverage due to termination of the Subscriber's employment (other than for gross misconduct) or reduction of hours worked so as to render the Subscriber ineligible for coverage and who is totally disabled under the Social Security Act during the first 60 days of continuation coverage, the 18 month period may be extended to up to 29 months. If there are non-disabled family members of this qualified beneficiary who have elected Cal-COBRA continuation coverage, they are also entitled to this additional 11 months of coverage. In order for this additional 11 months of coverage to be effective, the Subscriber or eligible Dependent must provide the Healthplan (or an administrator acting on the Healthplan's behalf) with a copy of the Social Security Administration's determination of total disability within 60 days of the date of the determination letter and prior to the end of the original 18 months of Cal-COBRA continuation coverage in order to be eligible for the additional 11 months of coverage. If the qualified beneficiary is no longer disabled under the Social Security Act, the benefits provided in this paragraph shall terminate on the later of 18 months after the date the qualified beneficiary's benefits under the Agreement would otherwise have terminated because of a qualifying event, or the month that begins more than 31 days after the date of the final determination under Social Security Act that the qualified beneficiary is no longer eligible. The qualified beneficiary eligible for 29 months of continuation coverage as a result of a disability shall notify the Healthplan (or an administrator acting on the Healthplan's behalf) within 30 days of a determination that the qualified beneficiary is no longer disabled.

(The following paragraph applies to Members who began receiving Cal-COBRA continuation on or after January 1, 2003)

A qualified beneficiary who is eligible for continuation coverage due to termination of the Subscriber's employment (other than for gross misconduct) or reduction of hours worked so as to render the Subscriber ineligible for coverage and who is totally disabled under the Social Security Act during the first 60 days of continuation coverage is entitled to a maximum period of 36 months after the date the qualified beneficiary's benefits under the contract would otherwise have terminated because of a qualifying event. The Subscriber or eligible Dependent must provide the Healthplan (or an administrator acting on the Healthplan's behalf) with a copy of the Social Security Administration's determination of total disability within 60 days of the date of the determination letter and prior to the end of the original 36 month continuation coverage period in order to be eligible for coverage pursuant to this paragraph. If the qualified beneficiary is no longer disabled under the Social Security Act, the benefits provided in this paragraph shall terminate on the later of 36 months after the date the qualified beneficiary's benefits under the Agreement would otherwise have terminated because of a qualifying event, or the month that begins more than 31 days after the date of the final determination under Social Security Act that the qualified beneficiary is no longer disabled. The qualified beneficiary eligible for 36 months of continuation coverage as a result of a disability shall notify the Healthplan (or an administrator acting on the Healthplan's behalf) within 30 days of a determination that the qualified beneficiary is no longer disabled.

Continuation of Coverage Upon Termination of Prior Group Health Plan

The Group shall notify qualified beneficiaries currently receiving continuation coverage, whose continuation coverage will terminate under one group benefit plan prior to the end of the period the qualified beneficiary would have remained covered as specified above, of the qualified beneficiary's



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ability to continue coverage under a new group benefit plan for the balance of the period the qualified beneficiary would have remained covered under the prior group benefit plan. This notice shall be provided either 30 days prior to the termination or when all enrolled employees are notified, whichever is later.

The Healthplan (or an administrator acting on the Healthplan's behalf) shall provide to the employer replacing a health care service plan contract issued by the Healthplan, or to the employer's agent or broker representative, within 15 days of any written request, information in possession of the Healthplan reasonably required to administer the notification requirements of this Notification section.

The Group shall notify the successor plan in writing of the qualified beneficiaries currently receiving continuation coverage so that the successor plan, or contracting employer or administrator, may provide those qualified beneficiaries with the necessary premium information, enrollment forms, and instructions consistent with the disclosure required by this Notification section to allow the qualified beneficiary to continue coverage. This information shall be sent to all qualified beneficiaries who are enrolled in the plan and those qualified beneficiaries who have been notified as specified in this Cal-COBRA section of their ability to continue their coverage and may still elect coverage within the specified 60 day period. This information shall be sent to the qualified beneficiary's last known address, as provided to the employer by the Healthplan (or an administrator acting on the Healthplan's behalf), currently providing continuation coverage to the qualified beneficiary. The successor plan shall not be obligated to provide this information to qualified beneficiaries if the employer or prior plan fails to comply with this section.

If the plan provides for a conversion privilege, the plan must offer this option within the 180 days of the end of the maximum period. However, no conversion will be provided if the qualified beneficiary does not actually maintain Cal-COBRA coverage to the expiration date.

IMPORTANT NOTICE – Cal-COBRA BENEFITS WILL ONLY BE ADMINISTERED ACCORDING TO THE TERMS OF THE CONTRACT. THE HEALTHPLAN WILL NOT BE OBLIGATED TO ADMINISTER, OR FURNISH, ANY CAL-COBRA BENEFITS AFTER THE CONTRACT HAS TERMINATED.

Continuation after COBRA or Cal-COBRA under California Law

Eligibility must be met prior to January 1, 2005, to be eligible for the following benefits:

Upon exhaustion of COBRA or Cal-COBRA your former employer shall notify you of the availability of this Continuation after COBRA or Cal-COBRA coverage in accordance with Section 2800.2 of the Labor Code.

For purposes of this subsection only, "spouse" will also include a former spouse who is widowed or divorced.

If a Subscriber has elected COBRA or Cal-COBRA coverage, was at least sixty (60) years old and was employed by Group for at least five (5) years as of the date of termination of employment, then, if COBRA or Cal-COBRA benefits expire at the end of applicable period, Subscriber may elect to continue to receive the same benefits, for Subscriber and/or Subscriber's spouse, upon the following conditions:

- The Subscriber or the Subscriber's spouse must notify the Healthplan in writing within thirty (30) days of the expiration of COBRA or Cal-COBRA benefits that continuation coverage is elected;
- The Healthplan must receive proper payment of premiums;
- Continuation coverage for the Member terminates automatically on the earlier of:
  1. the date Member reaches age sixty-five (65);
  2. the date Member is covered under any group health plan that is not provided by Group, regardless of whether that coverage is less valuable;



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3. the date Member becomes eligible for Medicare;
4. the date Group terminates this Agreement and ceases to provide coverage for any active employees; or
5. for the Subscriber's spouse, five (5) years from the date COBRA or Cal-COBRA benefits were otherwise scheduled to expire for the spouse.

Continuation Coverage under California Law (Knox-Keene)

Continuation of Coverage for Totally Disabled Members

In the event this Agreement is terminated by Group or Healthplan, the Healthplan shall provide an extension of benefits to a Member who becomes totally disabled while enrolled under the Agreement and who continues to be totally disabled at the termination date of the Agreement, provided that the Member meets all of the following conditions:

1. The Member meets all eligibility requirements to receive services under this Agreement on the termination date of the Agreement and continues to meet those eligibility requirements during any extension of benefits period.
2. The Member resides in the Service Area of Healthplan on the termination date of the Agreement and continues to reside in the Service Area of Healthplan during any extension of benefits period.
3. For purposes of this benefit, a Member is considered totally disabled if, as a result of injury or illness, he or she is unable to engage in any employment or occupation for which he or she is or may reasonably become qualified by reason of education, training or experience, and who is not, in fact, engaged in any employment or occupation for wage or profit. If Member is a dependent or retired employee, Member is considered totally disabled if, he or she is unable to engage in substantially all of the normal activities of a person in good health of like age and sex because of injury or illness.
4. The services provided under this benefit are limited to covered services relating to the condition causing total disability and are subject to all terms, conditions, limitations and exclusions in the Agreement. Services and benefits shall be provided only when written certification of the disability and the cause thereof has been furnished to the Healthplan Medical Director. Proof of continuation of the total disability must be furnished to the Healthplan Medical Director not less frequently than at sixty (60) day intervals during the period that the services and benefits are available. Healthplan shall require its contracting providers to certify ongoing total disability.
5. The Member's Extension of Benefits will cease upon the earliest of the following events:
   (a) twelve (12) months from the termination date of the Agreement; or
   (b) the Member is no longer totally disabled; or
   (c) the Member becomes eligible for coverage for the disabling condition under another health care benefits arrangement, including, but not limited to, an insurance policy, health plan contract, employee welfare benefit plan, or state or federal health benefit program (e.g. Medicare or Medicaid).

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Conversion to Non-Group (Individual) Coverage

If you have properly elected and completed any COBRA continuation or other continuation coverage (i.e. completed the maximum coverage period under the continuation coverage), you may apply to the Healthplan for conversion to non-group (individual) coverage. If you do not elect, fail to properly elect or fail to complete any COBRA continuation coverage or other continuation coverage for which you are eligible, conversion to non-group coverage is not available to you. You must continue to reside in the Service Area in order to be eligible for non-group (individual) coverage. You may apply for non-group (individual) coverage as follows:

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VIII. Continuation of Coverage

A. Conversion After Loss of Subscriber Eligibility

If you, as the Subscriber, are no longer eligible for coverage under this Agreement for any reason other than the reasons stated in the "Termination for Cause" or "Termination of Agreement" provisions of "Section VII. Termination of Your Coverage," you may apply for conversion to non-group (individual) coverage. You must apply and pay the applicable Prepayment Fee within sixty-three (63) days of the loss of group coverage. At the time of conversion to non-group (individual) coverage, you may also apply for non-group (individual) coverage for Dependents who were Members at the time of your loss of eligibility. If your application and all non-group fees, including all fees for the period since the termination of group coverage, are submitted within sixty-three (63) days of the loss of group coverage your non-group (individual) coverage will be effective as of the date of such termination.

B. Conversion Upon Death or Divorce of Subscriber

If you are a Dependent who has lost eligibility for coverage under this Agreement due to the death or divorce of the Subscriber, you may apply for conversion to non-group (individual) coverage under the provisions of paragraph A of this section.

C. Conversion Upon Meeting Age Limitation

If you are a Dependent who has lost eligibility for coverage under this Agreement due to your attainment of an age limitation identified in the Agreement, you may apply for conversion to non-group (individual) coverage under the provisions of paragraph A of this section.

D. Conversion after Expiration of COBRA or Other Continuation Coverage

A Member whose COBRA or other continuation coverage has expired after the maximum coverage period may apply for conversion to non-group (individual) coverage under the provisions of paragraph A of this section.

The Services and Supplies, terms and conditions of the non-group (individual) coverage, including premiums, Copayments and deductibles, if any, shall be in accordance with the rules of Healthplan in effect at the time of conversion and will not necessarily be identical to the Services and Supplies provided under this Agreement.

Your Rights Under HIPAA Upon Termination Of This Group Agreement

HIPAA is the acronym for the federal law known as the Health Insurance Portability and Accountability Act of 1996. HIPAA protects health insurance coverage for workers and their families when they change or lose their jobs. California state law provides similar and additional protections.

If you lose your group health insurance coverage and meet certain important criteria, you are entitled to purchase coverage under an individual contract from any health plan that sells health insurance coverage to individuals. Significant protections come with the HIPAA individual contract: no pre-existing condition exclusions, guaranteed renewal at the option of the enrollee so long as the Plan offers coverage in the individual market and the enrollee pays the premiums, and limitations on the amount of the premium charged by the health plan.

Every health plan that sells health care coverage contracts to individuals must fairly and affirmatively offer, market, and sell HIPAA individual contracts to all Federally Eligible Defined Individuals. The plan may not reject an application from a Federally Eligible Defined Individual for a HIPAA individual contract if:

1. The Federally Eligible Defined Individual agrees to make the required premium payments;
2. The Federally Eligible Defined Individual, and his or her dependents to be covered by the plan contract, work or reside in the service area in which the plan operates.

You are a Federally Eligible Defined Individual if, as of the date you apply for coverage:

1. You have 18 or more months of creditable coverage without a break of 63 days or more between any of the periods of creditable coverage or since the most recent coverage has been terminated;



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2. Your most recent prior creditable coverage was under a group, government or church plan. (COBRA and Cal-COBRA are considered employer group coverage);
3. You were not terminated from your most recent creditable coverage due to nonpayment of premiums or fraud;
4. You are not eligible for coverage under a group health plan, Medicare, or Medi-Cal (Medicaid);
5. You have no other health insurance coverage; and
6. You have elected and exhausted fully any continuation coverage you were offered under COBRA or Cal-COBRA.

There are important terms you need to understand, important factors you need to consider, and important choices you need to make in a very short time frame regarding the options available to you following termination of your group health care coverage. For example, if you are offered, but do not elect and exhaust COBRA or CAL-COBRA continuation coverage, you are not eligible for guaranteed issuance of a HIPAA individual contract. HIPAA coverage is also not available to you if you were eligible for Senior COBRA (Continuation after COBRA or Cal-COBRA under California Law) prior to January 1, 2005.

You should read carefully all of the information set forth in this section. Additional information is available by calling us at the toll-free telephone number on your CIGNA HealthCare identification card.

If you believe your HIPAA rights have been violated, you should contact the Department of Managed Health Care at 1-888-HMO-2219 or visit the Department's web sit at www.dmhc.ca.gov.

Continuation of Coverage Under FMLA

If the Group is subject to the requirements of FMLA (the federal law known as the Family and Medical Leave Act of 1993, as amended), the Subscriber shall have coverage under this Agreement during a leave of absence if the Subscriber is an eligible employee under the terms of FMLA and the leave of absence qualifies as a leave of absence under FMLA.

In such a case, the Subscriber shall pay to the Group the portion of the Prepayment Fee, if any, that the Subscriber would have paid had the Subscriber not taken leave and the Group shall pay the Healthplan the Prepayment Fee for the Subscriber as if the Subscriber had not taken leave.

NOTICE OF FEDERAL REQUIREMENTS - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994 (USERRA)

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to military leaves of absence. These requirements apply to medical coverage for you and your Dependents.

Continuation of Coverage

You may continue coverage for yourself and your Dependents as follows:

You may continue benefits, by paying the required premium to your employer, until the earliest of the following:

- 24 months from the last day of employment with the employer;
- the day after you fail to apply or return to work; and
- the date the policy cancels.

Your employer may charge you and your Dependents up to 102% of the total premium.

Following continuation of health coverage per USERRA requirements, you may convert to a plan of individual coverage according to any "Conversion Privilege" shown in your Agreement.

Reinstatement of Benefits

If your coverage ends during the leave because you do not elect USERRA, or an available conversion plan at the expiration of USERRA, and you are reemployed by your current employer, coverage for you and your Dependents may be reinstated if, (a) you gave your employer advance written or verbal notice of your military service leave, and (b) the duration of all military leaves while you are employed with your current employer does not exceed 5 years.

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VIII. Continuation of Coverage

You and your Dependents will be subject to only the balance of a Pre-existing Conditions Limitation (PCL) or waiting period, if any, that was not yet satisfied before the leave began. However, if an injury or sickness occurs or is aggravated during the military leave, full plan limitations will apply.

Any 63-day break in coverage rule regarding credit for time accrued toward a PCL waiting period will be waived.

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Section IX. Miscellaneous

Additional Programs

We may, from time to time, offer or arrange for various entities to offer discounts, benefits or other consideration to our Members for the purpose of promoting the general health and well being of our Members. Contact us for details regarding any such arrangements.

Administrative Policies Relating to this Agreement

We may adopt reasonable policies, procedures, rules and interpretations that promote orderly administration of this Agreement.

Clerical Error

No clerical error on the part of the Healthplan shall operate to defeat any of the rights, privileges or benefits of any Member.

Compliance with Applicable Law

Healthplan is subject to the requirements of the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 of Division 2 of the California Health and Safety Code) and the regulations promulgated thereunder (Title 28 of the California Code of Regulations), as amended from time to time, and any provisions required to be incorporated in this Agreement by either of the above shall bind Healthplan, whether or not provided for in this Agreement.

Confidentiality

Healthplan shall preserve the confidentiality of your health and medical records consistent with the requirements of applicable state and federal law.

A STATEMENT DESCRIBING THE HEALTHPLAN'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Entire Agreement

This Agreement constitutes the entire Agreement between the Healthplan, the Group, and Members and supersedes any previous agreement. Only an officer of the Healthplan has authority to waive any conditions or restrictions of this Agreement, extend the time for making payment, or bind the Healthplan by making any promise or representation, or by giving or receiving any information. No change in the Agreement shall be valid unless stated in a Rider or an amendment attached hereto signed by an officer of the Healthplan. In the event of any direct conflict between information contained in the Group Service Agreement and other collaterals, the terms of the Group Service Agreement shall govern.

Health Care Fraud Reporting

Health care fraud impacts both the cost and quality of medical coverage, increases the cost of doing business and creates a loss of public confidence. Health care fraud is an intentional deception or misrepresentation that a Member, a Participating Provider, a Healthplan employee or some other entity or party makes, knowing that the misrepresentation could result in some unauthorized benefit to the Member, Participating Provider, a Healthplan employee, or to some other entity or party.

The most common kind of fraud involves a false statement, misrepresentation or deliberate omission that is critical to the determination of benefits payable. Fraudulent activities are criminal.

The Healthplan has as its continuing goal the prevention and detection of health care fraud and has established an anti-fraud program to help prevent fraud. If a Member has reason to suspect another Member, a Participating Provider, a Healthplan employee or some other entity or party of perpetrating health care fraud, the Member should call the Healthplan's anti-fraud hotline at 1.800.667.7145.

Liability of Member for Certain Charges

By statute, every contract between the Healthplan and a contracted provider shall provide that in the event the Healthplan fails to pay a Healthplan contracted provider, the Member will not be liable to the provider for any sums owed by the Healthplan.



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IX. Miscellaneous

However, in the event the Healthplan fails to pay a non-contracted provider, the Member may be liable to the non-contracted provider for the cost of services.

No Implied Waiver

Failure by the Healthplan, the Group, or a Member to avail themselves of any right conferred by this Agreement shall not be construed as a waiver of that right in the future.

Notice

The Healthplan, the Group, and the Member shall provide all notices under this Agreement in writing, which shall be hand-delivered or mailed, postage pre-paid, through United States Postal Service to the addresses set forth on the Cover Sheet.

Records

The Healthplan maintains records regarding Members, but the Healthplan shall not be liable for any obligation dependent upon information from the Group prior to receipt by the Healthplan in a form satisfactory to the Healthplan. Incorrect information furnished by the Group may be corrected, if the Healthplan shall not have acted to its prejudice by relying on it. All records of the Group and the Healthplan that have a bearing on coverage of a Member shall be open for review by the Healthplan, the Group or the Member at any reasonable time.

Service Marks

The CIGNA HealthCare 24 Hour Health Information Line SM and CIGNA Lifesource Organ Transplant Network® are registered service marks of CIGNA Corporation.

Severability

If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of this Agreement shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

Successors and Assigns

This Agreement shall be binding upon and shall inure to the benefit of the successors and assigns of the Group and the Healthplan, but shall not be assignable by any Member.

Termination of Provider Contracts

Healthplan shall provide written notice within a reasonable time to Group of any termination or breach of contract by, or inability to perform of, any Participating Provider if Group may be materially and adversely affected thereby. In the event that a contract between Healthplan and any Participating Provider is terminated while a Member is under the care of such Participating Provider, Healthplan shall retain financial responsibility for such care, in excess of any applicable Copayments. Such responsibility shall continue until the services being rendered are completed, or until Healthplan makes reasonable and medically appropriate provision for the assumption of such services by another Participating Provider, whichever occurs first.

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Schedule of Copayments

THIS SCHEDULE OF COPAYMENTS IS A SUPPLEMENT TO THE GROUP SERVICE AGREEMENT PROVIDED TO YOU AND IS NOT INTENDED AS A COMPLETE SUMMARY OF THE SERVICES AND SUPPLIES COVERED OR EXCLUDED.

It is recommended that you review your Group Service Agreement for an exact description of the Services and Supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Covered Services and Supplies	Copayments
Physician Services	
Primary Care Physician Office Visit Preventive Care Adult Medical Care Periodic Physical Evaluation for Adults Well-Child Care Routine Immunizations Surgery Performed in the Physician's Office	$15 Copayment per office visit The office visit Copayment will be waived when immunization is the only service provided The office visit Copayment will be waived for well-child care examinations for children through age 16
Specialty Care Physician Office Visit Office Visits Surgery Performed in the Physician's Office	$15 Copayment per office visit
Inpatient Hospital Services Semi Private Room and Board Physician and Surgeon Charges Laboratory, Radiology and other Diagnostic and Therapeutic Services Administered Drugs, Medications, Biologicals and Fluids Special Care Units Operating Room, Recovery Room Anesthesia Inhalation Therapy Radiation Therapy and Chemotherapy	$100 Copayment per admission

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Schedule of Copayments

Covered Services and Supplies	Copayments
Outpatient Facility Services Operating Room, Recovery Room, Procedures Room, and Treatment Room including Physician Services Laboratory and Radiology Services Administered Drugs, Medications, Biologicals and Fluids Anesthesia Inhalation Therapy	No Charge
Emergency and Urgent Care Services	
Physician's Office	Same as Physician Office Visit Copayment
Hospital Emergency Room or Outpatient Facility	$50 Copayment per visit The emergency room Copayment will be waived if you are admitted to a participating hospital directly from the emergency room
Urgent Care Facility	$25 Copayment per visit
Ambulance Services	No Charge
Diabetic Services and Supplies	
Self Management Courses and Training	Same as Physician Office Visit Copayment
Supplies	Provided under the Supplemental Prescription Drug Pharmacy Rider
Equipment	Same as Durable Medical Equipment Copayment per item
Insulin	Provided under the Supplemental Prescription Drug Pharmacy Rider
Durable Medical Equipment	No Charge
External Prosthetic Appliances	No Charge

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Schedule of Copayments

Covered Services and Supplies	Copayments
Family Planning Services	
Office Visits (Tests, Counseling)	Same as Physician Office Visit Copayment
Surgical Sterilization Procedures	Same as Inpatient Hospital, Outpatient Facility or Physician Office Visit Copayment, depending on facility used
Home Health Services	No Charge
Hospice Services	
Inpatient Services	No Charge
Outpatient Services	No Charge
Infertility Services	
Physician Office Visit	Same as Physician Office Visit Copayment
Surgical Treatment	
Facility Charges	Same as Inpatient Hospital, Outpatient Facility or Physician Office Visit Copayment, depending on facility used
Physician's Services	Same as Physician Office Visit Copayment
Inpatient Services at Other Participating Health Care Facilities	
100 (combined) visits maximum per Member per Contract Year	
Rehabilitation Hospital	No Charge
Skilled Nursing Facility and Sub-Acute Facilities	No Charge
Laboratory and Radiology Services	
Advanced Radiological Imaging (MRIs, MRAs, CAT scans, and PET scans)	No Charge

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Schedule of Copayments

Covered Services and Supplies	Copayments
Other Laboratory and Radiology Services	No Charge
Maternity Care Services	
Initial Office Visit to Confirm Pregnancy	Same as Physician Office Visit Copayment
All other Office Visits	No Charge
Delivery	Same as Inpatient Hospital Service Copayment
Severe Mental Illness of a Member of any Age and Serious Emotional Disturbances of a Child	
Office Visits	Same as a Specialty Physician Office Visit Copayment
Inpatient Services	Same as Inpatient Hospital Service Copayment
Mental Health and Substance Abuse Services	
Inpatient Mental Health Services 30 day maximum per Member per Contract Year. These limitations and Copayments do not apply to Severe Mental Illness and Serious Emotional Disturbances of a Child.	Same as Inpatient Hospital Service Copayment
Outpatient Mental Health Services These limitations and Copayments do not apply to Severe Mental Illness and Serious Emotional Disturbances of a Child.	$20 Copayment per visit
Inpatient Substance Abuse Detoxification Services Treated the same as any other illness	Same as Inpatient Hospital Copayment
Outpatient Substance Abuse Detoxification Services Treated the same as any other illness.	Same as Physician Office Visit Copayment
Nutritional Evaluation 3 visit maximum per Member per Contract Year	Same as Physician's Office Visit Copayment

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Schedule of Copayments

Covered Services and Supplies	Copayments
Transplant Travel Services Maximum $10,000 maximum benefit	
Rehabilitative Therapy	$15 Copayment per office visit
Chiropractic Care Services Services provided on an outpatient basis are limited to a 30 visit maximum per Member per Contract Year	$15 Copayment per office visit
Vision Care Services **Limited to the following every 12 months** **Eye Exam** **One pair of approved glasses**	 $5 Copayment per visit $10 Copayment

Total Copayment Maximum *	
Individual Member Total Copayment Maximum	$1,000 per Contract Year
Membership Unit Total Copayment Maximum	$2,000 per Contract Year

*All Copayments paid by a Member for Covered Services and Supplies other than Copayments paid for Mental Health and Substance Abuse Services (except for Severe Mental Illness and Serious Emotional Disturbances of a Child), Vision Care Services and Prescription Drugs apply towards the Total Copayment Maximums.



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Supplemental Rider

This Supplemental Rider is a part of the Group Service Agreement ("the Agreement") and subject to all of the terms, conditions and limitations contained therein. In consideration for an additional monthly fee incorporated into the Prepayment Fee, the following supplemental Prescription Drug benefit is added to the Agreement.

Prescription Drugs

I. Definitions

Prescription Drug List means a listing of approved Prescription Drugs and Related Supplies. The Prescription Drugs and Related Supplies included in the Prescription Drug List have been approved in accordance with parameters established by the P&T Committee. New drugs are approved for the Prescription Drug List when there is proof of clinical efficacy. To be considered for inclusion in the Prescription Drug List, Prescription Drugs and Related Supplies must be reviewed by the P&T Committee. The P&T Committee meets at least quarterly. New Prescription Drugs and Related Supplies are frequently added to the Prescription Drug List, while others on the list may be deleted. The Prescription Drug List will be updated each time a change occurs.

The presence of Prescription Drugs and Related Supplies on the Prescription Drug List does not guarantee that the Member will be prescribed that Prescription Drug and Related Supplies by his/her Participating Physician for a particular medical condition.

You may contact Member Services at the toll-free number found on your CIGNA HealthCare ID card to request a copy of the Prescription Drug List or to request information regarding whether a specific drug or drugs are on the Prescription Drug List. You can also access the Prescription Drug List through the Internet at myCIGNA.com.

Coverage for certain Prescription Drugs and Related Supplies require your Participating Physician to obtain prior authorization prior to prescribing. The Healthplan shall also maintain an expeditious process by which Participating Physicians may obtain authorization for Medically Necessary non-Prescription Drug List drug and Related Supplies. If the Member's Participating Physician reasonably believes that there is a Medically Necessary reason to prescribe a non-Prescription Drug List drug and/or Related Supplies, or wishes to request coverage for a Prescription Drug and/or Related Supplies for which prior authorization is required, the Participating Physician should contact the Healthplan or complete the appropriate prior authorization form and fax it to the Healthplan to request coverage before the Prescription Drug and/or Related Supplies are written so that the Healthplan can evaluate the request and work with the Participating Physician and Participating Pharmacy. If the request is approved, the doctor will receive a fax confirmation. The length of the authorization will depend on the diagnosis and the Prescription Drug and/or Related Supplies. If the request is denied, your Participating Physician and you will be notified that coverage for the Prescription Drug and/or Related Supplies is not authorized.

If the Member is advised at the Participating Pharmacy that the prescription is for a non-Prescription Drug List drug and/or Related Supplies and the Participating Provider has not contacted the Healthplan for authorization, the Participating Pharmacy will dispense the Prescription Drug and/or Related Supplies at the full retail cost of the non-Prescription Drug List drug. The Member may request that the Participating Pharmacy contact the Member's Participating Physician to request a change to a Prescription Drug List medication or submit a request to the Healthplan for coverage of the non-Prescription Drug List drug and/or Related Supplies as Medically Necessary. If the Member's Participating Physician is not available or the Participating Pharmacy is not able to reach the Healthplan, all Participating Pharmacies have been instructed to dispense at least a three (3) day supply, but not more than a thirty (30) day supply at the applicable Copayment. If, after being contacted, the Member's Participating Physician reasonably believes a change to a Prescription Drug List drug and/or Related Supplies is appropriate, the Healthplan will notify both the Member and the Participating Pharmacy. If, after consultation with the Member's Participating Physician, the non-Prescription Drug List drug and/or Related Supplies is approved as Medically Necessary, the Member will continue to receive the non-Prescription Drug List drug and/ or Related Supplies at the applicable Copayment.

If the request for approval involves a Medically Necessary new non-Prescription Drug List drug and/or Related Supplies or a refill non-Prescription Drug List drug and/or Related Supplies where the Member has no more of the Prescription Drug and/or Related Supplies,



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the Healthplan will make a decision and communicate it to all parties by telephone on the same day as receipt of the request from the Member's Participating Physician but in any event not more than twenty-four (24) hours from the time of receipt. Requests for refills where the Member has more of the drug remaining will be made and communicated in writing to all parties within forty-eight (48) hours from the time of receipt of the request from the Member's Participating Physician. The length of the authorization will depend on the diagnosis and Prescription Drug and/or Related Supplies.

If the request is denied, your Participating Physician and you will be notified that coverage for the Prescription Drug and/or Related Supplies is not authorized.

If you disagree with a coverage decision, you may appeal that decision in accordance with the provisions of the Agreement, by submitting a written request stating why the Prescription Drug and/or Related Supplies should be covered.

If you have questions about a specific Prescription Drug List exception or prior authorization request, you should call Member Services at the toll-free number on the CIGNA HealthCare ID card. Healthplan shall not limit or exclude coverage for a Prescription Drug and/or Related Supplies for a Member if the drug had previously been approved for coverage by the Healthplan for a medical condition of the Member and the Member's Participating Physician continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed, and is considered safe and effective for treating the Member's medical condition. Nothing shall preclude the Participating Physician from prescribing another drug, including a "generic" drug covered by Healthplan that is medically appropriate for the Member. This section does not apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA).

All newly approved Food and Drug Administration (FDA) drugs are designated as either non-preferred or non-Prescription Drug List drugs until the P&T Committee evaluates the Prescription Drug clinically for a different designation. Prescription Drugs that represent an advance over available therapy according to the FDA will be reviewed by the P&T Committee within six (6) months after FDA approval. Prescription Drugs that appear to have therapeutic qualities similar to those of an already marketed drug according to the FDA, will not be reviewed by the P&T Committee for at least six (6) months after FDA approval. In the case of compelling clinical data, an ad hoc group will be formed to make an interim decision on the merits of a Prescription Drug.

Life-threatening means i) disease or conditions where the likelihood of death is high unless the course of the disease is interrupted, and/or ii) disease or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

Participating Pharmacy means 1) a retail pharmacy with which the Healthplan has contracted to provide prescription services to Members, or 2) a designated mail order pharmacy with which the Healthplan has contracted to provide mail order prescription services to Members.

Pharmacy & Therapeutics (P&T) Committee. A committee of CIGNA HealthCare Participating Providers, Medical Directors and Pharmacy Directors which regularly reviews Prescription Drugs and Related Supplies for safety and efficacy. The P&T Committee evaluates Prescription Drugs and Related Supplies for potential addition to or deletion from the Prescription Drug List and may also set dosage and/or dispensing limits on Prescription Drugs and Related Supplies, including prior authorization requirements.

Prescription Drug means (i) a drug which has been approved by the Food and Drug Administration for safety and efficacy; (ii) certain drugs approved under the Drug Efficacy Study Implementation review or; (iii) drugs marketed prior to 1938 and not subject to review, and which can, under federal or state law, be dispensed only pursuant to a prescription order.

Prescription Order means the lawful authorization for a Prescription Drug or Related Supply by a Physician who is duly licensed to make such authorization within the course of such Physician's professional practice or each authorized refill thereof.

Related Supplies means diabetic supplies (insulin needles and syringes, lancets, lancet puncture devices, ketone urine testing strips, blood glucose test strips and pen delivery systems for the administration of insulin), needles and syringes for injectables covered under this Prescription Drug benefit, nebulizers (including face masks and tubing), peak flow meters and inhaler spacers for the management and treatment of pediatric asthma.

II. Services and Benefits

When ordered by a Participating Physician, a Member shall be entitled to purchase Medically Necessary



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Prescription Drugs and Related Supplies from Participating Pharmacies as designated by the Healthplan. Prescription Drugs and Related Supplies includes coverage for the following:

Contraceptives – a variety of federal Food and Drug Administration approved prescription contraceptive methods.

Diabetic Supplies – insulin needles and syringes, lancets, lancet puncture devices, ketone urine testing strips, blood glucose test strips and pen delivery systems for the administration of insulin.

Needles and Syringes – for injectables covered under this Prescription Drug benefit.

Pediatric Asthma Supplies – nebulizers (including face masks and tubing), peak flow meters and inhaler spacers for the management and treatment of pediatric asthma.

Healthplan will also cover Medically Necessary Prescription Drugs and Related Supplies dispensed by a Participating Pharmacy, with a prescription issued to a Member by a licensed dentist for the prevention of infection or pain in conjunction with a dental procedure.

When a Member is issued a prescription for a Prescription Drug and/or Related Supply as part of the rendering of Emergency Services and a Participating Pharmacy cannot reasonably fill such prescription, such prescription will be covered by Healthplan, subject to the provisions of this Rider.

Please refer to Section III. for a description of Prescription Drug Limitations.

III. Limitations

Each Prescription Order or refill shall be limited as follows:

- up to a consecutive thirty (30) day supply at a retail Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- up to a consecutive ninety (90) day supply at a mail order Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- to a dosage and/or dispensing limit as determined by the P&T Committee.

Coverage for Prescription Drugs and Related Supplies is limited to "generic" drugs unless a "generic" alternative does not exist or state law does not permit substitution.

Coverage will be provided for "name brand" Prescription Drugs at the stated "name brand" Copayment if they are Medically Necessary as determined by the Healthplan Medical Director and not otherwise excluded under this Rider.

IV. Member Payments

Coverage for Prescription Drugs and Related Supplies is subject to a Copayment. In the event a Member's Copayment exceeds the retail cost of the Prescription Drug and/or Related Supplies the Member's Copayment will not exceed the pharmacy's usual and customary charge (also known as the "retail charge") for the Prescription Drug and /or Related Supplies.

- If two or more prescriptions or refills are dispensed at the same time, a Copayment must be paid for each prescription order or refill.
- When a treatment regimen contains more than one type of drug and the drugs are packaged together for the convenience of the Member, a Copayment will apply to each type of drug.

Please refer to the Prescription Drug Schedule of Copayments for the required Copayments, and Out-of-Pocket Maximums.

Coverage will be provided for "generic" Prescription Drugs at the stated "generic" Copayment if they are Medically Necessary as determined by the Healthplan Medical Director and not otherwise excluded under this Rider.

Coverage will be provided for Medically Necessary "name brand" Prescription Drug List drugs and non-Prescription Drug List drugs at the stated Copayment if they are Medically Necessary as determined by the Healthplan Medical Director and not otherwise excluded under this Rider.

Coverage will be provided for non-Medically Necessary "name brand" Prescription Drug List drugs and non-Prescription Drug List drugs at the stated Copayment if they are not Medically Necessary as determined by the Healthplan Medical Director and not otherwise excluded under this Rider.

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V. Exclusions

Except as otherwise set forth in this Rider, coverage for Prescription Drugs and Related Supplies is subject to the exclusions and limitations set forth in the "Exclusions and Limitations" Section of the Agreement. In addition, any services or benefits related to Prescription Drugs and Related Supplies, which are not described in this Supplemental Rider, are excluded from coverage under the Agreement. By way of example, but not of limitation, the following are specifically excluded services and benefits:

1. Any drugs or medications available over the counter that do not require a prescription by Federal or State Law, and any drug or medication that has a chemical equivalent i.e. same active ingredient and equivalent dosage to an over the counter drug or medication other than insulin.
2. Any drugs that are experimental or investigational, within the meaning set forth in the Agreement.
3. Food and Drug Administration (FDA) approved prescription drugs used for purposes other than those approved by the FDA unless the drug is prescribed for the treatment of a life-threatening or chronic and seriously debilitating condition, the drug is Medically Necessary to treat that condition, and the drug has been recognized for treatment of that condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; The United States Pharmacopeia Dispensing Information, Volume 1, "Drug Information for the Health Care Professional"; or two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence present in a major peer reviewed medical journal.
4. All newly FDA approved drugs, prior to review by the Pharmacy and Therapeutics committee unless deemed Medically Necessary by Healthplan Medical Director.
5. Any prescription and non-prescription supplies (such as, ostomy supplies), devices, and appliances, except as covered in this Rider. Please refer to Definitions, Related Supplies, for covered supplies.
6. Any prescription vitamins (other than prenatal vitamins), dietary supplements, and fluoride products.
7. Prescription drugs used for cosmetic purposes such as, drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products.
8. Any diet pills or appetite suppressants (anorectics).
9. Prescription smoking cessation products unless Medically Necessary.
10. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
11. Replacement of Prescription Drugs and Related Supplies due to loss or theft beyond two (2) incidents per Calendar Year. Each incident may include one or more prescriptions.
12. Medications used to enhance athletic performance.
13. Medications which are to be taken by or administered to a Member while the Member is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
14. Prescriptions more than one year from the original date of issue.

RX-3&4 TIER CA-A 1/06
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Prescription Drug Schedule of Copayments

CIGNA HealthCare of California
Prescription Drug Schedule of Copayments
Three Tier Copayment Option

Type of Drug	Copayments **	
	Retail Participating Pharmacy Copayment (applies to each 30 day supply.)	**Mail Order Pharmacy Copayment** (applies to each 90 day supply.)
Generic* drugs on the Prescription Drug List.	$10	$20
Medically Necessary Name Brand* drugs designated as preferred on the Prescription Drug List with no Generic equivalent (including supplies for the management and treatment of pediatric asthma) and Medically Necessary non-Prescription Drug List drugs.	$20	$40
Non-Medically Necessary Name Brand * drugs on the Prescription Drug List with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List and non-Medically Necessary non-Prescription Drug List drugs.	$40	$80

* Designated as per generally-accepted industry sources and adopted by Healthplan

** **IMPORTANT** - The Limitations and Member Payments sections of the Prescription Drug Rider contain additional information regarding applicable Copayments.

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CIGNA HealthCare 24-Hour Health Information Line℠ 1.800.564.8982

The Health Information Nurses

A specially trained team of registered nurses is on duty around the clock. Your nurse will ask you a few questions about your symptoms and situation, then direct you to the type of care that should make you more comfortable.

- If your condition doesn't require immediate care, your nurse will recommend steps you can take to be more comfortable until you see your doctor.
- If you're away from home, the nurses can help you locate nearby participating doctors, facilities and pharmacies.
- If you need urgent care, your nurse will direct you to the nearest qualified provider or facility and help you with any necessary authorizations.
- If it appears that you need emergency care, your nurse will direct you to call 911 or other emergency services in your area. Your nurse will help you access the appropriate services.
- If you're directed to seek immediate medical attention, we'll provide your primary care physician with the details. This information becomes part of your medical records, updates your health status and alert your doctor to the need for follow-up care.

The Health Information Library

You can listen to tapes on topics ranging from aging and women's health to nutrition and surgery. The tapes are regularly updated to include new treatments and medical data. You can listen to as many tapes as you like, and this booklet includes a handy directory to hundreds of subjects.

It's simple to use, easy to understand

- Just call 1.800.564.8982.
- Follow the simple instructions that quickly guide you to the information you need. If you have a rotary-dial phone, stay on the line for assistance.
- Use this handy directory to enter the code numbers of the programs you'd like to hear.
- There's no limit to the number of programs you can request in a single call.

Nurses are always standing by

To speak with a Health Information Nurse at any time during your call - even if you're in the middle of a Health Information Library tape - our system will quickly and automatically connect you.

Call us if you're concerned or just curious

- Use the 24-Hour Health Information Line for helpful, everyday health information on all sorts of subjects, from sleeplessness to sunburn.
- You'll really appreciate this service if you have young children.
- If it's difficult for your primary care physician to call you back - if you're vacationing or traveling on business, if you're retired and travel often, or if you have kids away at school - the Health Information Line is a valuable first step in learning about and caring for everyday health matters.

Don't wait, don't wonder, or possibly delay necessary treatment or helpful self-care. Call the CIGNA HealthCare 24-Hour Health Information Line℠ and get the information you need. Quickly and easily.

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CIGNA HealthCare 24-Hour Health Information Line℠

Health Information Library 1.800.564.8982

Aging

3000 A Healthy Life Style for Older Adults
3001 Abuse of Older Adults
3002 Adult Day Care Programs
3003 Advance Directives
3004 Alcohol and Aging
3005 Alzheimer's Disease
3006 Caregiver's Guide
3007 Constipation
3008 Dementia
3009 Dental Care for Older Adults
3010 Depression in Older Adults
3011 Elderhostel and Adult Education
3012 Erectile Dysfunction (Impotence)
3013 Exercise for Older Adults
3014 Fluid Requirements of Older Adult
3015 Health Benefits for Veterans
3016 Health Changes With Aging
3017 Home Healthcare
3018 Housing Options for Seniors
3019 How to Choose a Nursing Home
3020 Hypothermia in Older Adults
3021 Insomnia in Older Adults
3022 Loneliness in Older Adults
3023 Long-Term Care Insurance
3024 Medicaid
3025 Medicare: Health Insurance
3026 Medicines: Problems They Can Cause
3027 Nutrition for the Later Years
3028 Pets Benefit the Older Adult
3029 Retirement Planning
3030 Preventing a Broken Hip
3031 Medicines: Using Them Safely
3032 Self-Esteem in Older Adults
3033 Senior Centers
3034 Sexuality in the Later Years
3035 Skin Care and Protection
3036 Social Security and SSI
3037 Stress in Later Years
3038 Stroke
3039 Talking With Your Healthcare Provider

Allergies

3100 Allergies
3101 Allergies: National Support Services
3102 Allergy Proof Your Home
3103 Allergy Testing
3104 Allergy Treatment
3106 Contact Dermatitis
3107 Drug Allergy
3108 Eczema
3109 Food Allergy
3110 Hay Fever (Seasonal Allergic Rhinitis)
3111 Hives
3105 Insect Bites and Stings
3112 Poison Ivy, Sumac, and Oak
3113 Severe Allergic Reaction

Behavioral Health

3300 Abuse and Neglect--Children
3301 Abuse and Violence - Adults
3302 Aggressive Behavior in Children
3303 Agoraphobia
3304 Alcohol Dependence (Alcoholism)
3305 Alcoholism: Information and Resources
3306 Amnesia
3307 Anger Management
3308 Anorexia Nervosa
3309 Antisocial Personality Disorder
3311 Attention-Deficit/Hyperactivity Disorder (ADHD) in Adults
3312 Attention-Deficit/Hyperactivity Disorder (ADHD)
3313 Binge Eating Disorder (Compulsive Overeating)
3314 Bipolar Disorder (Manic-Depressive Illness)
3315 Bulimia Nervosa
3316 Club Drugs
3317 Cocaine Use
3318 Compulsive Gambling
3319 Confusion
3320 Delirium
3321 Depression
3322 Drug Abuse Among Teenagers
3323 Drug Abuse and Addiction
3324 Drug Abuse Resources
3325 Drugs in the Workplace
3326 Emotional Abuse - Effects on Children
3327 Exhibitionism
3328 Fetishism
3329 Gender Identity Disorder
3330 Grief and Loss
3331 Hallucinations
3332 Hazards of Smoking
3333 Hypnosis
3334 Hypochondria (Hypochondriasis Disorder)
3335 Incest
3336 Kleptomania
3337 Letting Go of Resentment
3338 Lying: Pathologic
3339 Masochism
3340 Mental Health Professionals
3341 Multiple Personality (Dissociative Identity Disorder)
3342 Narcissism (Narcissistic Personality Disorder)
3343 Nervous Breakdown
3344 Nightmares and Sleep Terrors
3345 Obsessive-Compulsive Disorder (OCD)
3346 Panic Attacks (Panic Disorder)
3347 Paranoid Personality Disorder
3348 Pedophilia
3349 Phobias
3350 Post-Traumatic Stress Disorder
3351 Prescription Drug Abuse
3352 Psychosis
3353 Psychosomatic Illness (Somatization Disorder)
3354 Pyromania
3355 Sadism
3356 Schizophrenia
3357 Seasonal Affective Disorder (SAD)
3358 Self-Esteem
3359 Sex Therapy
3360 Sexual Abuse and Children
3361 Smokeless Tobacco
3362 Smoking: Ways to Quit
3363 Suicide
3364 Teenage Drinking
3365 Transvestism
3366 Twelve Step Programs
3367 Types of Therapy for Mental Health
3368 Voyeurism

Bones, Joints and Muscles

3150 Achilles Tendon Injury
3151 Amputation
3152 Ankle Sprain
3153 Anterior Cruciate Ligament (ACL) Injury
3154 Arthritis
3155 Arthritis: Chores Made Easier
3156 Arthroscopic Meniscectomy
3157 Arthroscopy
3158 Artificial Limb
3159 Aspirin and Arthritis
3160 Athlete's Foot
3161 Back Pain Prevention: Body Mechanics
3162 Bone Infection (Osteomyelitis)
3163 Bowlegs and Knock-Knees
3164 Broken Ankle
3165 Broken Elbow
3166 Broken Finger
3167 Broken Wrist
3168 Bunion
3169 Bursitis
3170 Calcific Tendonitis
3171 Carpal Tunnel Syndrome
3172 Cast Care
3174 Corns and Calluses
3173 Costochondritis
3175 Dislocated Ankle
3176 Dislocated Elbow
3256 Dupuytren's Contracture
3177 Fibromyalgia
3178 Finger Dislocation
3179 Finger Sprain
3181 Flat Feet
3182 Foot Care
3183 Foot Injuries
3184 Foot Problems
3185 Fracture Treatment
3186 Fracture Types
3187 Frozen Shoulder
3188 Ganglion Cyst
3189 Gout
3190 Hammertoes
3191 Heel Pain
3192 Hip Dislocation in Childhood
3193 Hip Fracture
3194 Hip Injuries
3195 Hip Replacement Surgery
3196 Ingrown Toenail



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3197 Jumper's Knee (Patellar Tendonitis)
3198 Juvenile Rheumatoid Arthritis
3199 Knee Arthroscopy
3200 Knee Cartilage Tear (Meniscal Tear)
3201 Knee Replacement Surgery
3202 Knee Sprain
3203 Legg-Calve-Perthes Disease
3204 Low Back Exercises
3205 Low Back Pain
3206 Lumbar Stenosis
3207 Lupus
3208 Mallet Finger (Baseball Finger)
3209 Muscle Cramps and Spasms
3210 Muscle Strain
3311 Neck Exercises
3312 Neck Injuries
3313 Neck Spasms
3314 Neck Strain
3315 Orthopedic Appliances
3216 Osgood-Schlatter Disease
3217 Osteoarthritis
3218 Osteogenesis Imperfecta
3219 Osteoporosis
3220 Over-Pronation
3221 Paget's Disease of Bone
3222 Physical Therapy
3223 Pigeon Toe (In-Toeing)
3224 Plantar Fasciitis
3225 Polymyalgia Rheumatica
3226 Polymyositis and Dermatomyositis
3227 Pulled Elbow in Children
3228 Rheumatoid Arthritis
3229 Rotator Cuff Injury
3230 Runner's Knee (Patellofemoral Pain Syndrome)
3231 Scleroderma
3232 Scoliosis
3233 Septic Arthritis
3234 Setting a Broken Bone (Without Surgery)
3180 Shoes: Proper Fit Prevents Problems
3235 Shoulder Bursitis
3236 Shoulder Dislocation
3237 Shoulder Injuries
3238 Shoulder Replacement Surgery
3239 Shoulder Separation
3240 Slipped Capital Femoral Epiphysis
3241 Slipped Disk (Herniated Disk)
3242 Spinal Fusion
3243 Spinal Instrumentation Surgery
3244 Spondylolysis and Spondylolisthesis
3245 Sprains
3246 Stress Fractures
3247 Surgery to Set a Broken Bone
3248 Tennis Elbow (Lateral Epicondylitis)
3249 Thumb Sprain
3250 Torticollis
3251 Trigger Finger
3252 Ultrasound Treatment
3253 Using Crutches Safely
3254 Whiplash
3255 Wrist Sprain

Brain and Nervous System

3400 Aids and the Nervous System
3401 Alzheimer's Disease
3402 Bacterial Meningitis in Adults
3403 Bell's Palsy
3404 Caring for Someone with Alzheimer's Disease
3405 Cluster Headaches
3406 Concussion
3407 Confusion
3408 Delirium
3409 Dementia
3410 Epilepsy
3411 Facial Tics
3412 Guillain-Barre Syndrome
3413 Head Trauma
3414 Huntington's Disease
3415 Hydrocephalus
3416 Lou Gehrig's Disease (ALS)
3417 Lumbar Puncture
3418 Migraine Headache
3435 Multiple Sclerosis (MS)
3419 Myasthenia Gravis
3420 Myelography
3421 Narcolepsy
3422 Neuralgias (Neuropathic Pain)
3423 Parkinson's Disease
3424 Peripheral Neuropathy
3425 Sciatica
3426 Seizures
3427 Sinus Headache
3428 Slipped Disk (Herniated Disk)
3429 Spinal Cord Injury
3430 Stroke
3431 Supportive Care for Progressive Dementia
3432 Tension Headache
3433 Trigeminal Neuralgia
3434 Viral Meningitis in Adults

Cancer

3500 Acute Leukemia
3501 Bladder Cancer
3502 Bone Cancer
3503 Bone Marrow Transplant / Stem Cell Transplant
3504 Brain Tumor
3505 Brain Tumors in Children
3506 Breast Cancer
3507 Breast Cancer in Men
3508 Cancer and Pain Control
3509 Cancer Information Resources
3510 Cancer Prevention and Diet
3511 Cancer Screening
3512 Cancer Surgical Treatment
3513 Cancer Treatment Team
3514 Cancer Treatment: Side Effects
3515 Cancer: Clinical Trials
3516 Cancer: Importance of Early Detection
3517 Cancer's Seven Warning Signs
3518 Cervical Cancer
3519 Chemotherapy
3520 Chronic Leukemia
3521 Colon Cancer
3522 Diagnosing Cancer
3523 Esophagus Cancer
3524 Hodgkin's Disease (Hodgkin's Lymphoma)
3525 Immunotherapy / Biotherapy
3526 Kidney Cancer
3527 Liver Cancer
3528 Lung Cancer
3529 Malignant Melanoma
3530 Metastatic Cancer
3531 Multiple Myeloma
3532 Non-Hodgkin's Lymphoma
3533 Ovarian Cancer
3534 Palliative Surgery
3535 Pancreatic Cancer
3536 Patient Controlled Analgesia System
3537 Prostate Cancer
3538 Prostate Specific Antigen (PSA)
3539 Protecting Yourself from Cancer
3540 Radiation Therapy
3541 Skin Cancer
3542 Smoking and Cancer
3543 Stomach Cancer
3544 Testicular Cancer
3545 Throat Cancer
3546 Thyroid Cancer
3547 Uterine Cancer
3548 Uterine Sarcoma

Cardiovascular Health

3600 Aneurysm
3601 Angina
3602 Angioplasty
3603 Aortic Valve Regurgitation
3604 Aortic Valve Stenosis
3605 Atherosclerosis
3606 Atrial Fibrillation
3607 Blood Clots
3608 Blood Pressure
3609 Cardiac Arrest
3610 Cardiac Rehabilitation
3611 Cardiomyopathy
3612 Chest Pain (Noncardiac)
3613 Children and Heart Disease
3614 Congenital Heart Disease
3615 Controlling Cholesterol
3616 Coronary Angiogram
3617 Coronary Artery Bypass Surgery
3618 Coronary Artery Disease
3619 Coronary Artery Disease: Managing Risk Factors
3620 Coronary Intensive Care Unit
3621 Deep Vein Thrombosis
3622 Diet and Heart Disease
3623 Exercise Test
3624 Heart Attack: Early Warning Signs
3625 Heart Catheterization
3626 Heart Disease: Prevention
3627 Heart Failure
3628 Heart Murmur
3629 Heart Palpitations
3630 Heart Transplant
3631 High Blood Pressure
3632 High Cholesterol (Hypercholesterolemia)
3633 Implantable Cardioverter Defibrillator (ICD)
3634 Infectious Endocarditis
3635 Low Blood Pressure
3636 Low Sodium Diet
3637 Mitral Valve Prolapse
3638 Mitral Valve Regurgitation
3639 Mitral Valve Stenosis
3640 Myocardial Infarction (Heart Attack)
3641 Myocarditis
3642 Pacemakers
3643 Paroxysmal Supraventricular Tachycardia (PSVT)
3644 Pericarditis
3645 Peripheral Vascular Disease
3646 Stroke
3647 Stroke Rehabilitation
3648 Superficial Thrombophlebitis
3649 Triglycerides
3650 Varicose Veins
3651 Ventricular Tachycardia

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Child And Teen Health

3700 Alcoholic Parent
3701 Asthma in Children
3702 Attention-Deficit/Hyperactivity Disorder (ADHD)
3703 Attitude - Make It Positive!
3704 Autism
3705 Bacterial Meningitis in Children
3706 Bedwetting (Enuresis)
3707 Breast-Feeding
3708 Breast-Feeding: Advantages over Formula Feeding
3709 Burns in Children
3710 Chickenpox
3711 Childhood Cancers
3712 Circumcision
3713 Common Viral Infections
3714 Croup
3715 Crying Baby
3716 Dating Concerns
3717 Dental Care for Children
3718 Diaper Rash
3719 Divorce: a Teen's Point of View
3720 Dyslexia
3721 Earache in Children
3722 Fathering an Infant
3723 Feet: What Is Normal for Children?
3724 Fetal Alcohol Syndrome
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CIGNA HealthCare

County of Orange Craft & Plant

CIGNA HealthCare of California, Inc.

HMO

CIGNA HealthCare of California, Inc.
400 North Brand Boulevard
Glendale, CA 91203-2399
1.800.244.6224

This document takes the place of any documents previously issued to you which described your benefits.

CIGNA HealthCare

Thank you for choosing CIGNA HealthCare!

Here is your guide to getting the most from your health care plan.

It outlines the important benefits of belonging to a CIGNA HealthCare plan,

tells you how to use those benefits wisely and

should answer most of your questions.

Please keep it for reference.

If you can't find the information that you need,

call Member Services at

the toll-free number on your CIGNA HealthCare ID card.

Or visit our web site, www.cigna.com.

We're here to help!

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CIGNA HealthCare Handbook

The Benefits of Belonging to a CIGNA HealthCare Plan

Your CIGNA HealthCare plan is designed to help you stay healthy.

As you read through this information, you'll learn more about the covered services, benefits and special programs that help you take better care of yourself.

You choose a Primary Care Physician (PCP) to serve as your personal physician. Your PCP can treat you for a wide variety of conditions, provide preventive care, refer you to specialists and coordinate hospital care when needed. Each covered member of your family can choose his or her own PCP.

Your plan includes:

- Preventive Care – coverage for regular checkups, tests and childhood immunizations through programs tailored to your needs.
- As part of CIGNA HealthCare's commitment to women's health, you can see an OB/GYN in the CIGNA HealthCare network for covered obstetrical and gynecological services without a referral from your PCP.
- Prenatal care once your pregnancy is confirmed. You pay only the copayment for the first office visit, the one that confirms you're pregnant. After that, you pay nothing for routine maternity office visits throughout your pregnancy.
- Mental health and substance abuse services. These services require authorization by CIGNA Behavioral Health, Inc., or its affiliates. For information about your mental health and substance abuse services, to access care, or to speak with a behavioral health professional, call the toll-free "mental health and substance abuse" number found on your CIGNA Healthcare ID card. You can call 24 hours a day, 7 days a week.
- 24-hour emergency coverage, worldwide.
- **Access to the CIGNA HealthCare 24-Hour Health Information Line.**[SM] This line is staffed by Registered Nurses who can assist with health related questions at any time of the day or night. Look for the 24-Hour Health Information Line Library at the end of this guide.
- **Guest Privileges** – under certain circumstances, such as when you are temporarily away from your usual service area for at least 60 days, you may be able to obtain coverage in another area where there is a CIGNA HealthCare network available.

If You Have a Question

This Handbook briefly summarizes some of the important features of your coverage. For a complete explanation of your coverage please refer to your Group Service Agreement.

Where to Find More Information

CIGNA HealthCare offers you a variety of ways to learn more about your plan and coverage. We strive to make sure that the answers you need are always close by.

Your CIGNA HealthCare ID Card

Your CIGNA HealthCare identification (ID) card identifies you as a CIGNA HealthCare member to physicians, hospitals and other health care providers. Show it and you'll receive all of the service and supplies your plan offers as long as you are eligible.

- Carry it with you at all times.
- Show it whenever you access medical care.
- If you lose your card or if it's stolen, just call Member Services at 1.800.244.6224 or your employer. We'll send you a replacement right away.
- Each family member covered by your plan, even your children, should have his or her own card. If you need additional cards for family members, just call Member Services.

CIGNA HealthCare

CIGNA HealthCare Handbook

Member Services

Member Services answers your questions, finds the information you need and works to resolve your problem quickly.

- The toll-free number is on your CIGNA HealthCare ID card.
- Se habla Español – and most other languages. We have bilingual representatives in Spanish-speaking areas and the AT&T Language Line translates more than 140 other languages.

Call Member Services if:

- Any of your personal or family information changes – name, address, phone number, marital status, employment or number of dependents. Also notify your employer of these changes.
- You have questions about how your plan works, your benefits, or a claim.
- You'd like an updated Physician Directory or more detailed information about a doctor or hospital.
- You want to change your PCP.

www.cigna.com

Our interactive Web site is a valuable source of information. We update it often, so visit it often! You can:

- Find participating physicians, specialists, hospitals, and pharmacies fast. Now available in most areas, our interactive directories do the work. You can also download and print customized directories, even change your PCP online.
- Learn more about your plan and the benefits and programs available to you and your covered family members.
- Visit ***YourHealth@CIGNA***® to learn about important health care topics. Read online editions of our newsletter for helpful information on personal and family health, diet, exercise and healthy lifestyles.

The CIGNA HealthCare 24-Hour Health Information LineSM

No matter where in the U.S. you are, helpful health information is as close as the nearest phone. Just call the CIGNA HealthCare 24-Hour Health Information Line.SM The toll-free number is 1.800.564.8982. You can:

- Speak with registered nurses for answers to your health questions, including questions regarding emergency or urgent care, and get self-care tips that can help ease the discomfort of an illness or injury.
- Discuss personal behavioral health issues with a licensed counselor on the phone or face-to-face.
- Listen to informative, recorded programs on more than 1,000 health topics. The Health Information Library program list is at the end of this guide.
- Listen to as many programs as you like, whenever you like. And you can control all of the playback functions with your phone.
- Save time and reduce stress by quickly and easily accessing information and referral services on a wide variety of work/life topics such as child care, senior care, legal services, and financial information.

This service is available around the clock, seven days a week.

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Emergencies

An emergency is a sudden injury or a serious illness that a prudent layperson (a person with an average knowledge of medical science) believes needs to be treated right away or it could result in loss of life, serious medical complications or permanent impairment. For more information about emergency care, please see "Section IV" in the Group Service Agreement.

What to do in an emergency:

- Don't delay! Get help immediately. Call or ask someone to call 911 or your local emergency service, police or fire department. Or go directly to the nearest emergency facility.
- In an emergency you can go to any emergency facility or hospital, anywhere, even one that is not in the CIGNA HealthCare network.
- You do not need a referral from your PCP for emergency services, but you should call your PCP as soon as possible for further assistance and advice on follow-up care. If you require specialty care or a hospital admission, your PCP can coordinate it and handle the necessary authorizations for care or hospitalization.
- You're covered 24 hours a day, seven days a week.
- You will pay only a copayment for covered emergency services; it may be higher than your office visit copayment and it's listed on your CIGNA HealthCare ID card.
- If you are unsure about whether you should seek emergency care you can call your PCP, the physician covering calls for your PCP or the CIGNA HealthCare 24-Hour Health Information Line.SM

Examples of emergency situations can include, but are not limited to, treatment of the following conditions:

- Uncontrolled bleeding
- Seizure or loss of consciousness
- Shortness of breath
- Chest pain or squeezing sensation in the chest
- Suspected overdose of medication or poisoning
- Sudden paralysis or slurred speech
- Broken bones
- Severe pain
- Active labor

Urgent Care

You're also covered for situations that aren't emergencies but still require prompt medical attention. Examples can include:

- Severe sore throat
- Sprains and strains
- Ear or eye infection
- Fever

What to do when you need urgent care:

- If possible, call your PCP first. This notifies your doctor of your condition and helps coordinate your care for effective treatment.
- You can also call the CIGNA HealthCare 24-Hour Health Information Line[SM] and ask to speak with a registered nurse about your condition.

Your PCP or the CIGNA HealthCare 24-Hour Health Information Line nurse may recommend steps you can take to be more comfortable and/or schedule an office visit.

Other Medical Care

Situations that are not considered emergencies or do not require urgent care should be handled through a scheduled office visit with your PCP. Examples can include:

- Routine physicals
- Immunizations
- Routine care for chronic conditions.
- Follow-up visits to check injuries or broken bones
- Prescription drug needs



CIGNA HealthCare

I. Definitions of Terms Used In this Group Service Agreement

Section I. Definitions of Terms Used in This Group Service Agreement

The following definitions will help you in understanding the terms that are used in this Group Service Agreement. As you are reading this Group Service Agreement you can refer back to this section**.** We have identified defined terms throughout the Agreement by capitalizing the first letter of the term.

Agreement

This Agreement, the Face Sheet, the Schedule of Copayments, any optional Riders, any other attachments, your Enrollment Application, and any subsequent written amendment or written modification to any part of the Agreement.

Anniversary Date of Agreement

The date written on the Face Sheet as the Agreement anniversary date.

Contract Year

The 12-month period beginning at 12:01 a.m. on the first day of the initial term or any renewal term and ending at 12:01 a.m. on the next anniversary of that date.

Coordination of Benefits Definitions

For the purposes of "Section VI. Other Sources of Payment for Services and Supplies," the following terms have the meanings set forth below:

Plan

Any of the following that provides benefits or services for medical care or treatment:

- Group insurance and/or group-type coverage, whether insured or self-insured, which neither can be purchased by the general public nor is individually underwritten, including closed panel coverage;
- Coverage under Medicare and other governmental benefits as permitted by law, excepting Medicaid and Medicare supplement policies;

Each type of coverage you have in these two (2) categories shall be treated as a separate Plan. Also, if a Plan has two parts and only one part has coordination of benefit rules, each of the parts shall be treated as a separate Plan.

Closed Panel Plan

A Plan that provides health benefits primarily in the form of services through a panel of employed or contracted providers and that limits or excludes benefits provided by providers outside of the panel, except in the case of emergency or if referred by a provider within the panel.

Primary Plan

The Plan that determines and provides or pays its benefits without taking into consideration the existence of any other Plan.

Secondary Plan

A Plan that determines and may reduce its benefits after taking into consideration the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover the Reasonable Cash Value of any services it provided to you from the Primary Plan.

Allowable Expense

A necessary, customary, and reasonable health care service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any Plan covering you; but not including dental, vision or hearing care coverage. When a Plan provides benefits in the form of services, the Reasonable Cash Value of each service is the Allowable Expense and is a paid benefit.

Examples of expenses or services that are not an Allowable Expense include, but are not limited to the following:

1. An expense or service or a portion of an expense or service that is not covered by any of the Plans is not an Allowable Expense.
2. If you are confined to a private hospital room and no Plan provides coverage for more than the semi-private room, the difference in cost between the private and semi-private rooms is not an Allowable Expense.
3. If you are covered by two or more Plans that provide services or supplies on the basis of usual and customary fees, any amount in excess of the highest usual and customary fee is not an Allowable Expense.

4. If you are covered by one Plan that provides services or supplies on the basis of usual and customary fees and one Plan that provides services or supplies on the basis of negotiated fees, the Primary Plan's fee arrangement shall be the Allowable Expense.
5. If your benefits are reduced under the Primary Plan (through the imposition of a higher copayment amount, higher coinsurance percentage, a deductible and/or a penalty) because you did not comply with Plan provisions or because you did not use a preferred provider, the amount of the reduction is not an Allowable Expense. Examples of Plan provisions are second surgical opinions and pre-certification of admissions or services.

Claim Determination Period

A calendar year, but it does not include any part of a year during which you are not covered under this Agreement or any date before this section or any similar provision takes effect.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

Copayment

The amount shown in the Schedule of Copayments that you pay for certain Covered Services and Supplies. The Copayment may be a fixed dollar amount payable when Covered Services and Supplies are delivered or a percentage of the Participating Providers negotiated charge payable after Covered Services and Supplies are provided.

Covered Services and Supplies means the actual billed charges, except when the Participating Provider has contracted with the Healthplan to receive payment on a basis other than fee-for-service amount, the charge will be calculated based on the Healthplan’s discounted fee amount.

Custodial Services

Any services that are of a sheltering, protective or safeguarding nature. Such services may include a stay in an institutional setting, at-home care or services to care for someone because of age or mental or physical condition. This service primarily helps the person in daily living. Custodial care also can provide medical services given mainly to maintain the person’s current state of health. These services cannot be intended to greatly improve a medical condition; they are intended to provide care while the patient cannot care for himself or herself. Custodial Services include but are not limited to:

- Services related to watching or protecting a person;
- Services related to performing or assisting a person in performing any activities of daily living, such as: a) walking, b) grooming, c) bathing, d) dressing, e) getting in or out of bed, f) toileting, g) eating, h) preparing foods, or i) taking medications that can be self administered, and
- Services not required to be performed by trained or skilled medical or paramedical personnel.

Days

Calendar days; not 24 hour periods unless otherwise expressly stated.

Dependent

An individual in the Subscriber's family who is enrolled as a Member under this Agreement. You must meet the Dependent eligibility requirements in “Section II. Enrollment and Effective Date of Coverage” to be eligible to enroll as a Dependent.

Emergency Services

Emergency Services are those services required to treat a bodily injury or a serious illness which could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life or permanent impairment to bodily functions in the absence of immediate medical attention. Such services include medical, psychiatric, surgical, hospital and related health care services and testing, including ambulance services, medical screening, examination, evaluation by a physician (or other appropriate personnel under the supervision of a



physician to the extent provided by law) to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capabilities of the facility. Examples of emergency situations include, but are not limited to, uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, active labor (which is a labor when there is inadequate time to effect safe transfer to another hospital prior to delivery, or a transfer may pose a threat to the health and safety of the mother or the unborn child), burns, cuts, and broken bones or services required by a Member to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition within the capability of the facility.

Enrollment Application

The enrollment process that must be completed by an eligible individual in order for coverage to become effective.

Experimental, Investigational and Unproven Services

Services provided to a Member diagnosed with cancer and accepted into an eligible Phase I through IV clinical trial for cancer shall not be considered Experimental, Investigational and Unproven Services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Independent Review Process for Experimental and Investigational Therapies (see "Section III. Agreement Provisions") and the Healthplan Medical Director to be:

- not approved by the U.S. Food and Drug Administration (FDA) to be lawfully marketed for the proposed use and not recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information, The American Medical Association Drug Evaluations; or the American Hospital Formulary Service Drug Information) or in medical and scientific evidence. Medical and scientific evidence means:
  a. peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institute of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), and MEDLARS database Health Services Technology Assessment Research (HSTAR);
  b. medical journals recognized by the Secretary of Health and Human Services;
  c. the following standard reference compendia: The American Hospital Formulary Service-Drug Information, the American Medical Association Drug Evaluation, the American Dental Association Accepted Dental Therapeutics, and the United States Pharmacopoeia-Drug Information;
  d. findings, studies, or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes; and
  e. peer-reviewed abstracts accepted for presentation at major medical association meetings.
- the subject of review or approval by an Institutional Review Board for the proposed use;
- the subject of an ongoing clinical trial that meets the definition of a phase I, II or III Clinical Trial as set forth in the FDA regulations, regardless of whether the trial is subject to FDA oversight; or
- not demonstrated, through existing peer-reviewed literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed.

Face Sheet

The part of this Agreement that contains certain provisions affecting the relationship between the Healthplan and the Group. You can get a copy of the Face Sheet from the Group.

CIGNA HealthCare

I. Definitions of Terms Used In this Group Service Agreement

Group

The employer, labor union, trust, association, partnership, government entity, or other organization listed on the Face Sheet to this Agreement which enters into this Agreement and acts on behalf of Subscribers and Dependents who are enrolled as Members in the Healthplan.

Healthplan

The CIGNA HealthCare health maintenance organization (HMO) which is organized under applicable law and is listed on the Face Sheet to this Agreement. Also referred to as "we", "us" or "our".

Healthplan Medical Director

A California licensed Physician charged by the Healthplan to assist in managing the quality of the medical care provided by Participating Providers in the Healthplan; or his/her designee.

Medical Services

Professional services of Physicians or Other Participating Health Professionals (except as limited or excluded by this Agreement), including medical, psychiatric, surgical, diagnostic, therapeutic, and preventive services.

Medically Necessary/Medical Necessity

Medically Necessary Covered Services and Supplies are those determined by the Healthplan Medical Director to be:

- required to diagnose or treat an illness, injury, disease or its symptoms; and
- in accordance with generally accepted standards of medical practice; and
- clinically appropriate in terms of type, frequency, extent, site and duration; and
- not primarily for the convenience of the patient, Physician, or other health care provider; and
- rendered in the least intensive setting that is appropriate for the delivery of the services and supplies. Where applicable, the Healthplan Medical Director may compare the cost-effectiveness of alternative services, settings or supplies when determining the least intensive setting; or
- Services and supplies that are found to be Medically Necessary through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" provision under "Section III. Agreement Provisions".

Member

An individual meeting the eligibility criteria as a Subscriber or a Dependent who is enrolled for Healthplan coverage and for whom all required Prepayment Fees have been received by the Healthplan. Also referred to as "you" or "your".

Membership Unit

The unit of Members made up of the Subscriber and his/her Dependent(s).

Open Enrollment Period

The period of time established by the Healthplan and the Group as the time when Subscribers and their Dependents may enroll for coverage. The Open Enrollment Period occurs at least once every Contract Year.

Other Participating Health Care Facility

Other Participating Health Care Facilities are any facilities other than a Participating Hospital or hospice facility that is operated by or has an agreement to render services to Members. Examples of Other Participating Health Care Facilities include, but are not limited to, licensed skilled nursing facilities, rehabilitation hospitals and sub-acute facilities.

Other Participating Health Professional

An individual other than a Physician who is licensed or otherwise authorized under the applicable state law to deliver Medical Services and who has an agreement with the Healthplan to provide Covered Services and Supplies to Members. Other Participating Health Professionals include, but are not limited to physical therapists, registered nurses and licensed practical nurses.



I. Definitions of Terms Used In this Group Service Agreement

Participating Hospital

An institution licensed as an acute care hospital under the applicable state law, which has an agreement to provide hospital services to Members.

Participating Physician

A Primary Care Physician (PCP) or other Physician who has an agreement to provide Medical Services to Members.

Participating Provider

Participating Providers are Participating Hospitals, Participating Physicians, Other Participating Health Professionals, and Other Participating Health Care Facilities.

Physician

An individual who is qualified to practice medicine under the applicable state law (or a partnership or professional association of such people) and who is a licensed Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).

Prepayment Fee

The sum of money paid to the Healthplan by the Group in order for you to receive the Services and Supplies covered by this Agreement.

Primary Care Physician (PCP)

A Physician who, has been designated as a Primary Care Physician by the Healthplan. Such a Physician, through an agreement with the Healthplan, provides basic health care services to you if you have chosen him/her as your Primary Care Physician (PCP). Your PCP also arranges specialized services for you.

Prior Authorization

The approval a Participating Provider must receive from the Healthplan Medical Director, prior to services being rendered, in order for certain Services and Supplies to be covered under this Agreement.

Qualified Medical Child Support Order

A Qualified Medical Child Support Order is a judgment, decree or order (including approval of a settlement agreement) or administrative notice, which is issued pursuant to a state domestic relations law (including a community property law), or to an administrative process, which provides for child support or provides for health benefit coverage to such child and relates to benefits under the group health plan, and satisfies all of the following:

- the order recognizes or creates a child's right to receive group health benefits for which a participant or beneficiary is eligible;
- the order specifies your name and last known address, and the child's name and last known address, except that the name and address of an official of a state or political subdivision may be substituted for the child's mailing address;
- the order provides a description of the coverage to be provided, or the manner in which the type of coverage is to be determined;
- the order states the period to which it applies; and
- If the order is a National Medical Support Notice completed in accordance with the Child Support Performance and Incentive Act of 1998, such notice meets the requirement above.

Referral

The approval you must receive from the Healthplan Medical Director or your PCP in order for the services of a Participating Provider, other than the PCP, participating vision care provider or participating OB/GYN Physician to be covered.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

Rider

An addendum to this Agreement between the Group and the Healthplan.

Schedule of Copayments

The section of this Agreement that identifies applicable Copayments and maximums.

CIGNA HealthCare

I. Definitions of Terms Used In this Group Service Agreement

Secondary Plan

A Plan that determines and may reduce its benefits after taking into consideration the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover the Reasonable Cash Value of any services it provided to you from the Primary Plan.

Serious Emotional Disturbances of a Child

means a child who (1) has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms, and (2) who meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

Severe Mental Illness

shall include: Schizophrenia, Schizoaffective disorder, Bipolar disorder (manic-depressive illness), Major depressive disorders, Panic disorder, Obsessive-compulsive disorder, Pervasive developmental disorder or autism, Anorexia nervosa and Bulimia nervosa.

Service Area

The geographic area, as described in the Provider Directory applicable to your plan, where the Healthplan is authorized to provide services.

Subscriber

An employee or participant in the Group who is enrolled as a Member under this Agreement. You must meet the requirements contained in "Section II. Enrollment and Effective Date of Coverage" to be eligible to enroll as a Subscriber.

Total Copayment Maximums

The total amount of Copayments that a Member or Membership unit must pay within a Contract Year. When the Member or Membership unit has paid applicable Copayments up to the Total Copayment Maximums, that Member or Membership unit will not be required to pay Copayments for those Services and Supplies for the remainder of the Contract Year. It is the Subscriber's responsibility to maintain a record of Copayments which have been paid and to inform the Healthplan when the amount reaches the Total Copayment Maximums. The Total Copayment Maximums and the Copayments that apply toward these maximums are identified in the Schedule of Copayments.

Urgent Care

Urgent Care is defined as medical, surgical, hospital and related health care services and testing which are not Emergency Services, but which are determined by the Healthplan Medical Director in accordance with generally accepted medical standards to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where you ordinarily receive and/or are scheduled to receive services (this limitation does not apply in the case of a pregnant woman). The immediate area, is the area in which you receive regularly scheduled, Medically Necessary care from a Participating Provider for the ongoing treatment of a medical condition. Such care includes but is not limited to: dialysis, scheduled medical treatments or therapy, or care received after a Physician's recommendation that you should not travel due to any medical condition.

We/Us/Our

CIGNA HealthCare of California, Inc.

You/Your

The Subscriber and/or any of his/her Dependents.

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Section II. Enrollment and Effective Date of Coverage

Who Can Enroll as a Member

To be eligible for covered Services and Supplies you must be enrolled as a Member. To be eligible to enroll as a Member you must meet either the Subscriber or Dependent eligibility criteria listed below. You must also meet and continue to meet the Group-specific enrollment and eligibility rules on the Face Sheet.

A. To be eligible to enroll as a Subscriber, you must:

1. be an employee of the Group or a participant in the Group; and
2. reside or work in the Service Area; and
3. meet and continue to meet these criteria.

B. To be eligible to enroll as a Dependent, you must:

1. be the legal spouse of the Subscriber, or be a domestic partner of the Subscriber that has properly filed a Declaration of Domestic Partnership with the California Secretary of State pursuant to Section 298 of the Family Code or who has a legal union validly formed in another state that is substantially equivalent to a California-registered domestic partnership; or
2. be the natural child, step-child, or adopted child of the Subscriber or eligible domestic partner, or the child for whom the Subscriber or eligible domestic partner is the legal guardian, legally placed with the Subscriber or eligible domestic partner for adoption, or supported pursuant to a court order imposed on the Subscriber or eligible domestic partner (including a qualified medical child support order), provided that the child:
   a. is unmarried and legally dependent upon the Subscriber for support;
   b. resides or works in the service area (unless the child is a full-time registered student outside the service area or is a child covered under a valid court order); and
   i. has not yet reached age nineteen (19); or
   ii. if the child is a full-time registered student in regular attendance at a secondary school, college or university, has not yet reached age twenty-three (23) or at such later age as specified in the Face Sheet or an attached Rider. If the school is located outside the Service Area, he/she is still eligible to enroll and will be covered for Emergency Services and Urgent Care benefits while at school; or
   iii. the child is nineteen **(**19) or older and continuously incapable of self-sustaining support because of mental retardation or a physical handicap which existed prior to attaining nineteen (19) years of age. You must submit proof of the child's condition and dependence to us within thirty-one (31) days after the date the child ceases to qualify as a Dependent under subsection (i) and (ii) above. We may, from time to time during the next two (2) years, require proof of the continuation of the child's condition and dependence. Thereafter, we may require such proof only once a year.

A Subscriber's grandchild is not eligible for coverage unless they meet the eligibility criteria for a Dependent.

A child born of a Member, when that Member is acting as a surrogate parent, is not eligible for coverage.

C. To be eligible to enroll as a domestic partner, you must:

1. Be a person of the same sex, or
1. one or both of the persons are over the age of sixty-two (62) and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits of Title XVI

CIGNA HealthCare

II. Enrollment and Effective Date of Coverage

of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals;

2. share a permanent residency with the Subscriber;
3. be at least eighteen (18) years of age;
4. be financially interdependent with the Subscriber and have proven such interdependence by providing documentation of at least two (2) of the following arrangements:
   a. common ownership of real property or a common leasehold interest in such property;
   b. common ownership of a motor vehicle;
   c. a joint bank account or a joint credit account;
   d. designation as a beneficiary for life insurance or retirement benefits or under the Subscriber's last will and testament;
   e. assignments of a durable power of attorney or health care power of attorney; or
   f. such other proof as is considered by the Healthplan to be sufficient to establish financial interdependency under the circumstances of a particular case.
5. not be a blood relative any closer than would prohibit legal marriage;
6. have signed jointly with the Subscriber a notarized affidavit in form and content which is satisfactory to the Healthplan and make this affidavit available to the Healthplan; and
7. have registered with the Subscriber as domestic partners if you reside in a state that provides for such registration.

You are not eligible to enroll as a domestic partner if either you or the Subscriber has:

1. previously filed a Declaration of Domestic Partnership with the Secretary of State pursuant to Division 2.5 of the Family code that has not been terminated under Section 299 of the Family Code;
2. is currently legally married to another person; or have any other domestic partner, spouse or spouse equivalent of the same or opposite sex.

An eligible domestic partner's children who meet the Dependent eligibility requirements in "Section II. Enrollment and Effective Date of Coverage" are also eligible to enroll.

The "Continuation of Group Coverage under COBRA" section of this Agreement does not apply to the Subscriber's domestic partner and his/her Dependents. However, the "Continuation of Group Coverage under Cal-COBRA" section of this Agreement does apply to the Subscriber's domestic partner and his/her Dependents.

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Enrollment and Effective Date of Coverage

A. Enrollment during an Open Enrollment Period

If you meet the Subscriber or Dependent eligibility criteria, you may enroll as a Member during the Open Enrollment Period by submitting a completed Enrollment Application, together with any applicable fees, to the Group.

If enrolled during the Open Enrollment Period, your effective date of coverage is the first day of the Contract Year.

B. Enrollment after an Open Enrollment Period

1. If, after the Open Enrollment Period, you become eligible for coverage as a Subscriber or a Dependent, you may enroll as a Member within thirty-one (31) days of the day on which you met the eligibility criteria. To enroll, you must submit an Enrollment Application, together with any additional fees due, to the Group. If so enrolled, your effective date of coverage will be the day on which you meet the eligibility criteria.

   If you do not enroll within the thirty-one (31) days, your next opportunity to enroll will be during the next Open Enrollment Period.

2. Services and Supplies under this Agreement are extended automatically to the newborn child of the Subscriber or spouse of the



II. Enrollment and Effective Date of Coverage

Subscriber from the time of that child's birth through and including the thirtieth (30) day following that birth. If you are a Subscriber who is enrolled as a Member, you may enroll a newborn child prior to the birth of the child or within thirty-one (31) days after the child's birth. To enroll a newborn child, you must submit an Enrollment Application, together with any additional fees due, to the Group. The effective date of coverage for your newborn child will be the date of his/her birth.

Commencing with the thirty-first (31st) day following that birth, no services or benefits shall be extended or provided to that child, except on a fee-for-service basis, unless that child meets the eligibility requirements for Dependents and is properly enrolled as a Dependent.

If you do not enroll a newborn child within the thirty-one (31) days, your next opportunity to enroll the child will be during the next Open Enrollment Period.

3. Services and Supplies under this Agreement are extended automatically to a newly adopted child of the Subscriber or spouse of the Subscriber (or child placed with him/her for adoption) through and including the thirtieth (30) day following adoption or placement for adoption. If you are a Subscriber who is enrolled as a Member, you may enroll a newly adopted child or child placed for adoption within thirty-one (31) days of the date the child is adopted or placed with you for adoption. To enroll an adopted child or a child placed with you for adoption, you must submit an Enrollment Application, together with any additional fees due, to the Group. The effective date of coverage for your newly adopted child or a child placed with you for adoption will be the date of adoption or placement for adoption.

   Commencing with the thirty-first (31st) day following adoption or placement for adoption, no services or benefits shall be extended or provided to that child, except on a fee-for-service basis, unless that child meets the eligibility requirements for Dependents and is properly enrolled as a Dependent.

   If you do not enroll a newly adopted child or a child placed with you for adoption within the thirty-one (31) days, your next opportunity to enroll the child will be during the next Open Enrollment Period.

   If you are a Subscriber who is enrolled as a Member, you may enroll a child for whom you have been granted legal guardianship within thirty-one (31) days of the date you are granted legal guardianship. To enroll a child for whom you are the legal guardian, you must submit an Enrollment Application, together with any additional fees due, to the Group. If so enrolled, the effective date of coverage will be the date of court ordered legal guardianship.

   If you do not enroll a child for whom you are legal guardian within the thirty-one (31) days, your next opportunity to enroll the child will be during the next Open Enrollment Period.

C. Special Enrollment After Open Enrollment Period

There are special circumstances under which an individual who was eligible to enroll for coverage as a Subscriber, but did not do so, may be eligible to enroll himself/herself and any eligible Dependents outside of the Open Enrollment Period.

After the Open Enrollment Period, you may submit an Enrollment Application and any applicable fees, to the Group, for yourself and any eligible Dependent(s) within thirty-one (31) days of the date of the following events:

1. Marriage;
2. Birth of a dependent newborn child; or
3. Adoption of a dependent child or legal placement of a child for adoption.

If so enrolled, the effective date of coverage will be the day of the event creating eligibility.

If you do not enroll within the thirty-one (31) days of one of these events, the next opportunity for you and any eligible Dependents to enroll will be during the next Open Enrollment Period.

CIGNA HealthCare

II. Enrollment and Effective Date of Coverage

D. Enrollment Due to Loss of Prior Creditable Coverage

If you and/or your dependent(s) did not enroll as a Member during the Open Enrollment Period because you and/or your dependent(s) had other creditable health care coverage, you may be eligible to enroll for coverage under this Agreement if you later lose that coverage. You must submit to the Group an Enrollment Application, and any applicable fees due within thirty-one (31) days of the day that you or your dependent(s):

1. are no longer eligible for the other coverage for any reason (including separation, divorce or death of the Subscriber);
2. lost the other coverage because an employer or plan sponsor failed to pay required premium or fees; or
3. completed continuation of other coverage as provided under federal or state law.

If so enrolled, the effective date of coverage will be the first day of the month following the day on which the Healthplan received the Enrollment Application.

If these conditions are not met, or if you do not submit an Enrollment Application within thirty-one (31) days of one of these events, the next opportunity for you and any eligible Dependent(s) to enroll will be during the next Open Enrollment Period.

E. Full and Accurate Completion of Enrollment Application

Each Subscriber must fully and accurately complete the Enrollment Application. False, incomplete or misrepresented information which is material and which was provided or withheld in any Enrollment Application with the intent to defraud may, in the Healthplan's sole discretion, cause the coverage of the Subscriber and/or his/her Dependents to be null and void from its inception.

F. Total Disability on the Effective Date of Coverage

If you are a new Subscriber or Dependent totally disabled on the effective date of your coverage and you are entitled to an extension of benefits under a prior carrier's contract or policy pursuant to Subdivision (b) of Section 1399.62 of the Health and Safety Code, the Healthplan will not provide benefits for services or expenses directly related to any conditions which caused the total disability until the earliest of the following events:

- Twelve (12) months from the termination date of the prior carrier's Agreement; or
- You are no longer totally disabled.

G. Hospitalization on the Effective Date of Coverage

If you are confined in a hospital on the effective date of your coverage, you must notify us of such a hospitalization within two (2) days, or as soon as reasonably possible thereafter. When you become a Member of the Healthplan, you agree to permit the Healthplan to assume direct coordination of your health care. We reserve the right to transfer you to the care of a Participating Provider and/or Participating Hospital if the Healthplan Medical Director, in consultation with your attending Physician, determines that it is medically safe to do so.

If you are hospitalized on the effective date of coverage and you fail to notify us of this hospitalization (except for circumstances where you are unable to notify us of the hospitalization due to your medical condition, or other circumstances beyond your control), refuse to permit us to coordinate your care, or refuse to be transferred to the care of a Participating Provider or Participating Hospital, we will not be obligated to pay for any medical or hospital expenses that are related to your hospitalization following the first two (2) days after your coverage begins.

H. To be eligible to enroll as a Member, you must:

1. never have been terminated as a Member of any CIGNA HealthCare Healthplan for any of the reasons explained in the “Section VII. Termination of Your Coverage” and
2. not have any unpaid financial obligations to the Healthplan or any other CIGNA HealthCare Healthplan.



Section III. Agreement Provisions

A. Healthplan's Representations and Disclosures

1. The Healthplan is a for-profit health maintenance organization (HMO) which arranges for the provision of covered Services and Supplies through a network of Participating Providers. The list of Participating Providers is provided to all Members at enrollment without charge. If you would like another list of Participating Providers, please contact Member Services at the toll-free number found on your CIGNA HealthCare ID card or visit the CIGNA HealthCare web site at myCIGNA.com.
2. With the exception of any employed Physicians who work in a facility operated by the Healthplan (so-called "staff model" providers), the Participating Providers are independent contractors. They are not the agents or employees of the Healthplan and they are not under the control of the Healthplan or any CIGNA company. All Participating Providers are required to exercise their independent medical judgment when providing care.
3. The Healthplan maintains all medical information concerning a Member as confidential in accordance with applicable laws and professional codes of ethics. A copy of the Healthplan's confidentiality policy is available upon request.
4. We do not restrict communication between Participating Providers and Members regarding treatment options.
5. Under federal law (the Patient Self-Determination Act), you may execute advance directives, such as living wills or a durable power of attorney for health care, which permit you to state your wishes regarding your health care should you become incapacitated.
6. Upon your admission to a participating inpatient facility, a Participating Physician other than your PCP may be asked to direct and oversee your care for as long as you are in the inpatient facility. This Participating Physician is often referred to as an "inpatient manager" or "hospitalist."
7. The terms of this Agreement may be changed in the future either as a result of an amendment agreed upon by the Healthplan and the Group or to comply with changes in law. The Group or the Healthplan may terminate this Agreement as specified in this Agreement. In addition, the Group reserves the right to discontinue offering any plan of coverage.
8. **Choosing a Primary Care Physician**

   PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

   Access To Reproductive Care

   Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call the health plan to ensure that you can obtain the health care services that you need.

   When you enroll as a Member, you must choose a Primary Care Physician (PCP). Each covered Member of your family must also choose a PCP. Your PCP must be within the Healthplan's Service Area and within a thirty (30) mile radius of the Subscriber's residence or work. Your PCP is your personal doctor and serves as your health care manager. If you do not select a PCP, we will assign one for you. If your PCP leaves the CIGNA HealthCare network, you will be able to choose a new PCP. You may voluntarily change your PCP for other reasons, including a disagreement



concerning an appropriate course of treatment, but not more than once in any calendar month, but no more than 12 times per Contract Year. We reserve the right to determine the number of times during a Contract Year that you will be allowed to change your PCP. If you select a new PCP before the fifteenth day of the month, the designation will be effective on the first day of the month following your selection. If you select a new PCP on or after the fifteenth day of the month, the designation will be effective on the first day of the month following the next full month. For example, if you notify us on June 10, the change will be effect on July 1. If you notify us on June 15, the change will be effective on August 1.

Your choice of a PCP may affect the specialists from which you may receive services. Your choice of a specialist may be limited to specialists in your PCP's medical group or network. Therefore, you may not have access to every specialist or Participating Provider in your Service Area. Before you select a PCP, you should check to see if that PCP is associated with the specialist or facility you prefer to use. If the Referral is not possible, you should ask the specialist about which PCPs can make Referrals to them, and then verify the information with the PCP before making your selection.

Your choice of a PCP may also affect the facilities from which you may receive services. Your choice of hospital, sub-acute or transitional care facilities, outpatient surgical facilities, or skilled nursing facilities is limited to those facilities that participate in Healthplan's provider network. The selection of facilities for inpatient care, outpatient surgery or hospitalization may be further limited to facilities affiliated with your PCP's medical group or network. Therefore, you may not have access to every health care facility in the Healthplan's Service Area. To receive a list of facilities that are contracted for sub-acute or transitional care, or for skilled nursing facilities, please contact Member Services at the toll-free number on your CIGNA HealthCare ID Card.

9. **Referrals**

You must obtain a Referral from your PCP before visiting any provider other than your PCP in order for the visit to be covered (see "Exceptions to the Referral Process" below). The Referral authorizes the specific number of visits that you may make to a provider within a specified period of time. If you receive treatment from a provider other than your PCP without a Referral from your PCP, the treatment is not covered. If you request a referral from your PCP and the request is denied, you may use the Healthplan's Appeals Procedure.

If you have a condition or disease that requires specialized care over a prolonged period of time and is life-threatening, degenerative, or disabling, you shall receive a standing referral to a specialist or specialty care center that has expertise in treating the condition or disease for the purpose of having the specialist, or the specialty care center, coordinate your health care.

The referral shall be made if your Primary Care Physician determines in consultation with the specialist, or specialty care center, if any, and the Healthplan Medical Director or his/her designee, that you need Medically Necessary continuing care from a specialist or specialty care center. The referral shall be made pursuant to a treatment plan approved by the Healthplan in consultation with the Primary Care Physician, the specialist, and you, if a treatment plan is deemed necessary. A treatment plan may be deemed to be not necessary provided that a current standing referral to a specialist is approved by the Healthplan or its contracting provider. The treatment plan may limit the number of visits to the specialist, limit the period of time that the visits are authorized, or require that the specialist provide the Primary Care Physician with regular reports on the health care provided to the Member.

After the referral is made, the specialist shall be authorized to provide health care services

that are within the specialist's area of expertise and training to you in the same manner as your Primary Care Physician, subject to the terms of the treatment plan.

The determinations to deny or approve a standing referral to a specialist or specialty care center shall be made within three (3) business days of the date the request for the determination is made by you or your Primary Care Physician and all appropriate medical records and other items of information necessary to make the determination are provided. Once a determination is made, the referral shall be made within four (4) business days of the date the proposed treatment plan, if any, is submitted to the Healthplan Medical Director or his/her designee.

You should refer to the Healthplan's Provider Directory to obtain a list of Healthplan Providers who have demonstrated expertise in treating a condition or disease involving a complicated treatment regimen that requires on-going monitoring.

Exceptions to the Referral Process:

If you are a female Member, you may visit a qualified Participating Provider for covered obstetrical and gynecological services, as defined in "Section IV. Covered Services and Supplies," without a Referral from your PCP.

You do not need a Referral from your PCP for Emergency Services as defined in the "Section IV. Covered Services and Supplies." In the event of an emergency, get help immediately. Go to the nearest emergency room, the nearest hospital or call or ask someone to call 911 or your local emergency service, police or fire department for help. You do not need a Referral from your PCP for Emergency Services, but you do need to call your PCP as soon as possible for further assistance and advice on follow-up care. If you require specialty care or a hospital admission, your PCP will coordinate it and handle the necessary authorizations for care or hospitalization.

In an Urgent Care situation a Referral is not required but you should, whenever possible, contact your PCP for direction prior to receiving services.

10. **Procedures for Authorization of Services**

    Most PCPs belong to a network of primary care and specialty care physicians who have been given responsibility by the Healthplan for administering services within their referral network. Referral services provided under this Agreement must be authorized in writing by your PCP or his/her network. Referrals for ambulatory care services will be initiated by your PCP and authorized in accordance with your PCP network's utilization management protocol.

    The following two situations also require prior authorization by the Healthplan:

    a. referrals, including second medical opinion referrals, to non-contracted, non-participating or non-credentialed providers; and

    b. services and benefits outside of the Agreement.

    These authorizations can be requested from Healthplan via telephone, facsimile, or mail. Healthplan will request medical information regarding your condition and the information surrounding the provider's determination of the Medical Necessity for the request. If the information requires Healthplan Medical Director review, Healthplan will make a decision to approve, modify, or deny based on Medical Necessity, requests by providers prior to, or concurrent with, the provision of health care services. The Healthplan shall respond in a timely fashion appropriate for the nature of your condition, not to exceed five (5) business days from the Healthplan's receipt of the information reasonably necessary and requested by the Healthplan to make the determination. When you face imminent and serious threat to your health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process would be detrimental to your life or



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health or could jeopardize your ability to regain maximum function, the decision to approve, modify, or deny requests shall be made in a timely fashion appropriate for the nature of your condition, not to exceed seventy-two (72) hours after the Healthplan's receipt of the request. Decisions to approve, modify, or deny requests by providers for authorization prior to, or concurrent with, the provision of health care services to you shall be communicated to the requesting provider within twenty-four (24) hours of the decision. Decisions resulting in denial, delay, or modification of all or part of the requested health care service shall be communicated to you in writing within two (2) business days of the decision.

Your Primary Care Physician or his/her medical group or Healthplan will notify you of the number of referrals that have been authorized based on your plan of care.

If you are not satisfied with Healthplan's decision to authorize or deny services, including Second Opinions, you should make use of the Healthplan's Complaint or Appeal Procedure, which is further described under "Section III. Agreement Provisions", "When You Have a Complaint or Appeal."

If you wish to obtain a full description of the process the Healthplan uses to review, approve, modify, delay or deny requests by providers, you should contact the Healthplan at:

CIGNA HealthCare of California, Inc.
National Appeals
P.O. Box 5225
Scranton, PA 18505-5225
Healthplan Toll-Free number appears on your CIGNA HealthCare ID card

11. **Second Opinions**

You or your Participating Physician or Other Participating Health Professional may request a second opinion relating to a medical treatment or surgical procedure.

Reasons for a second opinion to be provided or authorized shall include, but are not limited to, the following:

(a) If you question the reasonableness or necessity of recommended surgical procedures.

(b) If you question a diagnosis or plan of care for a condition that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment, including, but not limited to, a serious chronic condition.

(c) If the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition, and you request an additional diagnosis.

(d) If the treatment plan in progress is not improving your medical condition within an appropriate period of time given the diagnosis and plan of care, and you request a second opinion regarding the diagnosis or continuance of the treatment.

(e) If you have attempted to follow the plan of care or consulted with your initial provider concerning serious concerns about the diagnosis or plan of care.

If you or your Participating Provider who is treating you requests a second opinion pursuant to this section, an authorization or denial shall be provided in an expeditious manner. When your condition is such that you face an imminent and serious threat to your health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or lack of timeliness that would be detrimental to your ability to regain maximum function, the second opinion shall be authorized or denied in a timely fashion appropriate for the nature of your condition, not to exceed seventy-two (72) hours after the Healthplan's receipt of the request, whenever possible.

The applicable Copayment as indicated in the Schedule of Copayments will apply.

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If you wish to obtain a description of the Healthplan's timelines for authorizing second opinions, you should contact the Healthplan at:

CIGNA HealthCare of California, Inc.
National Appeals
P.O. Box 5225
Scranton, PA 18505-5225
Healthplan Toll-Free number appears on your CIGNA HealthCare ID card

Definition of Appropriately Qualified Health Care Professional

An Appropriately Qualified Health Care Professional is a Primary Care Physician or specialist who is acting within his/her scope of practice and who possesses a clinical background, including training and expertise, related to the particular illness, disease, condition or conditions associated with the request for a second opinion.

You may obtain a second opinion in one of the following ways:

(a) If you request a second opinion about care from your Primary Care Physician, the second opinion shall be provided by an Appropriately Qualified Health Care Professional, of your choice within the Primary Care Physician's medical group.

(b) If you are requesting a second opinion about care from a specialist, you may obtain the second opinion from any Healthplan Qualified Health Care Professional of the same or equivalent specialty of your choice, within the Healthplan's provider network. If not authorized by the Healthplan or the Primary Care Physician's medical group, additional medical opinions not within the Primary Care Physician's medical group shall be your responsibility.

(c) If there is no Participating Provider within the Healthplan's network who meets the standard of an Appropriately Qualified Health Care Professional, then the Healthplan or the Primary Care Physician's medical group shall authorize a second opinion by an Appropriately Qualified Health Care Professional outside of the Healthplan's provider network.

In approving a second opinion either inside or outside of the Healthplan's provider network, the Participating Provider and/or the Healthplan shall take into account your ability to travel to the provider.

The Healthplan shall require the second opinion health professional to provide you and the initial health professional with a consultation report, including any recommended procedures or tests that the second opinion health professional believes appropriate.

You are limited to one (1) second medical opinion per medical treatment or surgical procedure, unless the Healthplan based on its independent determination, authorizes additional medical opinions concerning your medical condition.

If the Healthplan or the Participating Provider's medical group denies a request by you for a second opinion, they shall notify you in writing of the reasons for the denial and inform you of the right to file a grievance with the Healthplan.

12. **Continuity of Care for New and Current Members**

Upon your request, the Healthplan shall provide or arrange for the completion of covered services from a terminated Participating Provider or non-Participating Provider if you have one of the following conditions and were receiving services from the terminated Participating Provider or non-Participating Provider at the time of the contract termination or at the time you became eligible under the Healthplan Agreement. You will qualify to receive continued services for the following conditions and specified time periods:

- **An acute condition**. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt

medical attention and that has a limited duration. Completion of covered services shall be provided for the duration of the acute condition.

- **A serious chronic condition**. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. Completion of covered services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the Healthplan in consultation with you and the terminated Provider or non-Participating Provider and consistent with good professional practice. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered Member.
- **A pregnancy.** A pregnancy is the three trimesters of pregnancy and the immediate postpartum period. Completion of covered services shall be provided for the duration of the pregnancy.
- **A terminal illness.** A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of covered services shall be provided for the duration of a terminal illness, which may exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a new Member.
- The care of a newborn child between birth and age 36 months. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered Member.
- Performance of a surgery or other procedure that is authorized by the Healthplan as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage for a newly covered Member.

Provider's Responsibility. In order for a terminated Participating Provider or non-Participating Provider to continue caring for a Healthplan Member, the terminated Participating Provider or non-Participating Provider must comply with Healthplan's contractual and credentialing requirements and must meet Healthplan's standards for utilization review and quality assurance. The terminated Participating Provider or non-Participating Provider must also agree to a mutually acceptable rate of payment. If these conditions are not met, the Healthplan is not required to arrange for continuity of care.

Healthplan is not obligated to arrange for continuity of care with a terminated Participating Provider or non-Participating Provider who has been terminated for medical disciplinary reasons or who has committed fraud or other criminal activities.

Arranging for Continuity of Care. If the Member meets the necessary requirements for continuity of care as described herein, and would like to continue his/her care with a terminated Participating Provider or non-Participating Provider, the Member should call the Member Services Department at the number shown on the Member's Identification Card to make a formal request for continuity of care.

This information will be reviewed by Healthplan to determine if the Member's medical condition and the terminated Participating Provider or non-Participating Provider's status qualifies for continuity of care.



The Member will be notified if continuity of care arrangements can be made with the Member's current terminated Participating Provider or non-Participating Provider and will receive information relating to the extent and length of care that can be provided. Healthplan will make every effort to expedite the review and inform the Member of the continuity of care decision as soon as possible. If the Member does not meet the requirements for continuity of care or if the terminated Participating Provider or non-Participating Provider refuses to render care or has been determined unacceptable for quality or contractual reasons, Healthplan will work with the Member to accomplish a timely transition to another qualified Participating Provider.

To make a request for continuity of care, please contact the Member Services Department as early as possible so the review process can begin and your treatment can continue.

13. **Provider Compensation**

We compensate our Participating Providers in ways that are intended to emphasize preventive care, promote quality of care, and assure the most appropriate use of Medical Services. You can discuss with your Participating Provider how he/she is compensated by us. The methods we use to compensate Participating Providers are:

Discounted fee for service – payment for service is based on an agreed upon discounted amount for the services provided.

Capitation – A method of paying for healthcare services on the basis of the number of patients who are covered for specific services over a specified period of time rather than the actual cost or the number of services that are actually provided. The Healthplan agrees to pay a Participating Provider a predetermined amount on a monthly basis for agreeing to provide specified services to our Members covered by the Healthplan.

With capitation, the Participating Provider is paid the same amount for each Member regardless of how often (if at all) the Member receives care during the month and regardless of cost. Capitation offers Participating Providers a predictable income, encourages Participating Providers to keep Members well through preventive care, eliminates the financial incentive to provide services that will not benefit the patient, and reduces paperwork.

The Healthplan does not utilize "withholds" in any of our provider contracts. A withhold is a percentage of a Participating Provider's payment that is "held back" during the year and any remaining funds may then be distributed to the provider. However, another method to compensate providers in addition to capitation is to set up risk pools for specific services. With such a method, CIGNA pays a capitation payment to each Participating Provider and places additional revenue into a pool. Medical expense for specific services are charged against the pool. Once expenses for services in the pool are covered, any positive excess funds are paid to the Participating Provider who participated in the pool. CIGNA closely monitors for appropriate utilization, accessibility, availability, quality and member satisfaction.

Bonuses and Incentives – Eligible Physicians may receive additional payments based on their performance. To determine who qualifies, we evaluate Physician performance using criteria that may include quality of care, quality of service, accountability and appropriate use of Medical Services.

Per Diem – A specific amount is paid to a hospital per day for all health care received. The payment may vary by type of service and length of stay.

Case Rate – A specific amount is paid for all the care received in the hospital for each standard service category as specified in our contract with the Participating Provider (e.g., for a normal maternity delivery).



14. **Member Participation in Healthplan Public Policy**

    The Healthplan's public policy is shaped by Member input. One-third of Our Board of Directors is made up of active Members who have access to specific Healthplan information and can vote on all issues put forth before the Board that establish public policy.

B. Member's Rights, Responsibilities and Representations

You have the right to:

1. Medical treatment that is available when you need it and is handled in a way that respects your privacy and dignity.
2. Get the information you need about your health care plan, including information about services that are covered, services that are not covered, and any costs that you will be responsible for paying.
3. Have access to a current list of providers in our network and have access to information about a particular provider's education, training and practice.
4. Select a Primary Care Physician (PCP) for yourself and each covered Member of your family, and to change your PCP for any reason (see "Section III Choosing a Primary Care Physician").
5. Have your medical information kept confidential by our employees and your health care provider. Confidentiality laws and professional rules of behavior allow us to release medical information only when it's required for your care, required by law, necessary for the administration of your plan or to support our programs or operations that evaluate quality and service. We may also summarize information in reports that do not identify you or any other participants specifically.
6. Have your health care provider give you information about your medical condition and your treatment options, regardless of benefit coverage or cost. You have the right to receive this information in terms you understand.
7. Learn about any care you receive. You should be asked for your consent to all care unless there is an emergency and your life and health are in serious danger.
8. Refuse medical care. If you refuse medical care, your health care provider should tell you what might happen. We urge you to discuss your concerns about care with your PCP or another Participating Physician. Your doctor will give you advice, but you will always have the final decision.
9. Be heard. Our complaint-handling process is designed to hear and act on your complaint or concern about us and/or the quality of care you receive, provide a courteous, prompt response, and to guide you through our appeals process if you do not agree with our decision.
10. Make recommendations regarding our policies on Member rights and responsibilities. If you have recommendations, please contact Member Services at the toll-free number on your CIGNA HealthCare ID card.

You have the responsibility to:

1. Review and understand the information you receive about your health care plan. Please call CIGNA HealthCare Member Services when you have questions or concerns.
2. Understand how to obtain covered Services and Supplies that are provided under your plan.
3. Show your CIGNA HealthCare ID card before you receive care.
4. Schedule a new patient appointment with any new CIGNA HealthCare PCP; build a comfortable relationship with your doctor; ask questions about things you don't understand; and follow your doctor's advice. You should also understand that your condition may not improve and may even get worse if you don't follow your doctor's advice.



5. Understand your health condition and work with your doctor to develop treatment goals that you both agree upon, to the extent that this is possible.
6. Provide honest, complete information to the providers caring for you.
7. Know what medicine you take, why, and how to take it.
8. Pay all Copayments for which you are responsible at the time the service is received.
9. Keep scheduled appointments and notify the doctor's office ahead of time if you are going to be late or need to reschedule or cancel an appointment.
10. Pay all charges for services that are not covered by your plan.
11. Voice your opinions, concerns or complaints to CIGNA HealthCare Member Services and/or your provider.
12. Notify your employer as soon as possible about any changes in family size, address, phone number or membership status.

You represent that:

1. The information provided to us and the Group in the Enrollment Application is complete and accurate.
2. By enrolling in the Healthplan, you accept and agree to all terms and conditions of this Agreement.
3. By presenting your CIGNA HealthCare ID card and receiving treatment and services from our Participating Providers, you authorize the following to the extent allowed by law (in accordance with state and federal confidential requirements, information regarding mental illness, substance abuse, genetic testing results, HIV and AIDS will require your prior consent to release these records):
   a. any provider to provide us with information and copies of any records related to your condition and treatment;
   b. any person or entity having confidential information to provide any such confidential information upon request to us, any Participating Provider, and any other provider or entity performing a service, for the purpose of administration of the plan, the performance of any Healthplan program or operations, or assessing or facilitating quality and accessibility of health care Services and Supplies;
   c. us to disclose confidential information to any persons, company or entity to the extent we determine that such disclosure is necessary or appropriate for the administration of the plan, the performance of the Healthplan programs or operations, assessing or facilitating quality and accessibility of health care Services and Supplies, or reporting to third parties involved in plan administration; and
   d. that payment be made under Part B of Medicare to us for medical and other services furnished to you for which we pay or have paid, if applicable.

   This authorization will remain in effect until you send us a written notice revoking it or for such shorter period as required by law. Until revoked, we and other parties may rely upon this authorization.

   With respect to Members, confidential information includes any medical, dental, mental health, substance abuse, communicable disease, AIDS and HIV related information and disability or employment related information.
4. You will not seek treatment as a CIGNA HealthCare Member once your eligibility for coverage under this Agreement has ceased.

C. Information about Organ Donation

A simple act of generosity on your part can help alleviate one of our nation's most serious health needs. An individual who is at least eighteen (18) years of age, or an individual who is between fifteen (15) and eighteen (18) years of age may make an organ donation. Following are some statistics regarding organ donation:



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- Advancements in organ transplant technology allow more patients to benefit from organ transplants. As a result, the supply of organs has not kept up with the number of patients eligible for transplantation.
- Organ donation can save many people's lives and is not limited by age.
- Each deceased donor contributes an average of three organs.
- Organ donation begins at the hospital when a patient is identified as a potential organ donor. Only those patients pronounced brain dead are considered for organ donation, though some organs are recovered from donors declared dead by traditional cardiac death criteria. Most donors die from injuries such as brain hemorrhage, motor vehicle accidents, drowning, gunshot or stab wounds, or asphyxiation.
- Once a potential organ donor has been identified, a staff member of the hospital or the organ procurement organization will contact the individual's family, which has the opportunity to donate organs. If the family consents, the organ procurement organization coordinates the organ procurement activities, including preserving the organs and arranging for the transportation of the organs to the hospital where the transplant will be performed.

The California Health and Safety Code states that an anatomical gift may be made only by one of the following ways:

- A document of gift signed by the donor.
- A document of gift signed by another individual and by two witnesses, all of whom have signed at the direction and in the presence of the donor and of each other, and state that it has been so signed.
- A document of gift orally made by a donor by means of a tape recording in his or her own voice.

One easy way you can make yourself eligible for organ donation is through the Department of Motor Vehicles (DMV). Every time a license is renewed or a new one is issued to replace one that was lost, the DMV will automatically send an organ donor card. You may complete the card to indicate that you are willing to have your organs donated upon your death. You will then be given a small dot to stick on your driver's license, indicating you have an organ donor card on file. For more information, contact the local DMV office and request an organ donor card.

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D. When You Have a Complaint or Appeal

(For the purposes of this section, any reference to "you", "your" or "Member" also refers to a representative or provider designated by you to act on your behalf, unless otherwise noted.)

We want you to be satisfied with the care you receive. That's why we've established a process for addressing your concerns and solving your problems.

Grievances include both complaints and appeals. Complaints can include concerns about people, quality of service, quality of care, benefit exclusions or eligibility. Appeals are requests to reverse a prior denial or modified decision about your care.

How to File a Grievance

By Phone: To contact us by phone, call us toll-free at the telephone number on your CIGNA HealthCare identification card.

By Mail: Send written grievances to:

CIGNA HealthCare of California, Inc.
National Appeals
P.O. Box 5225
Scranton, PA 18505-5225

We will provide you with a grievance form upon request, but you are not required to use the form in order to make a written grievance.

Online: You can download a grievance form or submit an online grievance through our Web site:

http://www.cigna.com/health/consumer/medical/state/ca.html#medical.

In Person: During normal business hours we will assist you in submitting your grievance at the following address:

400 N. Brand Boulevard, Suite 400
Glendale, CA 91203

If the Member is a minor, is incompetent or unable to exercise rational judgment or give consent, the parent, guardian, conservator, relative, or other legal representative acting on behalf of the Member, as appropriate, may submit a grievance to the Healthplan or the California Department of Managed Health Care (DMHC or "Department"), as the agent of the Member. Also, a Participating Provider or any other person you identify may join with or assist you or your agent in submitting a grievance to the Healthplan or the DMHC.

Complaints

If you are concerned about the quality of service or care you have received, a benefit exclusion, or have an eligibility issue, you should contact us to file a verbal or written complaint. If you contact us by telephone to file a complaint, we will attempt to document and/or resolve your complaint over the telephone. If we are unable to resolve your complaint the day your call was received, or if we receive your complaint in the mail, we will send you a letter confirming that we received the complaint within five (5) calendar days of receiving it. This letter will tell you whom to contact should you have questions or would like to submit additional information about your complaint. We will investigate your complaint and will notify you of the outcome within thirty (30) calendar days.

Appeals

If you are not satisfied with the outcome of a decision that was made about your care and are requesting that the Healthplan reverse it, you should contact us within one year of receiving the denial notice to file a verbal or written appeal. Be sure to share any new information that may support a reversal of the original decision. Within five (5) calendar days from when we receive your appeal, we will confirm with you, in writing, that we received it. The letter will tell you whom to contact at the Healthplan should you have questions or would like to submit additional information about your appeal. We will make sure your appeal is handled by someone who was not involved in the initial decision, but who has authority to take action. We will investigate your appeal and notify you of our decision, within thirty (30) calendar days of our receipt of your appeal. Only a licensed physician or licensed health care professional who is competent to evaluate the specific clinical issues involved in the health care services requested by the provider may deny or modify requests for authorization of health care services for a Member for reasons of Medical Necessity. You may request that the appeal process be expedited, if the time frames under this process would seriously jeopardize your life or health, would jeopardize your ability to regain maximum functionality or, if you are experiencing severe pain. A Healthplan licensed Physician or health care professional, in consultation with your treating physician, will decide if an expedited appeal is necessary. When an appeal is expedited, the Healthplan will respond verbally and in writing with a decision within seventy-two (72) hours.

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Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services

Definitions

For purposes of this section, the following definitions shall apply:

Coverage decision means the approval or denial of health care services by the Healthplan, or by one of its contracting entities, substantially based on a finding that the provision of a particular service is included or excluded as a covered benefit under the terms and conditions of the Healthplan Agreement. A "coverage decision" does not encompass a Healthplan or contracting provider decision regarding a disputed health care service.

Disputed health care services means any health care service eligible for coverage and payment under the Healthplan Agreement that has been denied, modified, or delayed by a decision of the

Healthplan, or by one of its contracting providers, in whole or in part due to a finding that the service is not Medically Necessary.

Medical and scientific evidence means the following sources:

1. Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff.
2. Peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institute of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), Medline, and MEDLARS database Health Services Technology Assessment Research (HSTAR).
3. Medical journals recognized by the Secretary of Health and Human Services, under Section 1861(t)(2) of the Social Security Act.
4. The following standard reference compendia: The American Hospital Formulary Service-Drug Information, the American Medical Association Drug Evaluation, the American Dental Association Accepted Dental Therapeutics, and the United States Pharmacopoeia-Drug Information.
5. Findings, studies, or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes including the Federal Agency for Health Care Policy and Research, National Institutes of Health, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services.
6. Peer-reviewed abstracts accepted for presentation at major medical association meetings.

Independent Review Process for Experimental and Investigational Therapies

A Member may seek an Independent Medical Review from the Department of Managed HealthCare's Independent Medical Review System for Experimental and Investigational Therapies when all of the following conditions are met:

1. The Member has a life-threatening or seriously debilitating condition. Life-threatening means either or both of the following:
   a. Diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted.
   b. Diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

   Seriously debilitating means diseases or conditions that cause major irreversible morbidity.
2. The Member's Physician certifies that the Member has a condition, as defined in paragraph 1., for which standard therapies have not been effective in improving the condition, or for which standard therapies would not be medically appropriate for the Member, or that there is no more beneficial standard therapy covered by the Healthplan than the therapy being proposed pursuant to paragraph 3.; and
3. Either:
   a. the Member's Participating Physician has recommended a drug, device, procedure or other therapy that the Participating Physician certifies in writing is likely to be more beneficial to you than any available standard therapies, or
   b. the Member, or the Member's non-Participating Physician who is a licensed, board-certified or board-eligible Physician qualified to practice



in the area of practice appropriate to treat the Member's condition, has requested a therapy that, based on two (2) documents from the Medical and Scientific Evidence, as defined "Definitions" above, is likely to be more beneficial to you than any available standard therapy. The Physician certification shall include a statement of the evidence relied upon by the Physician in certifying his/her recommendation. Nothing in this subdivision shall be construed to require Healthplan to pay for the services of a non-Participating Physician provided pursuant to this subdivision, that are not otherwise covered pursuant to the Agreement.

4. The Member has been denied coverage by Healthplan for a drug, device, procedure or other therapy recommended or requested pursuant to paragraph 3; and

5. The specific drug, device, procedure or other therapy recommended pursuant to paragraph 3. would be a covered service, except for Healthplan's determination that the therapy is experimental or investigational.

The Healthplan shall notify eligible Members in writing of the opportunity to request the independent review within five (5) business days of the decision to deny coverage.

If the Member's physician determines that the proposed therapy would be significantly less effective if not promptly initiated, the analyses and recommendations of the experts on the panel shall be rendered within seven (7) days of the request for expedited review. At the request of the expert, the deadline shall be extended by up to three (3) days for a delay in providing the documents required. The timeframes specified in this paragraph shall be in addition to any otherwise applicable timeframes contained in the "Independent Review Process for Disputed Health Care Services" section below.

Each expert's analysis and recommendation shall be in written form and state the reasons the requested therapy is or is not likely to be more beneficial for the Member than any available standard therapy, and the reasons that the expert recommends that the therapy should or should not be provided by the Healthplan, citing the Member's specific medical condition, the relevant documents provided, and the relevant medical and scientific evidence, including, but not limited to, the medical and scientific evidence as defined above under "Definitions", to support the expert's recommendation.

Coverage for the services required under this section shall be provided subject to the terms and conditions generally applicable to other benefits under the Agreement.

The Member shall not be required to participate in CIGNA's Appeals Procedure prior to requesting an Independent Medical Review from the Department of Managed Health Care's Independent Medical Review System.

The Member shall not be required to pay for the external independent review or any application or processing fees.

Independent Review Process for Disputed Health Care Services

A Member may request an independent medical review from the Department of Managed Health Care's Independent Medical Review System when the Member believes that health care services have been improperly denied, modified, or delayed by the Healthplan, or by one of its contracting providers. A decision not to participate in the Independent Medical Review Process may cause the Member to forfeit any statutory right to pursue legal action against the Healthplan regarding the disputed health care service. A Member may apply to the Department of Managed Health Care for a voluntary independent medical review when all of the following conditions are met:

1. a. The Member's provider has recommended a health care service as Medically Necessary, or



b. The Member has received urgent care or emergency services that a provider determined was Medically Necessary, or

c. The Member, in the absence of a provider recommendation under subparagraph a. or the receipt of urgent care or emergency services by a provider under subparagraph b., has been seen by a Healthplan provider for the diagnosis or treatment of the medical condition for which the Member seeks independent review. The Healthplan shall expedite access to a Healthplan provider upon request of a Member. The Healthplan provider need not recommend the disputed health care service as a condition for the Member to be eligible for an independent review.

For purposes of this section, the Member's provider may be a non-Healthplan provider. However, the Healthplan shall have no liability for payment of services provided by a non-Healthplan provider, except for emergency services outside the Healthplan provider network, which services are later found by the Independent Medical Review Organization to have been Medically Necessary, the director of the Department of Management Health Care shall require the Healthplan to promptly reimburse you for any reasonable costs associated with those services when the director of the Department of Managed Health Care finds that your decision to secure the services outside of the Healthplan's provider network prior to completing the Healthplan's Appeals Procedure or seeking an Independent Medical Review was reasonable under the circumstances and the disputed health care services were a covered benefit under the terms and conditions of the Healthplan Agreement.

2. The disputed health care service has been denied, modified, or delayed by the Healthplan, or by one of its contracting providers, based in whole or in part on a decision that the health care service is not Medically Necessary.

3. The Member has filed a grievance with the Healthplan or its contracting provider pursuant to Healthplan's Appeals Procedure and the disputed decision is upheld or the grievance remains unresolved after thirty (30) days. You shall not be required to participate in the Healthplan's Appeals process for more than thirty (30) days. In the case of a grievance that requires expedited review, you shall not be required to participate in the Healthplan's Appeals Procedure process for more than three (3) days. The Department may waive the requirement that the Member participate in the plan's grievance process if the Department determines that extraordinary and compelling circumstances exist, which include, but are not limited to, serious pain, the potential loss of life, limb or major bodily function, or the immediate, and serious deterioration of the health of the Member.

A Member may apply for an independent medical review from the Department of Managed Health Care's Independent Medical Review System within six (6) months of any of the above qualifying periods or events. The director of the Department of Managed Health Care may extend the application deadline beyond six (6) months if the circumstances of a case warrant the extension.

Coverage for the services required under this section shall be provided subject to the terms and conditions generally applicable to other benefits under the Agreement.

The Member shall not be required to pay for the external independent review or any application or processing fees.

Department of Managed Health Care's Independent Medical Review System

If the Department of Managed Health Care finds that a Member's application for Independent Medical Review (IMR) does not meet the requirements for review under the Independent Medical Review System, the Member's application for IMR shall be

reviewed by the Department of Managed Health Care under its standard Complaint process. The Department of Managed Health Care shall make the final determination regarding whether a Member's application for IMR qualifies for review under the Department's IMR or Standard Complaint process.

In any case in which a Member or provider asserts that a decision to deny, modify, or delay health care services was based, in whole or in part, on consideration of Medical Necessity, the department shall have the final authority to determine whether the grievance is more properly resolved pursuant to an independent medical review or pursuant to the Healthplan's Appeals procedure.

A decision regarding a disputed health care service relates to the practice of medicine and is not a coverage decision. If the Healthplan, or one of its contracting providers, issues a decision denying, modifying, or delaying health care services, based in whole or in part on a finding that the proposed health care services are not a covered benefit under the Agreement that applies to the Member, the statement of decision shall clearly specify the provision in the Agreement that excludes that coverage.

Upon notice from the Department of Managed Health Care that the Healthplan's Member has applied for an independent medical review, the Healthplan or its contracting providers shall provide to the independent medical review organization designated by the Department of Managed Health Care a copy of all of the following documents within three (3) business days of the Healthplan's receipt of the Department of Managed Health Care's notice of a request by a Member for an independent review:

1. A copy of all of the Member's medical records in the possession of the Healthplan or its contracting providers relevant to each of the following:
    a. The Member's medical condition.
    b. The health care services being provided by the Healthplan and its contracting providers for the condition.
    c. The disputed health care services requested by the Member for the condition.
2. Any newly developed or discovered relevant medical records in the possession of the Healthplan or its contracting providers after the initial documents are provided to the independent medical review organization shall be forwarded immediately to the independent medical review organization. The Healthplan shall concurrently provide a copy of medical records required by this subparagraph to the Member or the Member's provider, if authorized by the Member, unless the offer of medical records is declined or otherwise prohibited by law. The confidentiality of all medical record information shall be maintained pursuant to applicable state and federal laws.
3. A copy of all information provided to the Member by the Healthplan and any of its contracting providers concerning Healthplan and provider decisions regarding the Member's condition and care, and a copy of any materials the Member or the Member's provider submitted to the Healthplan and to the Healthplan's contracting providers in support of the Member's request for disputed health care services. This documentation shall include the written response to the Member's grievance.
4. A copy of any other relevant documents or information used by the Healthplan or its contracting providers in determining whether disputed health care services should have been provided, and any statements by the Healthplan and its contracting providers explaining the reasons for the decision to deny, modify, or delay disputed health care services on the basis of Medical Necessity. The Healthplan shall concurrently provide a copy of the documents required above, except for any information found by the director of the Department of Managed Health Care to be legally privileged information, to the Member and the Member's provider. The Department of Managed Health Care and the independent review organization shall maintain the confidentiality of any information found by the director of the Department of Managed Health Care to be the proprietary information of the Healthplan.

    Upon receipt of information and documents related to a case, the medical professional reviewer or reviewers selected to conduct the review by the independent medical review organization shall promptly review all pertinent medical records of the Member, provider reports, as well as any other information



submitted to the organization as authorized by the Department of Managed Health Care or requested from any of the parties to the dispute by the reviewers. If reviewers request information from any of the parties, a copy of the request and the response shall be provided to all of the parties. The reviewer or reviewers shall also review relevant information related to the criteria. Following its review, the reviewer or reviewers shall determine whether the disputed health care service was Medically Necessary based on the specific medical needs of the Member and any of the following:

1. Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.
2. Nationally recognized professional standards.
3. Expert opinion.
4. Generally accepted standards of medical practice.
5. Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious.

The independent medical review organization shall complete its review and make its determination in writing, and in layperson's terms to the maximum extent practicable within thirty (30) days of the receipt of the application for review and supporting documentation, or within less time as prescribed by the director of the Department of Managed Health Care.

If the disputed health care service has not been provided and the Member's provider or the Department of Managed Health Care certifies in writing that an imminent and serious threat to the health of the Member may exist, including, but not limited to, serious pain, the potential loss of life, limb, or major bodily function, or the immediate and serious deterioration of the health of the Member, the analyses and determinations of the reviewers shall be expedited and rendered within three (3) days of the receipt of the information. Subject to the approval of the Department of Managed Health Care, the deadlines for analyses and determinations involving both regular and expedited reviews may be extended by the director of the Department of Managed Health Care for up to three (3) days in extraordinary circumstances or for good cause.

The independent medical review organization's analyses and determinations shall state whether the disputed health care service is Medically Necessary. Each analysis shall cite the Member's medical condition, the relevant documents in the record, and the relevant findings associated with the following provisions to support the determination:

1. Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.
2. Nationally recognized professional standards.
3. Expert opinion.
4. Generally accepted standards of medical practice.
5. Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious.

If more than one medical professional reviews the case, the recommendation of the majority shall prevail. If the medical professionals reviewing the case are evenly split as to whether the disputed health care service should be provided, the decision shall be in favor of providing the service.

The independent medical review organization shall provide the director of the Department of Managed Health Care, the Healthplan, the Member, and the Member's provider with the analyses and determinations of the medical professionals reviewing the case, and a description of the qualifications of the medical professionals. The independent medical review organization shall keep the names of the reviewers confidential in all communications with entities or individuals outside the independent medical review organization, except in cases where the reviewer is called to testify and in response to court orders. If more than one medical professional reviewed the case and the result was differing determinations, the



independent medical review organization shall provide each of the separate reviewer's analyses and determinations.

The director of the Department of Managed Health Care shall immediately adopt the determination of the independent medical review organization, and shall promptly issue a written decision to the parties that shall be binding on the Healthplan. Coverage for the services required under this section shall be provided subject to the terms and conditions generally applicable to other benefits under the Agreement.

The Member shall not be required to pay for the external independent review or any application or processing fees.

FOR INFORMATION ON HOW TO ACCESS THE INDEPENDENT REVIEW PROCESS FOR EXPERIMENTAL AND INVESTIGATIONAL THERAPIES AND DISPUTED HEALTH CARE SERVICES THE MEMBER SHOULD CONTACT CIGNA MEMBER SERVICES AT THE TOLL-FREE NUMBER ON YOUR HEALTHPLAN IDENTIFICATION CARD.

Member Rights Under State Law

The California Department of Managed Health Care ("Department") is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1.800.244.6224 (1.800.321.9545 (TTY) for the hearing and speech impaired) or the toll-free telephone number on your CIGNA HealthCare identification card** and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1.888.HMO.2219)** and a TDD line **(1.877.688.9891)** for the hearing and speech impaired. The Department's Internet Web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.

You may also request a voluntary mediation with the Healthplan before exercising the right to submit a concern or appeal to the Department. If you choose to use mediation, it will not prevent you from making a concern or complaint to the Department when the mediation is completed. In order for mediation to occur, you and Healthplan each must voluntarily agree to the mediation. The Healthplan will consider each request, by you, for mediation on a case by case basis. Each side will equally share the expenses of the mediation.

If a Member is a minor, or is incompetent or incapacitated, the parent, guardian, conservator, relative, or other person acting on behalf of the patient, as appropriate, may submit a grievance or complaint, as the agent of the Member, to Healthplan or the Department. Also, a Participating Provider may join with, or assist, a Member or Member's agent in submitting a complaint to the Department and in resolving the complaint.

FOR MORE SPECIFIC INFORMATION REGARDING THE APPEALS PROCEDURE, OR IF YOU HAVE OTHER QUESTIONS, CONTACT HEALTHPLAN MEMBER SERVICES AT THE TOLL-FREE NUMBER ON YOUR HEALTHPLAN IDENTIFICATION CARD.

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Mandatory Arbitration

To the extent permitted by law the Healthplan uses binding arbitration to settle disputes, including claims of medical malpractice and disputes relating to the delivery of service under



the plan. It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The parties to this contract, by entering into it, are giving up their legal right to have any dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. It is understood that this agreement to arbitrate shall apply and extend to any dispute for medical malpractice, relating to the delivery of service under the plan, and to any claims in tort, contract or otherwise, and for violations of any law(s) or statute(s) between Group, any individual(s) seeking services under the plan, whether referred to as a Member, Subscriber, Dependent, Enrollee or otherwise (whether a minor or an adult), or the heirs-at-law or personal representatives of any such individual(s), and Healthplan (including any of their agents, successors-or predecessors-in-interest or employees).

In the event the total amount of damages claimed is over $200,000, within a reasonable time after any of the above named parties has provided notice to the other of demand for arbitration of said dispute, the parties shall appoint an arbitrator and give notice of such appointment to the other. Within a reasonable time after such notice has been given, the two selected arbitrators shall select a neutral arbitrator and give notice of the selection thereof to the parties. In the event the total amount of damages claimed is $200,000 or less, the parties to the dispute shall, within a reasonable time, appoint a single neutral arbitrator who shall have no jurisdiction to award more than $200,000.

In cases of extreme hardship, Healthplan will assume all or a portion of a Member's share of the fees and expenses of the neutral arbitrator. Application for hardship relief will be provided to the Member upon reasonable notice being given by the Member. To request information about the hardship process or to receive a hardship application, Members should mail a request to:

CIGNA HealthCare of California, Inc.
Risk Management Department
P.O. Box 2125
Glendale, CA 91209-2125

Arbitration may be initiated by a Demand to Arbitrate served on CIGNA HealthCare of California identifying each individual, healthcare plan, and/or clinic to be named therein, as well as the bases of the claim. The arbitrator(s) shall hold a hearing within a reasonable time from the date of notice of selection of the neutral arbitrator. All notices or other papers required to be served shall be served by United States Postal Service. The arbitration shall be prosecuted with reasonable diligence, compulsory, binding, and conducted and governed by the provisions of the California Code of Civil Procedure (Sections 1280-1295 and 2016-2034) and the Federal Arbitration Act (9 U.S.C. Sections 1,et seq.).

No party to this Agreement shall have a right to cease performance of services or otherwise refuse to carry out its obligations under this Agreement pending the outcome of arbitration in accordance with this section, except as otherwise specifically provided under this Agreement.

Binding arbitration is not mandatory for disputes pertaining to claims for benefits under the Employee Retirement Income Security Act of 1974.

Notice of Benefit Determination on Appeal

Every notice of a determination on appeal will be provided in writing or electronically and will include: (1) the specific reason or reasons for the adverse determination; (2) reference to the specific plan provisions on which the determination is based; (3) a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other Relevant Information as defined; (4) a statement describing any voluntary appeal procedures offered by the plan and the claimant’s right to bring an action under ERISA section 502(a); (5) upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar



criterion that was relied upon in making the adverse determination regarding your appeal, and an explanation of the scientific or clinical judgement for a determination that is based on a medical necessity, experimental treatment or other similar exclusion or limit.

You also have the right to bring a civil action under Section 502(a) of ERISA if you are not satisfied with the decision on review. You or your plan may have other voluntary alternative dispute resolution options such as Mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your State insurance regulatory agency. You may also contact the Plan Administrator.

Relevant Information

Relevant Information is any document, record, or other information which was (a) relied upon in making the benefit determination; (b) was submitted, considered, or generated in the course of making he benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination; (c) demonstrates compliance with the administrative processes and safeguards required by federal law in making the benefit determination; or (d) constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

Legal Action

If your plan is governed by ERISA, you have the right to bring a civil action under Section 502 (a) of ERISA if you are not satisfied with the outcome of the Appeals Procedure. In most instances, you may not initiate a legal action against CIGNA HealthCare of California until you have completed the Appeals processes.



Section IV. Covered Services and Supplies

The covered Services and Supplies available to Members under this plan are described below. Any applicable Copayments or limits are identified in the Schedule of Copayments.

Unless otherwise authorized in writing by the Healthplan Medical Director, covered Services and Supplies are available to Members only if:

- **They are Medically Necessary and not specifically excluded in this Section or in Section V.**
- **Provided by your Primary Care Physician (PCP) or if you have received a Referral to be seen by another Participating Provider. However, "Emergency Services" do not require a Referral from your PCP and do not have to be provided by Participating Providers. Also, you do not need a Referral from your PCP for "Obstetrical and Gynecological Services," "Vision Care Services" and "Urgent Care."**
- **Prior Authorization is obtained from the Healthplan Medical Director by the Participating Provider, for those services that require Prior Authorization. Services that require Prior Authorization include, but are not limited to, inpatient hospital services, inpatient services at any Other Participating Health Care Facility, outpatient facility services, advanced radiological imaging, non-emergency ambulance, and Transplant services.**
- **However, if the California Department of Managed Health Care or the Healthplan subsequently determines that care received from a non-Participating Provider was Medically Necessary and should have been provided under the terms of this Agreement, or if there were excessive delays in treatment or referrals that may have prompted the Member to seek care from a non-Participating Provider, the Healthplan will cover the cost of such care.**

Physician Services

All diagnostic and treatment services provided by Participating Physicians and Other Participating Health Professionals, including office visits, periodic health assessments, including all routine diagnostic testing and laboratory services appropriate for such examinations; immunizations for adults as recommended by the United States Public Health Service; well-child care, including child preventive care consistent with the Recommendations for Preventive Pediatric Health Care adopted by the American Academy of Pediatrics, blood lead level screenings and routine immunizations in accordance with accepted medical practices, including immunizations for children as recommended by the American Academy of Pediatrics or State Department of Health Services; hospital care, consultation, and surgical procedures.

Inpatient Hospital Services

Inpatient hospital services for evaluation or treatment of conditions that cannot be adequately treated on an ambulatory basis or in an Other Participating Health Care Facility. Inpatient hospital services include semi-private room and board; care and services in an intensive care unit; drugs, medications, biologicals, fluids, blood and blood products, and chemotherapy; special diets; dressings and casts; general nursing care; use of operating room and related facilities; laboratory and radiology services and other diagnostic and therapeutic services; anesthesia and associated services; inhalation therapy; radiation therapy; and other services which are customarily provided in acute care hospitals.

Outpatient Facility Services

Services provided on an outpatient basis, including: diagnostic and/or treatment services; administered drugs, medications, fluids, biologicals, blood and blood products; inhalation therapy; and procedures which can be appropriately provided on an outpatient basis, including certain surgical procedures, anesthesia, and recovery room services.

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Emergency Services and Urgent Care

Emergency Services Both In and Out of the Service Area. In the event of an emergency, get help immediately. Go to the nearest emergency room, the nearest hospital or call or ask someone to call 911 or your local emergency service, police or fire department for help. You do not need a Referral for Emergency Services, but you do need to call your PCP or the CIGNA HealthCare 24-Hour Health



CIGNA HealthCare

IV. Covered Services and Supplies

Information Line SM as soon as possible for further assistance and advice on follow-up care. If you require specialty care or a hospital admission, your PCP or the CIGNA HealthCare 24-Hour Health Information Line SM will coordinate it and handle the necessary authorizations for care or hospitalization. Participating Providers are on call twenty-four (24) hours a day, seven (7) days a week, to assist you when you need Emergency Services.

If you receive Emergency Services outside the Service Area, you must notify us as soon as reasonably possible. We may arrange to have you transferred to a Participating Provider for continuing or follow-up care if it is determined to be medically safe to do so.

Emergency Services are those services required to treat a bodily injury or a serious illness which could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life or permanent impairment to bodily functions in the absence of immediate medical attention. Such services include medical, psychiatric, surgical, hospital and related health care services and testing, including ambulance services, medical screening, examination, evaluation by a physician (or other appropriate personnel under the supervision of a physician to the extent provided by law) to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capabilities of the facility. Examples of emergency situations include, but are not limited to, uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, active labor (which is a labor when there is inadequate time to effect safe transfer to another hospital prior to delivery, or a transfer may pose a threat to the health and safety of the mother or the unborn child), burns, cuts, and broken bones, or services required by a Member to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition within the capability of the facility.

Urgent Care Inside the Service Area. For Urgent Care inside the Service Area, you must take all reasonable steps to contact the CIGNA HealthCare 24 Hour Health Information Line SM or your PCP for direction and you must receive care from a Participating Provider, unless otherwise authorized by your PCP or the Healthplan.

Urgent Care Outside the Service Area. In the event you need Urgent Care while outside the Service Area, you should, whenever possible, contact the CIGNA HealthCare 24-Hour Health Information Line SM or your PCP for direction and authorization prior to receiving services.

Urgent Care is defined as medical, surgical, hospital and related health care services and testing which are not Emergency Services, but which are determined by the Healthplan Medical Director in accordance with generally accepted medical standards to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where you ordinarily receive and/or are scheduled to receive services (this limitation does not apply in the case of a pregnant woman). The immediate area, is the area in which you receive regularly scheduled, Medically Necessary care from a Participating Provider for the ongoing treatment of a medical condition. Such care includes but is not limited to: dialysis, scheduled medical treatments or therapy, or care received after a Physician's recommendation that you should not travel due to any medical condition.

Continuing or Follow-up Treatment. Continuing or follow-up treatment, whether in or out of the Service Area, is not covered unless it is provided or arranged for by your PCP, a Participating Physician or upon Prior Authorization of the Healthplan Medical Director.

Notification, Proof of a Claim, and Payment. Inpatient hospitalization for any Emergency Services or Urgent Care requires notification to and authorization by the Healthplan Medical Director. Notification of inpatient hospitalization is required as soon as reasonably possible, but no later than within forty-eight (48) hours of admission. This requirement shall not cause denial of an otherwise valid claim if you could not reasonably comply, provided that notification is given to us as soon as reasonably possible. If you receive Emergency Services or Urgent Care from non-Participating Providers, you should submit a claim to us no later

than one hundred eighty (180) days after the first service is provided. The claim shall contain an itemized statement of treatment, expenses, and diagnosis. This requirement shall not cause denial of an otherwise valid claim if you could not reasonably comply, provided you submit the claim and the itemized statement to us as soon as reasonably possible. Coverage for Emergency Services and Urgent Care received through non-Participating Providers shall be limited to covered services to which you would have been entitled under this Agreement. Please call Member Services at the toll-free number on your CIGNA HealthCare ID card for information on filing a claim.

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Ambulance Service

Ambulance services to the nearest appropriate provider or facility, or such ambulance services required as a result of a 911 emergency response system request for Emergency Services.

Cancer Clinical Trials

A Member diagnosed with cancer and accepted into a phase I through IV clinical trial for cancer shall receive coverage for all routine patient care costs related to the clinical trial if the Member's Healthplan treating physician recommends participation in the clinical trial after determining that participation in the clinical trial has a meaningful potential to benefit the Member.

The clinical trial must meet the following requirements:

- The trial's endpoints shall not be defined exclusively to test toxicity, but shall have a therapeutic intent.
- The treatment provided in a clinical trial must either be:
    1. Approved by the National Institutes of Health, the Federal Food and Drug Administration, the U.S. Department of Defense, or the U.S. Veterans' Administration, or
    2. Involve a drug that is exempt under federal regulations from a new drug application.

Routine patient care costs are costs associated with the provision of health care services, including drugs, items, devices and services that would otherwise be covered by the Healthplan if they were not provided in connection with a clinical trial, including the following:

- Services typically provided absent a clinical trial.
- Services required solely for the provision of the investigational drug, item, device or service.
- Services required for the clinically appropriate monitoring of the investigational drug, device, item or service.
- Services provided for the prevention of complications arising from the provision of the investigational drug, device, item or service.
- Reasonable and necessary care arising from the provision of the investigational drug, device, item or service, including the diagnosis or treatment of complications.

If the clinical trial is conducted by a non Healthplan Participating Provider, the payment shall be at the negotiated rate that the Healthplan would otherwise pay to a Healthplan Participating Provider for the same services, less any applicable Copayments and deductibles.

Note: Clinical trial providers that are not Healthplan Participating Providers may bill the Member for charges in excess of the amounts that the Healthplan is legally obligated to pay.

The Healthplan may restrict coverage for clinical trials to participating hospitals and physicians in California, unless the protocol for the trial is not provided in California.

Dental Anesthesia

Coverage will be provided for general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center setting, when the clinical status or underlying medical condition of the patient requires dental procedures that ordinarily would not require general anesthesia to be rendered in a hospital or surgery center setting.

This section shall apply only to general anesthesia and associated facility charges for only the following

Members, and only if the Members meet the above criteria.

- Members who are under seven (7) years of age.
- Members who are developmentally disabled, regardless of age.
- Members whose health is compromised and for whom general anesthesia is Medically Necessary, regardless of age.

Diabetic Services

Diabetic services shall consist of diabetic outpatient self-management training, education, and medical nutrition therapy necessary to enable you to properly use the equipment, supplies, and medications. Additional diabetic outpatient self-management training, education, and medical nutrition therapy shall be provided when ordered or prescribed by your Participating Physician or Other Participating Health Professional.

Coverage will be provided for the following Medically Necessary diabetic supplies and equipment recommended or prescribed by a Participating Physician or Other Participating Health Professional and approved by Healthplan for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes as Medically Necessary, even if the items are available without a prescription.

The following supplies will be provided under Durable Medical Equipment:

- Blood glucose monitors.
- Blood glucose monitors designed to assist the visually impaired.
- Insulin pumps and all related necessary supplies.
- Podiatric devices to prevent or treat diabetes-related complications.
- Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

The following supplies will be provided under the Prescription Drugs – Supplemental Rider:

- Blood glucose testing strips.
- Ketone urine testing strips.
- Lancets and lancet puncture devices.
- Pen delivery systems for the administration of insulin.
- Insulin syringes.

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Durable Medical Equipment

Purchase or rental of durable medical equipment that is ordered or prescribed by a Participating Physician and provided by a vendor approved by the Healthplan for use outside a Participating Hospital or Other Participating Health Care Facility. Coverage for repair, replacement or duplicate equipment is provided only when required due to a change in medical condition, anatomical change and/or reasonable wear and tear. Repair or replacement of equipment used in an activity which is not its intended use or equipment which is damaged due to loss, theft or willful destruction is not covered. All maintenance and repairs that result from a Member's misuse are the Member's responsibility. Coverage for Durable Medical Equipment is limited to the standard item of equipment that as determined by the Healthplan Medical Director adequately meets your medical needs.

Durable medical equipment is defined as items which are designed for and able to withstand repeated use by more than one person; customarily serve a medical purpose; generally are not useful in the absence of illness or injury; are appropriate for use in the home; and are not disposable. Such equipment includes, but is not limited to, crutches, hospital beds, respirators, wheel chairs, dialysis machines and Medically Necessary diabetic equipment and supplies.

Coverage will be provided for the following Medically Necessary diabetic equipment and supplies recommended or prescribed by a Participating Physician or Other Participating Health Professional for the management and treatment of insulin using diabetes, non-insulin-using diabetes, and gestational diabetes provided by a vendor approved by Healthplan, even if the items are available without a prescription.

- Blood glucose monitors.
- Blood glucose monitors designed to assist the visually impaired.
- Insulin pumps and all related necessary supplies.

- Podiatric devices to prevent or treat diabetes-related complications.
- Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

Durable Medical Equipment items that are not covered, include but are not limited to those that are listed below.

- **Bed related items**: bed trays, over the bed tables, bed wedges, pillows, custom bedroom equipment, mattresses, including non-power mattresses, custom mattresses and posturepedic mattresses.
- **Bath related items**: bath lift, non-portable whirlpool, bathtub rails, toilet rails, raised toilet seats, bath benches, bath stools, hand held showers, paraffin baths, bath mats, and spas.
- **Chairs, Lifts and Standing Devices**: computerized or gyroscopic mobility systems, roll about chairs, geriatric chairs, hip chairs, seat lifts (mechanical or motorized), patient lifts (mechanical or motorized – manual hydraulic lifts are covered if patient is two person transfer), and auto tilt chairs.
- **Fixtures to real property**: ceiling lifts, and wheelchair ramps.
- **Car/van modifications**.
- **Air quality items**: room humidifiers, vaporizers, air purifiers and electrostatic machines.
- **Blood/injection related items**: blood pressure cuffs, centrifuges, nova pens (provided under Diabetic Services), and needle-less injectors.
- **Other equipment:** heat lamp, heating pad, cryounits, cryotherapy machines, electronic controlled therapy units, ultraviolet cabinets, sheepskin pads and boots, postural drainage board, AC/DC adaptors, Enuresis alarms, magnetic equipment, scales (baby and adult), stair gliders, elevators, saunas, any exercise equipment, and diathermy machines.

External Prosthetic Appliances

Purchase and fitting of external prosthetic appliances and devices that are ordered or prescribed by a Participating Physician, available only by prescription and are necessary for the alleviation or correction of illness, injury or congenital defect.

External prosthetic appliances and devices shall include prostheses/prosthetic appliances and devices, orthoses and orthotic devices, braces, and splints.

Prostheses/Prosthetic Appliances and Devices

Prostheses/prosthetic appliances and devices are defined as fabricated replacements for missing body parts. Prostheses/prosthetic appliances and devices include, but are not limited to:

- Basic limb prosthetics.
- Terminal devices such as a hand or hook. and
- Speech prostheses.

Orthoses and orthotic devices

Orthoses and orthotic devices are defined as orthopedic appliances or apparatuses used to support, align, prevent or correct deformities. Coverage is provided for custom foot orthoses and other orthoses as follows:

- Non-foot orthoses – only the following non-foot orthoses are covered:
  a. Rigid and semi-rigid custom fabricated orthoses;
  b. Semi-rigid pre-fabricated and flexible orthoses; and
  c. Rigid pre-fabricated orthoses, including preparation, fitting and basic additions, such as bars and joints.
- Custom foot orthotics – custom foot orthoses are only covered as follows:
  a. For Members with impaired peripheral sensation and/or altered peripheral circulation (e.g. diabetic neuropathy and peripheral vascular disease);
  b. When the foot orthosis is an integral part of a leg brace, and it is necessary for the proper functioning of the brace;
  c. When the foot orthosis is for use as a replacement or substitute for missing parts of the foot (e.g. amputation) and is necessary for the alleviation or

correction of illness, injury, or congenital defect; and

d. For Members with neurologic or neuromuscular condition (e.g. cerebral palsy, hemiplegia, spina bifida) producing spasticity, malalignment, or pathological positioning of the foot, and there is reasonable expectation of improvement.

The following are specifically excluded orthoses and orthotic devices:

- Prefabricated foot orthoses;
- Unless Medically Necessary, cranial banding/cranial orthoses/other similar devices are excluded, except when used postoperatively for synostotic plagiocephaly. When used for this indication, the cranial orthosis will be subject to the limitations and maximums of the External Prosthetic Appliances and Devices benefit;
- Orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers;
- Orthoses primarily used for cosmetic rather than functional reasons; and
- Orthoses primarily for improved athletic performance or sports participation.

Braces

A brace is defined as an orthosis or orthopedic appliance that supports or holds in correct position any movable part of the body and that allows for motion of that part.

The following braces are specifically excluded:

- Unless Medically Necessary, copes scoliosis braces.

Splints

A Splint is defined as an appliance for preventing movement of joints or for the fixation of displaced or movable parts.

Coverage for replacement of external prosthetic appliances and devices is limited to the following:

- Replacement due to regular wear. Replacement for damage due to abuse or misuse by the member will not be covered; and
- Replacement will be provided when anatomic change has rendered the external prosthetic appliance or device ineffective. Anatomic change includes significant weight gain or loss, atrophy and/or growth.

Coverage for replacement is limited as follows:

- Replacement due to a surgical alteration or revision of the site.

The following are specifically excluded external prosthetic appliances and devices:

- External and internal power enhancements or power controls for prosthetic limbs and terminal devices; and
- Unless Medically Necessary, myoelectric prostheses – peripheral nerve stimulators.

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Family Planning Services (Contraception and Voluntary Sterilization)

Family planning services including: medical history; physical examination; related laboratory tests; medical supervision in accordance with generally accepted medical practice; other Medical Services; information and counseling on contraception; implanted/injected contraceptives; and, after appropriate counseling, Medical Services connected with surgical therapies (vasectomy or tubal ligation).

Health Education and Medical Social Services

Health Education Services

The Healthplan will organize, sponsor and conduct programs in health education for the benefit of all Members. Programs offered will include instructions in the appropriate use of health services; information about the health services offered by the Healthplan and the generally accepted medical standards for the use and frequency of such service; instruction in the methods each Member can take to maintain his/her own health, such as personal health care measures and nutritional education and counseling.

Medical Social Services

Healthplan shall provide support to Members dealing with the physical, emotional and economic effects of illness and disability through Medical Social Services including hospitalization planning and related family counseling, and referral to (but not payment for) services provided through community health and social welfare agencies.

Genetic Testing

Genetic testing that uses a proven testing method for the identification of genetically-linked inheritable disease. Genetic testing is only covered if:

- You have symptoms or signs of a genetically-linked inheritable disease;
- It has been determined that you are at risk for carrier status as supported by existing peer-reviewed, evidence-based scientific literature for the development of a genetically-linked inheritable disease when the results will impact clinical outcome; or
- The therapeutic purpose is to identify specific genetic mutation that has been demonstrated in the existing peer-reviewed, evidence-based scientific literature to directly impact treatment options.

Pre-implantation genetic testing, genetic diagnosis prior to embryo transfer, is covered when either parent has an inherited disease or is a documented carrier of a genetically-linked inheritable disease.

Genetic counseling is covered if you are undergoing approved genetic testing, or if you have an inherited disease and are a potential candidate for genetic testing. Genetic counseling is limited to three (3) visits per condition, per Contract Year for both pre- and post-genetic testing.

Home Health Services

Home health services when you:

- require skilled care;
- are unable to obtain the required care as an ambulatory outpatient; and
- do not require confinement in a Hospital or Other Participating Health Care Facility.

Home Health Services are provided only if the Healthplan Medical Director has determined that the home is a medically appropriate setting. If you are a minor or an adult who is dependent upon others for non-skilled care and/or Custodial Services (e.g., bathing, eating, toileting), home health services will only be provided for you during times when there is a family member or care giver present in the home to meet your non-skilled care and/or Custodial Services needs.

Home Health Services are those skilled health care services that can be provided during visits by Other Participating Health Professionals. The services of a home health aide are covered when rendered in direct support of skilled health care services provided by Other Participating Health Professionals. Skilled nursing services or private duty nursing services provided in the home are subject to the Home Health Services benefit terms, conditions and benefit limitations. A visit is defined as a period of 4 hours or less. Necessary consumable medical supplies and home infusion therapy, administered or used by Other Participating Health Professionals in providing Home Health Services are covered. Home Health Services do not include services by a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house even if that person is an Other Participating Health Professional. Home Health Services maximums do not apply to any home health care that is provided as part of Hospice Care Services. Physical, Occupational, and other Rehabilitative Therapy services provided in the home are [not subject to the Home Health Services benefit limitations in the Schedule of Copayments.

Hospice Care Services

Hospice Care Services which are provided under an approved hospice care program when provided to a Member who has been diagnosed by a Participating Physician as having a terminal illness with a prognosis of one (1) year or less to live if the disease follows its natural course. Hospice Care Services include Inpatient Care; Outpatient Services; professional services of a Physician; services of a psychologist, social worker or family counselor for individual and family counseling; bereavement services for surviving family members for a period



of at least one (1) year after the death of the Member; and Home Health Services.

Hospice care services do not include the following:

- services of a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house;
- services for curative or life-prolonging procedures;
- services for which any other benefits are payable under the Agreement;
- services or supplies that are primarily to aid you or your Dependent in daily living;
- nutritional supplements, non-prescription drugs or substances, vitamins or minerals.

Hospice care services are services provided by a Participating Hospital; a participating skilled nursing facility or a similar institution; a participating home health care agency; a participating hospice facility, or any other licensed facility or agency under a Medicare approved hospice care program.

A hospice care program is:

- a coordinated, interdisciplinary program to meet the physical, psychological, spiritual and social needs of dying persons and their families;
- a program that provides an overall written plan of care as well as palliative and supportive medical, nursing, and other health services through home or inpatient care during the illness;
- nursing care covered on a continuous basis for as much as twenty-four (24) hours a day during periods of crises as necessary to maintain an individual at home. Either homemaker or home health aide services or both may be covered on a twenty-four (24) hour continuous basis during periods of crisis but care during these periods must be predominantly nursing care. A period of crisis is a period in which the individual requires continuous care to achieve palliation or management of acute medical symptoms;
- short inpatient stays that may be necessary to manage acute symptoms or due to the temporary absence, or need for respite, of a capable primary caregiver. Respite care may be provided only on an occasional basis and for not more than five (5) consecutive days at a time;
- Medical appliances and supplies, including drugs and biologicals as defined in section 1861(t) of the Social Security Act and which are used primarily for the relief of pain and symptom control related to the Member's terminal illness are covered;
- and a program for persons who have a terminal illness and for the families of those persons.

A hospice facility is a participating institution or portion of a facility which primarily provides care for terminally ill patients; is a Medicare approved hospice care facility; meets standards established by the Healthplan; and fulfills all licensing requirements of the state or locality in which it operates.

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Infertility Services

Services related to diagnosis of infertility and treatment of infertility once a condition of infertility has been diagnosed. Services include, but are not limited to: approved surgeries and other therapeutic procedures that have been demonstrated in existing peer-reviewed, evidence-based, scientific literature to have a reasonable likelihood of resulting in pregnancy, including artificial insemination; laboratory tests; sperm washing or preparation; and diagnostic evaluation.

Infertility is defined as the inability of opposite-sex partners to achieve conception after one year of unprotected intercourse; or the inability of a woman to achieve conception after six trials of artificial insemination over a one-year period.

This benefit includes diagnosis and treatment of both male and female infertility.

The following are specifically excluded infertility services:

- In vitro fertilization; gamete intrafallopian transfer (GIFT); zygote intrafallopian transfer (ZIFT) and variations of these procedures;
- Reversal of male or female voluntary sterilization;

- Infertility services when the infertility is caused by or related to voluntary sterilization;
- Donor charges and services;
- Cryopreservation of donor sperm and eggs; and
- Any experimental, investigational or unproven infertility procedures or therapies.

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Inpatient Services at Other Participating Health Care Facilities

Inpatient services at Other Participating Health Care Facilities including semi-private room and board; skilled and general nursing services; Physician visits; physiotherapy; speech therapy; occupational therapy; x-rays; and administration of drugs, medications, biologicals and fluids.

Internal Prosthetic/Medical Appliances

Internal prosthetic/medical appliances that provide permanent or temporary internal functional supports for non-functional body parts are covered. Medically Necessary repair, maintenance or replacement of a covered appliance is also covered.

Laboratory and Radiology Services

Diagnostic laboratory and radiation therapy and other diagnostic and therapeutic radiological procedures.

Maternity Care Services

Medical, surgical and hospital care during the term of pregnancy, upon delivery and during the postpartum period for normal delivery, spontaneous abortion (miscarriage) and complications of pregnancy.

Inpatient Hospital Services for Maternity Care shall not require prior Healthplan approval, and may not be less than forty-eight (48) hours for a normal vaginal delivery or less than ninety-six (96) hours for caesarian section, unless both of the following requirements are met:

- The decision to discharge the maternity patient and newborn prior to these time frames is made by the Participating Physician in consultation with the new mother; and
- If prescribed by the Participating Physician, Healthplan provides a follow-up visit by or to a licensed provider. The follow-up visit may be a home visit; physician visit or plan facility visit for both the new mother and the newborn within forty-eight (48) hours of discharge.

Includes providing coverage for participation in the statewide prenatal testing program administered by the State Department of Health Services known as the Expanded Alpha Feto Protein program.

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Severe Mental Illness of a Member of any Age and Serious Emotional Disturbances of a Child

Outpatient Services of Participating Providers and Inpatient and Partial Hospital Services by a facility designated by the Healthplan Medical Director for the diagnosis and Medically Necessary treatment of severe mental illness of a Member of any age, and of serious emotional disturbances of a child who is a Member. The Healthplan may utilize case management and utilization review techniques to manage and authorize services and to assure that only Medically Necessary services are provided under the Agreement.

Severe mental illness shall include:

- Schizophrenia.
- Schizoaffective disorder.
- Bipolar disorder (manic-depressive illness).
- Major depressive disorders.
- Panic disorder.
- Obsessive-compulsive disorder.
- Pervasive developmental disorder or autism.
- Anorexia nervosa.
- Bulimia nervosa.

Serious emotional disturbances of a child shall be defined as a child who (1) has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms, and (2) who meets the criteria in paragraph (2) of subdivision (a)

of Section 5600.3 of the Welfare and Institutions Code.

Mental Health and Substance Abuse Services

Mental Health Services are services that are required to treat a disorder that impairs the behavior, emotional reaction or thought processes. In determining benefits payable, charges made for the treatment of any physiological conditions related to mental health will not be considered to be charges made for treatment of mental health.

Substance Abuse is defined as the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining benefits payable, charges made for the treatment of any physiological conditions related to rehabilitation services for alcohol or drug abuse or addiction will not be considered to be charges made for treatment of Substance Abuse.

Inpatient Mental Health Services

Services that are provided by a Participating Hospital for the treatment and evaluation of mental health.

Inpatient Mental Health benefits are exchangeable with partial hospitalization sessions when benefits are provided for not less than four (4) hours and not more than twelve (12) hours in any twenty-four (24) hour period. The benefit exchange will be two (2) partial hospitalization sessions are equal to one day of inpatient care.

Outpatient Mental Health Services

Services of Participating Providers who are qualified to treat mental health when treatment is provided on an outpatient basis in an individual, group or structured group therapy program. Covered services include, but are not limited to, outpatient treatment of conditions such as: anxiety or depression which interferes with daily functioning; emotional adjustment or concerns related to chronic conditions, such as psychosis or depression; emotional reactions associated with marital problems or divorce; child/adolescent problems of conduct or poor impulse control; affective disorders; suicidal or homicidal threats or acts; eating disorders; or acute exacerbation of chronic mental health conditions (crisis intervention and relapse prevention) and outpatient testing and assessment.

Substance Abuse Detoxification Services

Detoxification and related medical ancillary services when required for the diagnosis and treatment of addiction to alcohol and/or drugs. The Healthplan Medical Director will decide, based on the Medical Necessity of each situation, whether such services will be provided in an inpatient or outpatient setting.

Excluded Mental Health and Substance Abuse Services

The following are specifically excluded from mental health and substance abuse services:

- Any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluations unless Medically Necessary and otherwise covered under this Agreement.
- Treatment of mental disorders that have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain; developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders; counseling for activities of an educational nature and counseling for borderline intellectual functioning, except as specified in the “Severe Mental Illness of a Member of any Age and Serious Emotional Disturbances of a Child” section of “Section IV. Covered Services and Supplies.”
- Counseling for occupational problems.
- Counseling related to consciousness raising.
- Vocational or religious counseling.
- I.Q. testing.
- Residential treatment.
- Custodial care, including but not limited to geriatric day care.
- Psychological testing on children requested by or for a school system.

- Occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline.

Nutritional Evaluation

Nutritional Evaluation and counseling from a Participating Provider when diet is a part of the medical management of a documented organic disease, including clinically severe obesity.

Obstetrical and Gynecological Services

Obstetrical and gynecological services that are provided by qualified Participating Providers for pregnancy, well-women gynecological exams, primary and preventive gynecological care and acute gynecological conditions. Upon the referral of the Members Participating Provider, includes coverage for an annual cervical cancer screening test which shall include the conventional Pap test and the option of any cervical cancer screening test approved by the federal Food and Drug Administration. For these Service and Supplies you have direct access to qualified Participating Providers; you do not need a Referral from your PCP. If your PCP is part of a multi-specialty group medical practice, you must see an Obstetrician/Gynecologist who is part of the same group practice. Follow up care and subsequent referrals provided by the Obstetrician/Gynecologist may be subject to the utilization management program of the medical group. Authorization will be required for obstetrical and gynecological subspecialty care such as gynecologic oncology, gynecologic endocrinology and covered infertility services.

Transplant Services

Medically Necessary human organ and tissue transplant services at designated facilities throughout the United States. Transplant services include solid organ and bone marrow/stem cell procedures. This coverage is subject to the following conditions and limitations.

Transplant services include the recipient's medical, surgical and hospital services; inpatient immunosuppressive medications; and costs for organ or bone marrow/stem cell procurement. Transplant services are covered only if they are required to perform any of the following human to human organ or tissue transplants: allogeneic bone marrow/stem cell, autologous bone marrow/stem cell, cornea, heart, heart/lung, kidney, kidney/pancreas, liver, lung, pancreas or intestinal which includes small bowel, liver or multivisceral. All other types of organ and tissue transplants will be considered experimental and will be excluded from this Agreement on this basis. If a transplant service has been denied on the basis of being experimental, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions". From time to time the Healthplan will review developments in medical technology, and based upon generally accepted medical standards, determine if the list of covered transplants should be revised.

All transplant services other than cornea, must be received at a qualified or provisional CIGNA LIFESOURCE Transplant Network® facility.

Coverage for organ procurement costs are limited to costs directly related to the procurement of an organ, from a cadaver or a live donor. Organ procurement costs shall consist of surgery necessary for organ removal, organ transportation and the transportation, hospitalization and surgery of a live donor. Compatibility testing undertaken prior to procurement is covered if Medically Necessary. Costs related to the search and identification of a bone marrow or stem cell donor for an allogeneic transplant are also covered.

Transplant Travel Services

Reasonable travel expenses incurred by you in connection with a pre-approved organ/tissue transplant are covered subject to the following conditions and limitations. Transplant Travel benefits are not available for cornea transplants. Benefits for transportation, lodging and food are available to you only if you are the recipient of a pre-approved organ/tissue transplant from a designated CIGNA LIFESOURCE Transplant Network® facility. The term recipient is defined to include a Member receiving authorized transplant related services during any of the following: (a) evaluation, (b) candidacy, (c) transplant event, or (d) post-transplant care. Travel expenses for the

Member receiving the transplant will include charges for:

- transportation to and from the transplant site (including charges for a rental car used during a period of care at the transplant facility);
- lodging while at, or traveling to and from the transplant site; and
- food while at, or traveling to and from the transplant site.

In addition to you being covered for the charges associated with the items above, such charges will also be considered covered travel expenses for one companion to accompany you. The term companion includes your spouse, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver.

The following are specifically excluded travel expenses:

- travel costs incurred due to travel within sixty (60) miles of your home;
- laundry bills;
- telephone bills;
- alcohol or tobacco products; and
- charges for transportation that exceed coach class rates.

These benefits are only available when the Member is the recipient of a transplant. No benefits are available where the Member is a donor.

Oxygen

Oxygen and an oxygen delivery system. Members traveling outside their CIGNA Service Area must contact their Participating Physician prior to travel so that arrangements can be made to provide the required oxygen.

Periodic Health Examinations for Adults

All routine diagnostic testing and laboratory services appropriate for such examinations including all generally accepted cancer screening tests. Includes coverage for the screening and diagnosis of prostate cancer, which includes, but is not limited to, prostate specific antigen testing and digital rectal examinations, when Medically Necessary and consistent with good medical practice.

Phenylketonuria (PKU) Testing and Treatment

Coverage for treatment of phenylketonuria (PKU) shall include those formulas and special food products that are part of a diet prescribed by a Participating Provider who specializes in the treatment of metabolic disease, provided that the diet is deemed Medically Necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of phenylketonuria (PKU).

Coverage pursuant to this section is not required except to the extent that the cost of the necessary formulas and special food products exceeds the cost of a normal diet. For purposes of this section, the following definitions shall apply:

1. Formula means an enteral product or enteral products for use at home that are prescribed by a Participating Provider authorized to prescribe dietary treatments, as Medically Necessary for the treatment of phenylketonuria (PKU).
2. Special food product means a food product that is both of the following:
   a. Prescribed by a Participating Provider for the treatment of phenylketonuria (PKU) and is consistent with the recommendations and best practices of qualified health professionals with expertise germane to, and experience in the treatment and care of, phenylketonuria (PKU). It does not include a food that is naturally low in protein, but may include a food product that is specially formulated to have less than one gram of protein per serving.
   b. Used in place of normal food products, such as grocery store foods, used by the general population.

Reconstructive Surgery

Reconstructive Surgery or therapy to repair or correct abnormal structures of the body caused by congenital defects, developmental abnormalities, tumors, trauma, infections, disease or the complications of Medically Necessary, non-cosmetic surgery provided that:

- the surgery or therapy restores or improves function; or
- creates a normal appearance, to the extent possible; or
- reconstructive surgery or therapy is to repair or correct a severe physical deformity or disfigurement, which is accompanied by functional deficit (other than abnormalities of the jaw or related to non-medically necessary treatment of TMJ disorder); or
- reconstruction is required as a result of Medically Necessary, non-cosmetic surgery; or
- the surgery or therapy is required as a result of the congenital absence or agenesis (lack of formation or development) of a body part.

Repeat or subsequent surgeries for the same condition are covered only when there is the probability of significant additional improvement as determined by the Healthplan Medical Director.

The Healthplan may utilize prior authorization and utilization review that may include, but not be limited to any of the following:

- Denial of the proposed surgery if there is another more appropriate surgical procedure that will be approved for you.
- Denial of the proposed surgery or surgeries if the procedure or procedures, in accordance with the standard of care as practiced by physicians specializing in Cosmetic Surgery, offer only a minimal improvement in your appearance.
- Denial of payment for procedures performed without prior authorization.

Rehabilitative Therapy and Chiropractic Care Services

Rehabilitative Therapy that is part of a rehabilitation program, including physical, speech, occupational, cognitive, osteopathic manipulative, cardiac rehabilitation and pulmonary rehabilitation therapy, when provided in the most medically appropriate setting**.** Also included are services that are provided by a chiropractic Physician when provided in an outpatient setting. Services of a chiropractic Physician include the management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment that is rendered to restore motion, reduce pain and improve function.

The following limitations apply to Rehabilitative Therapy and chiropractic care services:

- To be covered all therapy services must be restorative in nature or determined to be Medically Necessary. Restorative therapy services are services that are designed to restore levels of function that had previously existed but that have been lost as a result of injury or sickness. Restorative therapy services do not include therapy designed to acquire levels of function that had not been previously achieved prior to the injury or illness.
- For Rehabilitative Therapy, the Healthplan may request that your Participating Provider provide biweekly updates on your progress.
- Services are not covered if they are custodial, training, educational or developmental in nature unless determined to be Medically Necessary.
- Occupational therapy is provided only for purposes of enabling Members to perform the activities of daily living after an illness or an injury.

Unless determined to be Medically Necessary, Rehabilitative Therapy services that are not covered include, but are not limited to:

- Sensory integration therapy, group therapy; treatment of dyslexia; behavior modification or myofunctional therapy for dysfluency, such as stuttering or other involuntarily-acted conditions without evidence of an underlying medical condition or neurological disorder;
- Treatment for functional articulation disorder, such as correction of tongue thrust, lisp, verbal apraxia or swallowing dysfunction that is not based on an underlying diagnosed medical condition or injury; and
- Maintenance or preventive treatment consisting of routine, long-term or non-Medically Necessary care provided to prevent reoccurrences or to maintain the patient's current status.

If any Rehabilitative Therapy has been denied on the basis of not being Medically Necessary, you may seek an appeal through the "Independent Medical



Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions".

The following are specifically excluded from Chiropractic Care Services:

- Services of a chiropractor, which are not within his/her scope of practice, as defined by state law;
- Charges for care not provided in an office setting;
- Maintenance or preventive treatment consisting of routine, long term or non-Medically Necessary care provided to prevent reoccurrence or to maintain the patient's current status;
- Vitamin therapy; and
- Massage therapy in the absence of other modalities.

If multiple services are provided on the same day, a separate Copayment will apply to the services provided by each Participating Provider.

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Screening, Diagnosis and Treatment for Breast Cancer

Screening and Diagnosis of Breast Cancer. Coverage for mammography for screening or diagnosis of breast cancer, consistent with generally accepted medical practice and scientific evidence, will be provided when referred by your Primary Care Physician or Participating Provider (which shall include a participating nurse practitioner, participating certified nurse midwife), providing care to you and operating within the scope of practice provided under existing law.

Breast Reconstruction and Breast Prostheses. Incidental to mastectomies and lymph node dissections, the following are considered covered services and benefits: initial and subsequent reconstructive surgeries of the breast on which the mastectomy was performed or initial and subsequent prosthetic devices, and follow up care deemed necessary by the Participating Physician; two mastectomy bras per Contract Year; complications from a mastectomy, including lymphedema therapy; prosthetic devices and reconstructive surgery for a healthy breast, if in the opinion of the Participating Physician this surgery is necessary to achieve normal symmetrical appearance. The length of hospital stay associated with a mastectomy or lymph node dissection shall be determined by the Participating Physician in consultation with the patient, consistent with sound clinical principles and processes and shall not require prior Healthplan approval. As used in this section, "mastectomy" means the removal of all or part of the breast for Medically Necessary reasons.

Vision and Hearing Screenings for Dependents

Vision and hearing screenings provided by your PCP, provided you are under the age of eighteen (18) years.

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Vision Care Services

One complete eye examination, including basic vision screening, refraction and tono-metric testing and the purchase of eyeglasses. For these Services and Supplies you have direct access to qualified Participating Vision Care Providers as listed in your Provider Directory; you do not need a Referral from your PCP.

The following are specifically excluded from coverage:

- Any services or items related to orthoptics or vision training;
- Magnification vision aids;
- Any non-prescription eyeglasses or lenses;
- Any prescription or non-prescription contact lenses;
- Any charges for tinting, anti-reflective coatings, prescription sunglasses or light sensitive lenses;
- Any eye examination required by an employer as a condition of employment or which an employer is required to provide under a collective bargaining agreement;
- Any eye examination required by law; and
- Safety glasses or lenses required for employment.

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Section V. Exclusions and Limitations

Exclusions

Unless determined to be Medically Necessary, any Services and Supplies which are not described as covered in "Section IV. Covered Services and Supplies" or in an attached Rider or are specifically excluded in "Section IV. Covered Services and Supplies" or an attached Rider are not covered under this Agreement.

In addition, the following are specifically excluded Services and Supplies:

1. Care for health conditions that are required by state or local law to be treated in a public facility; provided, however, that this exclusion shall not operate to exclude coverage for services provided to a Member confined in a city or county jail or in a juvenile facility, solely because of such confinement, or for services provided to a Member while confined in a state hospital, solely because the services were provided in a state hospital.
2. Care required by state or federal law to be supplied by a public school system or school district.
3. Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this Agreement.
4. Assistance in the activities of daily living, including but not limited to, eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
5. Any services and supplies for or in connection with experimental, investigational and unproven services as defined in "Section I. Definitions of Terms Used in this Group Service Agreement."
6. Cosmetic surgery or therapy except as specified in the "Reconstructive Surgery" section of "Section IV. Covered Services and Supplies."
7. The following services are excluded unless Medically Necessary:
    - Macromastia or Gynecomastia Surgeries – Macromastia surgery is the surgical excision of enlarged female breast tissue, skin and fat in order to decrease the size of the breast. Gynecomastia surgery is a procedure to treat benign enlargement of the male breast;
    - Surgical treatment of varicose veins;
    - Abdominoplasty – Abdominoplasty, also referred to as a "tummy tuck" is a surgical procedure that tightens a lax anterior abdominal wall and removes excess abdominal skin (panniculectomy component). It is generally to improve appearance by recontouring the abdominal wall area;
    - Panniculectomy – Panniculectomy is the surgical excision of redundant panniculus adiposus (the superficial fascia which contains an abundance of fat tissue);
    - Rhinoplasty;
    - Blepharoplasty – Blepharoplasty refers to the surgical excision of redundant tissues (muscle, fat, skin) of the eyelids;
    - Redundant skin surgery;
    - Removal of skin tags.
8. The following services are excluded from coverage regardless of clinical indications:
    - Acupressure;
    - Craniosacral/cranial therapy – Craniosacral therapy (CST), also called cranial therapy, is an unproven non-invasive treatment that utilizes diagnostic touching to detect reported pulsations and rhythms of the flow of cerebrospinal fluid to effect a release of possible restrictions without the use of forceful manipulation. CST has been utilized for a variety of both musculoskeletal and general medical conditions. Some reported clinical applications of CST include acute systemic infections, chronic pain conditions, localized infection, dysfunctions of the viscera (e.g., ulcerative bowel conditions, asthma), depression, strabismus, auditory problems, developmental delay, and autism. The safety and efficacy of this treatment has not been proven. If you feel that any of these services have been denied on the basis of being experimental, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions";
    - Dance therapy, movement therapy;

- Applied kinesiology – Applied kinesiology is a system using muscle testing as a functional neurological evaluation. The methodology is concerned primarily with neuromuscular function as it relates to the structural, chemical and mental physiologic regulatory mechanisms. A.K., which originated within the chiropractic profession, is an approach to clinical practice, with multidisciplinary applications. The safety and efficacy of this technique has not been proven. If you feel that any of these services have been denied on the basis of being experimental, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions";
- Rolfing;
- Prolotherapy – Prolotherapy is the injection of a solution for the purpose of tightening and strengthening loose or weak tendons, ligaments or joint capsules through the multiplication and activation of fibroblasts. The safety and efficacy of this treatment has not been proven. If you feel that any of these services have been denied on the basis of being experimental, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions"; and
- Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions – Extracorporeal shock wave therapy (ESWL) is a noninvasive treatment that involves delivery of 1000 to 3000 shock waves to the painful musculoskeletal region, and has been proposed as an alternative to surgery. The mechanism by which ESWL might work to relieve pain associated is unknown and the efficacy has not been proven. If you feel that any of these services have been denied on the basis of being experimental, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions".

9. Orthognathic treatment/surgery, including but not limited to treatment/surgery for mandibular or maxillary prognathism, microprognathism or malocclusion, surgical augmentation for orthodontics, or maxillary constriction. However, Medically Necessary treatment of orthognathic problems, which may include TMJ disorder are covered.
10. Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six (6) months of the accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least fifty (50%) percent bony support and are functional in the arch.
11. Medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute (NHLBI) guideline is covered only at approved centers if the services are demonstrated, through existing peer-reviewed, evidence-based scientific literature and scientifically-based guidelines, to be safe and effective for treatment of the condition. Clinically severe obesity is defined by the NHLBI as a BMI of 40 or greater without comorbidities, or 35-39 with comorbidities. The following are specifically excluded:
    - Medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity, unless Medically Necessary or as specified in the "Reconstructive Surgery" section of "Section IV. Covered Services and Supplies"; and
    - Weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.
12. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance



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or government licenses, and court ordered, forensic, or custodial evaluations.

13. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise covered under "Section IV. Covered Services and Supplies."
14. In vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
15. Reversal of male and female voluntary sterilization procedures.
16. Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
17. Treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation. However, Medically Necessary treatment and penile implants are covered when an established medical condition is the cause of erectile dysfunction.
18. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
19. Non-medical counseling or ancillary services including but not limited to, Custodial Services, education, training, vocational rehabilitation, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return-to-work services, work hardening programs and driving safety. Behavioral training and services, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays, or mental retardation are also excluded except as specified in the “Severe Mental Illness of a Member of any Age and Serious Emotional Disturbances of a Child” section of “Section IV. Covered Services and Supplies.”
20. Consumable medical supplies other than ostomy supplies, urinary catheters and diabetic supplies. Excluded supplies include, but are not limited to, bandages and other disposable medical supplies including skin preparations, except as specified in the "Inpatient Hospital Services", "Outpatient Facility Services", "Diabetic Services", "Diabetic Supply Coverage", "Durable Medical Equipment" and "Home Health Services", sections of "Section IV. Covered Services and Supplies."
21. Private hospital rooms and/or private duty nursing except as provided in the "Home Health Services" section of "Section IV. Covered Services and Supplies," or unless determined to be Medically Necessary by the Healthplan Medical Director in consultation with the Member's treating Physician.
22. Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
23. Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
24. Hearing aids, including, but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
25. Aids or devices that assist with non-verbal communications, including, but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
26. Contact Lenses (except for the first pair of contacts for treatment of keratoconus or post-cataract surgery).
27. Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
28. Treatment by acupuncture.
29. All prescription drugs, non-prescription drugs, injectable prescription drugs that do not require physician supervision and are typically considered self-administered drugs, and investigational and experimental drugs (except as specified in “Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services” under “Section III. Agreement



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Provisions"), and "Section IV. Covered Services and Supplies."

30. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
31. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
32. Dental implants for any condition.
33. Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease, except as provided in the "Genetic Testing" section of "Section IV. Covered Services and Supplies."
34. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Healthplan Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
35. Blood administration for the purpose of general improvement in physical condition.
36. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
37. Cosmetics, dietary supplements and health and beauty aids.
38. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism and as specified under the "Phenylketonuria (PKU) Testing and Treatment" provision of Section IV. Covered Services and Supplies.
39. Telephone, email and internet consultations.
40. Massage therapy.
41. Mental Health and Substance Abuse Services except as specified in "Section IV. Covered Services and Supplies. "

In addition to the provisions of this "Exclusions and Limitations" section , you will be responsible for the actual cost the Healthplan paid for Services and Supplies under the conditions described in the "Reimbursement" provision of "Section VI. Other Sources of Payment for Services and Supplies. "

Limitations

Circumstance Beyond the Healthplan's Control. To the extent that a natural disaster, war, riot, civil insurrection, epidemic or any other emergency or similar event not within our control results in our facilities or personnel being unavailable to provide or arrange for the provisions of a basic or supplemental health service or supplies in accordance with this Agreement, we will make a good faith effort to provide or arrange for the provision of the services or supplies, taking into account the impact of the event. Under these extreme circumstances, the Member is advised to seek Emergency Services at the nearest emergency facility. The Healthplan will provide coverage and reimbursement as described in the Emergency Services and Urgent Care Section of the Agreement.

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Section VI. Other Sources of Payment for Services and Supplies

Subrogation

If you are injured or rendered ill under circumstances which create a liability for a third party to pay claims or damages to you, we are subrogated to all rights, claims, or interests which you may have against such third party and shall have automatically, without the need to file with such third party or with a tribunal or court of competent jurisdiction, a lien upon the portion of the proceeds of any recovery from such third party representing the damage award you received for Medical and Hospital services provided by the Healthplan as follows:

We have the right to recover from the third party the actual cost the Healthplan has paid, for care which we have provided for you; and

We have the right to recover from the third party to the extent of actual payments that we have paid for Services and Supplies and not rendered services. If permitted by applicable state or federal law, we may require you, your guardian, personal representative, estate, Dependents, or survivors, as appropriate, to assign your claim or cause of action against the third party to us and to execute and deliver such instruments to secure our right to that claim.

Except for Participating Hospitals(who retain whatever lien rights afforded them under state and federal law), Healthplan Participating Providers will accept the Healthplan's payments on your behalf and will not assert against you statutory or other lien rights that may exist.

Reimbursement

If you receive any payment from any third party, including, but not limited to, any worker's compensation fund or carrier, Medicare, a tort feasor, or any other insurance carrier, but excluding Medi-Cal, for Services and Supplies either rendered or paid by us, we have the right to receive reimbursement from you to the extent that you have received payment as follows:

We have the right to receive reimbursement from you to the extent of the actual cost the Healthplan has paid for your care and treatment which we have directly rendered or arranged to be rendered for you; and we have the right to receive reimbursement from you to the extent that we have paid for Services and Supplies and not rendered services.

Except for Participating Hospitals (who retain whatever lien rights afforded them under state and federal law), Healthplan Participating Providers will accept the Healthplan's payments on your behalf and will not assert against you statutory or other lien rights that may exist.

If you are not reimbursed from any third party because you knowingly chose not to apply for, or to reject, or to waive coverage, then you will be responsible for payment of all expenses for services rendered on account of such injury or illness. In addition, you will be obligated to fully cooperate with us in any attempts to recover such expenses from your employer if your employer failed to take the steps required by law or regulation to obtain such coverage.

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Coordination of Benefits

This section applies if you are covered under another plan besides this health plan and determines how the benefits under the plans will be coordinated. If you are covered by more than one health benefit plan, you should file all claims with each plan.

A. Definitions

For the purposes of this section, the following terms have the meanings set forth below:

Plan

Any of the following that provides benefits or services for medical care or treatment:

- Group insurance and/or group-type coverage, whether insured or self-insured, which neither can be purchased by the general public nor is individually underwritten, including closed panel coverage;
- Coverage under Medicare and other governmental benefits as permitted by law, excepting Medicaid and Medicare supplement policies;

Each type of coverage you have in these two (2) categories shall be treated as a separate Plan. Also, if a Plan has two parts and only one part



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has coordination of benefit rules, each of the parts shall be treated as a separate Plan.

Closed Panel Plan

A Plan that provides health benefits primarily in the form of services through a panel of employed or contracted providers and that limits or excludes benefits provided by providers outside of the panel, except in the case of emergency or if referred by a provider within the panel.

Primary Plan

The Plan that determines and provides or pays its benefits without taking into consideration the existence of any other Plan.

Secondary Plan

A Plan that determines and may reduce its benefits after taking into consideration the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover the Reasonable Cash Value of any services it provided to you from the Primary Plan.

Allowable Expense

A necessary, customary, and reasonable health care service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any Plan covering you; but not including dental, vision or hearing care coverage. When a Plan provides benefits in the form of services, the Reasonable Cash Value of each service is the Allowable Expense and is a paid benefit.

Examples of expenses or services that are not an Allowable Expense include, but are not limited to the following:

1. An expense or service or a portion of an expense or service that is not covered by any of the Plans is not an Allowable Expense.
2. If you are confined to a private hospital room and no Plan provides coverage for more than the semi-private room, the difference in cost between the private and semi-private rooms in not an Allowable Expense.
3. If you are covered by two or more Plans that provide services or supplies on the basis of usual and customary fees, any amount in excess of the highest usual and customary fee is not an Allowable Expense.
4. If you are covered by one Plan that provides services or supplies on the basis of usual and customary fees and one Plan that provides services and supplies on the basis of negotiated fees, the Primary Plan's fee arrangement shall be the Allowable Expense.
5. If your benefits are reduced under the Primary Plan (through the imposition of a higher copayment amount, higher coinsurance percentage, a deductible and/or a penalty) because you did not comply with Plan provisions or because you did not use a preferred provider, the amount of the reduction is not an Allowable Expense. Examples of Plan provisions are second surgical opinions and pre-certification of admissions or services.

Claim Determination Period

A calendar year, but it does not include any part of a year during which you are not covered under this Agreement or any date before this section or any similar provision takes effect.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

B. Order of Benefit Determination Rules

A Plan that does not have a coordination of benefits rule consistent with this section shall always be the Primary Plan. If the Plan does have a coordination of benefits rule consistent with this section, the first of the following rules that applies to the situation is the one to use:

1. The Plan that covers you as a Subscriber or an employee shall be the Primary Plan and the Plan that covers you as a Dependent shall be the Secondary Plan;



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2. If you are a Dependent child whose parents are not divorced or legally separated, the Primary Plan shall be the Plan which covers the parent whose birthday falls first in the calendar year as a Subscriber or employee;
3. If you are the Dependent of divorced or separated parents, benefits for the Dependent shall be determined in the following order:
   a. first, if a court decree states that one parent is responsible for the child's health care expenses or health coverage and the Plan for that parent has actual knowledge of the terms of the order, but only from the time of actual knowledge;
   b. Then, the Plan of the parent with custody of the child;
   c. Then, the Plan of the spouse of the parent with custody of the child;
   d. Then, the Plan of the parent not having custody of the child, and
   e. Finally, the Plan of the spouse of the parent not having custody of the child.
4. The Plan that covers you as an active employee (or as that employee's Dependent) shall be the Primary Plan and the Plan that covers you as a laid-off or retired employee (or as that employee's Dependent) shall be the Secondary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
5. The Plan that covers you under a right of continuation which is provided by federal or state law shall be the Secondary Plan and the Plan that covers you as an active employee or retiree (or as that employee's Dependent) shall be the Primary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
6. If one of the Plans that covers you is issued out of the state whose laws govern this Agreement and determines the order of benefits based upon the gender of a parent, and as a result, the Plans do not agree on the order of benefit determination, the Plan with the gender rules shall determine the order of benefits.

If none of the above rules determines the order of benefits, the Plan that has covered you for the longer period of time shall be primary.

When coordinating benefits with Medicare, this Plan will be the Secondary Plan and determine benefits after Medicare, where permitted by the Social Security Act of 1965, as amended. However, when more than one Plan is secondary to Medicare, the benefit determination rules identified above, will be used to determine how benefits will be coordinated.

C. Effect on the Benefits of this Agreement

If we are the Secondary Plan, we may reduce benefits so that the total benefits paid by all Plans during a Claim Determination Period are not more than one hundred (100%) percent of the total of all Allowable Expenses.

The difference between the benefit payments that we would have paid had we been the Primary Plan and the benefit payments that we actually paid as the Secondary Plan shall be recorded as a benefit reserve for you. We will use this benefit reserve to pay any Allowable Expense not otherwise paid during the Claim Determination Period.

As to each claim that is submitted, we shall determine the following:

1. Our obligation to provide Services and Supplies under this Agreement;
2. Whether a benefit reserve has been recorded for you; and
3. Whether there are any unpaid Allowable Expenses during the Claim Determination Period.

If there is a benefit reserve, we shall use the benefit reserve recorded for you to pay up to one hundred (100%) percent of the total of all Allowable Expenses. At the end of the Claim Determination Period, your benefit reserve shall return to zero (0) and a new benefit reserve shall be calculated for each new Claim Determination Period.



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VI. Other Sources of Payment For Services and Supplies

D. Recovery of Excess Benefits

If we provide Services and Supplies that should have been paid by the Primary Plan or if we provide services in excess of those for which we are obligated to provide under this Agreement, we shall have the right to recover the actual payment made or the Reasonable Cash Value of any services.

We shall have the sole discretion to seek such recovery from any person to, or for whom, or with respect to whom, such services were provided or such payments were made; any insurance company; health care Plan or other organization. If we request, you shall execute and deliver to us such instruments and documents as we determine are necessary to secure its rights.

E. Right to Receive and Release Information

We, without consent of or notice to you, may obtain information from and release information to any Plan with respect to you in order to coordinate your benefits pursuant to this section. You shall provide us with any information we request in order to coordinate your benefits pursuant to this section.

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Section VII. Termination of Your Coverage

We may terminate your coverage for any of the reasons stated below.

Termination For Cause

Upon written notice to the Group and you, we may terminate your coverage or your Membership Unit's coverage for cause if any of the following events occur:

1. You omit, misrepresent, or provide materially false information in the Enrollment Application; in which case, we may render coverage of a Membership Unit to be null and void from the effective date of coverage;
2. You permit a non-Member to use your CIGNA HealthCare ID card or to falsely obtain Services and Supplies;
3. You obtain or attempt to obtain Services and Supplies by means of false, misleading or fraudulent information, acts or omissions;
4. You fail to pay any Copayment, or any other amount due as a result of receiving Services and Supplies;
5. Your repeated behavior, in our sole opinion, is disruptive, unruly, abusive or uncooperative to such an extent that we are substantially impaired in our ability to provide services to you or to any other Member; or
6. You threaten the life or wellbeing of any Healthplan employee, Participating Provider, or another Member.

Any person whose coverage is terminated under this section may have such termination reviewed by using the Healthplan Appeals process.

If you believe your coverage has been terminated or not renewed because of your health status or requirements for health care services and supplies, you may request a review by the director of the California Department of Managed Health Care or use the Healthplan Appeals process.

Termination By Reason of Ineligibility

When you fail to meet the eligibility criteria in "Section II. Enrollment and Effective Date of Coverage" as either a Subscriber or Dependent, your coverage under this Agreement shall cease. Coverage of all Members within a Membership Unit shall cease when the Subscriber fails to meet the eligibility criteria. The Group shall notify us of all Members who fail to meet the eligibility criteria.

Unless otherwise provided by law, if you fail to meet the eligibility criteria your coverage shall cease at midnight of the day that the loss of eligibility occurs, and we shall have no further obligation to provide Services and Supplies.

Termination by Member

If you desire to terminate Healthplan coverage, you should contact your Group for the Group's policies and procedures for terminating or changing health coverage outside of designated enrollment periods.

Termination By Termination of This Agreement

This Agreement may be terminated for any of the following reasons:

1. **Termination for Non-Payment of Fees.** We may terminate this Agreement for the Group's non-payment of any Prepayment Fees owed to us.
2. **Termination on Notice.** The Group, without cause, may terminate this Agreement upon sixty (60) days prior written notice to us. We, without cause, may terminate this Agreement upon either: (i) ninety (90) days prior written notice to the Group of our decision to discontinue offering this particular type of coverage; or (ii) one hundred eighty (180) days prior written notice to the Group of our decision to discontinue offering all coverage in the applicable market. If coverage is terminated in accordance with (i) above, the Group may purchase a type of coverage currently being offered in that market.
3. **Termination for Fraud or Misrepresentation.** We may terminate this Agreement upon thirty (30) days prior written notice to the Group if, at any time, we determine that the Group has performed an act or practice that constitutes fraud or has intentionally misrepresented a material fact.

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VII. Termination of Your Coverage

4. **Termination for Violation of Contribution or Participation Rules.** We may terminate this Agreement upon thirty (30) days prior written notice to the Group if, after the initial twelve (12) month or other specified time period, it is determined that the Group is not in compliance with the participation and/or contribution requirements as established by us.
5. **Termination Due to Association Membership Ceasing.** If this Agreement covers an association, we may terminate this Agreement in accordance with applicable state or federal law as to a member of a bona fide association if the member is no longer a member of the bona fide association.
6. **Termination Due to a Change in Group's Size.** The Agreement may be terminated by Healthplan upon thirty (30) days prior written notice to Group if, at anytime, it is determined that Group's size has changed, making Group eligible for the small group reform product, as determined by the applicable state law.
7. **Termination in Accordance with State and/or Federal law.** We may terminate this Agreement upon prior notice to the Group in accordance with any applicable state and/or federal law.

Termination Effective Date

Coverage under this Agreement shall terminate at midnight of the date of termination provided in the written notice, except in the case of termination for non-payment of fees, in which case this Agreement shall terminate on the last day of the month for which payment is due.

Notice of Termination to Members

If this Agreement is terminated for any reason in this section, the notice of termination of the Agreement or of Member coverage under the Agreement shall be mailed by the Healthplan to the Group or to the Subscriber, as applicable. Such notice shall be dated and shall state:

1. The cause for termination, with specific reference to the applicable provision of the Agreement;
2. The cause for termination was not the Subscriber's or a Member's health status or requirements for health care services;
3. The time the termination is effective;
4. The fact that a Subscriber or Member alleging that the termination was based on health status or requirements for health care services may request a review of the termination by the director of the California Department of Managed Health Care;
5. In instances of termination for non-payment of fees, that receipt by the Healthplan of any such past due fees within fifteen (15) days following receipt of notice of termination will reinstate the Agreement as though it had never been terminated; if payment is not made within such fifteen (15) day period a new application will be required and Healthplan shall refund such payment within twenty (20) business days;
6. Any applicable rights Members may have under the "Continuation of Coverage" Section.

Group shall be responsible for notifying its Members, including the custodial non-covered parent of a Dependent child and the non-custodial parent providing coverage pursuant to a valid court order when termination of coverage occurs.

Review of Termination

If your coverage under this Agreement is terminated, you may request the Director of the Department of Managed Health Care of the State of California to review such termination action taken by the Healthplan and/or the Group. Such review opportunity is provided for under Section 1365(b) of the California Health and Safety Code.

Responsibility for Payment

The Group shall be responsible for the payment of all Prepayment Fees due through the date on which coverage ceases. Please contact your employer for information regarding any sums to be withheld from your salary or to be paid by you to your employer or Agreement holder. You shall be financially responsible for all services



rendered after that date. The Group shall be responsible for providing appropriate notice of cancellation to all Members in accordance with applicable state law. If the Group fails to give written notice to you prior to such date, the Group shall also be financially responsible for, and shall submit to us, all Prepayment Fees due until such date as the Group gives proper notice.

Return of Prepayment Fees

In the event of any termination of the Agreement or of Member coverage for any reason, the Healthplan shall, within thirty (30) days following the effective date of such termination, return to the Group or the Subscriber, as applicable, the pro rata portion of any Prepayment Fees which corresponds to any unexpired period for which payment had been received, together with amounts due on claims, if any, less any amounts due to the Healthplan.

Certification of Creditable Coverage Upon Termination

Upon request, we will issue you a Certification of Creditable Group Health Plan Coverage as required by law and based on information provided to us by the Group at the following times:

1. When your coverage is terminated for cause or by reason of ineligibility or you otherwise become covered under “Section VIII. Continuation of Coverage”;
2. When your continuation coverage, if you elected to receive it, is exhausted; and
3. When you make a request within twenty-four (24) months after the date coverage expires under either of the above two situations.



Section VIII. Continuation of Coverage

Please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in a higher premium or you could be denied coverage entirely.

Continuation of Group Coverage under COBRA

If an employer is subject to the requirements of the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA), an employer must give its employees and dependents the right to continue their group health care benefits. A person who would otherwise lose coverage as a result of a qualifying event is generally entitled to continue the same benefits that were in effect the day before the date of the qualifying event. Coverage may be continued under COBRA only if the required premiums are paid when due and will be subject to future plan changes.

IMPORTANT NOTICE TO INDIVIDUALS WHO BEGIN RECEIVING COBRA COVERAGE ON OR AFTER JANUARY 1, 2003.

The Healthplan shall offer an enrollee who has exhausted continuation coverage under COBRA the opportunity to continue coverage under Cal-COBRA for up to 36 months from the date the enrollee's continuation coverage began, if the enrollee is entitled to less than 36 months of continuation coverage under COBRA. See "Continuation of Group Coverage under Cal-COBRA" for a complete description of Cal-COBRA.

Qualifying Events for Continuation of COBRA Coverage

A **qualifying event** is any of the following:

- termination of the Subscriber's employment (other than for gross misconduct) or reduction of hours worked so as to render the Subscriber ineligible for coverage;
- death of the Subscriber;
- divorce or legal separation of the Subscriber from his or her spouse;
- loss of coverage due to the Subscriber becoming entitled to Medicare;
- a Dependent child ceasing to qualify as an eligible Dependent under the plan; or
- if the plan provides coverage for retired Subscribers and eligible Dependents, a qualifying event will also mean a substantial loss of that coverage due to the employer filing for Chapter 11 Bankruptcy. (The substantial loss can occur within one year before or after the filing for Chapter 11 Bankruptcy.)

Election/Notice Requirements

When there is a divorce or legal separation or a child ceases to qualify as an eligible Dependent, the Subscriber or eligible Dependent is responsible for notifying the employer within 60 days after the date of such qualifying. If the employer is not so notified, the person will not be given the opportunity to continue coverage.

After notification of his or her COBRA rights, the Subscriber or eligible Dependent has a limited amount of time to elect continuation. Continued health care is not automatic.

Continuation of COBRA benefits must be elected within 60 days of the later of the following:

- the date the Subscriber or eligible Dependent loses coverage as a result of the qualifying event; or
- the date the Subscriber or eligible Dependent is notified by the employer of the right to continued coverage.

Notice of the right to continue coverage to your spouse will be deemed notice to any Dependent child residing with your spouse.

COBRA Premium Payments

The Subscriber or eligible Dependent may be required to pay a premium to continue coverage. If the Subscriber or eligible Dependent elects to continue coverage, the Subscriber or eligible Dependent will have 45 days from the date of election to pay the initial premium due. All subsequent premiums will be due on a monthly basis. There is a 30 day grace period to pay premiums. If the premium is not paid before the expiration of the grace period, COBRA continuation



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benefits will terminate at midnight at the end of the period for which premium payments were made.

Continuation Period for Subscriber and Dependent(s)

If elected, the maximum period of continued coverage for a qualifying event involving termination of employment or reduced working hours is 18 months from the date of the qualifying event. However, if a second qualifying event occurs (such as a divorce or death of the Subscriber) within this 18 month period, the period of coverage for any affected Dependent may be extended to up to 36 months from the date of the initial qualifying event.

If a covered Subscriber has a qualifying event (termination of employment or reduction in hours worked) and he/she had become entitled to Medicare before the date of this qualifying event, then;

- the Subscriber may continue the group health coverage for up to 18 months from the date of termination or reduction in hours worked, and
- any other qualified beneficiary (the spouse and/or children) will be entitled to the greater of (i) 36 months from the date the Subscriber first became entitled to Medicare, or (ii) 18 months from the covered Subscriber's termination or reduction in hours.

The maximum period of continued benefits for a qualifying event involving retired Subscribers of employers under Chapter 11 Bankruptcy and their Dependents will be:

- the date of death of the retired Subscriber; or
- for a surviving spouse or eligible Dependent, 36 months after the date of death of the retired employee.

For all other qualifying events, the maximum period is 36 months. Other events will cause COBRA benefits to end sooner and this will occur on the earliest of any of the following:

- the date the employer ceases to provide any group health plan to any employee;
- the end of the period for which premium payments were made, if the qualified beneficiary ceases to make payments or fails to make timely payments of a required premium, in accordance with the terms and conditions of the Agreement;
- the first day after the date of election on which the qualified beneficiary first becomes covered under any other group health plan which does not contain any exclusions or limitations with respect to any pre-existing condition for such person; or the date such exclusion or limitation no longer applies to the Subscriber or Dependent;
- the first day after the date of election on which the qualified beneficiary first becomes entitled to Medicare (except for a Chapter 11 Bankruptcy qualifying event); or
- with respect to a qualified beneficiary whose coverage is being extended for the additional 11 months as described below, coverage will terminate on the first day of the month that is more than 30 days after the date in which the disabled individual is no longer disabled for Social Security purposes.

Continuation Coverage for Totally Disabled Individuals

If a qualified beneficiary is totally disabled under the Social Security Act on the date of the qualifying event, or at any time during the first 60 days of continued coverage, the 18 month period may be extended to up to 29 months. If there are non-disabled family members of this qualified beneficiary who have elected COBRA continuation coverage, they are also entitled to this additional 11 months of coverage. In order for this additional 11 months of coverage to be effective, the Subscriber or eligible Dependent must provide the employer with a copy of the Social Security Administration’s determination of total disability within 60 days of receiving such notice. The notice must also be provided to the employer within the initial 18 months of COBRA continuation coverage.

If the Agreement is terminated and replaced by another group health plan, you may elect to maintain COBRA Continuation under the replacement plan.

If the plan provides for a conversion privilege, the plan must offer this option within the 180 days of the end of the maximum period. However, no conversion will be provided if the qualified beneficiary does not actually maintain COBRA coverage to the expiration date.

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IMPORTANT NOTICE - COBRA BENEFITS WILL ONLY BE ADMINISTERED ACCORDING TO THE TERMS OF THE CONTRACT. THE HEALTHPLAN WILL NOT BE OBLIGATED TO ADMINISTER, OR FURNISH, ANY COBRA BENEFITS AFTER THE CONTRACT HAS TERMINATED.

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Continuation of Group Coverage under Cal-COBRA

This section shall apply to the Group and its Members if the Group is subject to Cal-COBRA law. Cal-COBRA law applies to any small employer that employed 2 to 19 eligible employees on at least 50% percent of its working days during the preceding calendar year, or, if the employer was not in business during any part of the preceding calendar year, employed 2 to 19 eligible employees on at least 50 percent of its working days during the preceding calendar quarter.

IMPORTANT NOTICE

Cal-COBRA will also apply to groups that employ 20 or more employees if the individual began receiving COBRA coverage on or after January 1, 2003. The maximum periods of continued coverage for a qualifying event under federal COBRA will be extended to the maximum periods of continued coverage under Cal-COBRA as described below.

Under the requirements of Cal-COBRA, an employer must give notice to its employees and dependents the right to continue their group health care benefits. A person who would otherwise lose coverage as a result of a qualifying event is generally entitled to continue the same benefits that were in effect the day before the date of the qualifying event. Coverage may be continued under Cal-COBRA only if the required premiums are paid when due and will be subject to future plan changes.

Qualifying Events for Continuation of Cal-COBRA Coverage

A **qualifying event** is any of the following:

- termination of the Subscriber's employment (other than for gross misconduct) or reduction of hours worked so as to render the Subscriber ineligible for coverage;
- death of the Subscriber;
- divorce or legal separation of the Subscriber from his or her spouse;
- loss of coverage due to the Subscriber becoming entitled to Medicare;
- a Dependent child ceasing to qualify as an eligible Dependent under the plan.

Notification Requirements

The Group will notify the Healthplan (or an administrator acting on the Healthplan's behalf) in writing, of termination or reduction of hours with respect to any Subscriber who is employed by the Group, within 30 days of the date of the qualifying event. You may be disqualified from receiving Cal-COBRA continuation coverage if the Group does not provide the required written notification to the Healthplan (or an administrator acting on the Healthplan's behalf).

The Group shall also notify the Healthplan (or an administrator acting on the Healthplan's behalf) in writing, within 30 days of the date, when the Group becomes subject to Section 4980B of the United States Internal Revenue Code or Chapter 18 of the Employee Retirement Income Security Act, 29 U.S.C. Sec. 1161 et seq., or when the Group becomes subject to federal COBRA requirements.

To be eligible for continuation coverage, for any of the following qualifying event(s) the Subscriber or eligible Dependent must notify the Healthplan (or an administrator acting on the Healthplan's behalf) in writing of such qualifying event within 60 days after the event occurs:

- death of the Subscriber;
- divorce or legal separation of the Subscriber from his or her spouse;
- loss of coverage due to the Subscriber becoming entitled to Medicare;
- a Dependent child ceasing to qualify as an eligible Dependent under the plan.

If you do not notify the Healthplan (or an administrator acting on the Healthplan's behalf) in writing within 60 days of the qualifying event(s), you will be disqualified from receiving Cal-COBRA continuation coverage.

Once notified of the qualifying event, the Healthplan (or an administrator acting on the Healthplan's



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behalf) will send you the necessary benefit information, premium information, enrollment form and notice requirements within 14 days after receiving notification of the qualifying event from the Group or you. The information shall be sent to the qualified beneficiary's last known address. Notice of the right to continue coverage to your spouse will be deemed notice to any Dependent child residing with your spouse.

Formal Election

To continue group coverage under Cal-COBRA you must make a formal election by submitting a written request to the Healthplan (or an administrator acting on the Healthplan's behalf) at CIGNA HealthCare, PO Box 5352, Melville, NY 11747. The written request must be delivered by first-class mail, certified mail or other reliable means of delivery within 60 days of the later of the following dates:

- the date of the qualifying event;
- the date the qualified beneficiary receives notice of the ability to continue group coverage as provided above; or
- the date coverage under the Group's health plan terminates or will terminate by reason of the qualifying event.

If a formal election is not received by the Healthplan (or an administrator acting on the Healthplan's behalf) within this time period, the otherwise qualified beneficiary(ies) will not receive Cal-COBRA benefits.

Cal-COBRA Premium Payments

To complete the election process, you must make the first required premium payment no more than 45 days after submitting your completed application to the Healthplan (or an administrator acting on the Healthplan's behalf). All subsequent premiums will be due on a monthly basis. Your first premium payment should be delivered to the Healthplan (or an administrator acting on the Healthplan's behalf) at CIGNA HealthCare, PO Box 5352, Melville, NY 11747 by first-class mail, certified mail or other reliable means of delivery. The first premium payment must satisfy any required premiums and all premiums due. Failure to submit the correct premium amount within the 45 day period will disqualify the qualified beneficiary from receiving Cal-COBRA coverage. There is a 30 day grace period to pay subsequent premiums. If the premium is not paid before the expiration of the grace period, Cal-COBRA continuation benefits will terminate at midnight at the end of the period for which premium payments were made.

Continuation Period for Subscriber and Dependent(s)

(The following paragraph applies to Members who began receiving Cal-COBRA continuation prior to January 1, 2003)

If elected, the maximum period of continuation coverage for a qualifying event involving termination of employment or reduced working hours is 18 months from the date the qualified beneficiary's benefits under the contract would have otherwise terminated because of the qualifying event. However, if a second qualifying event occurs (such as a divorce or death of the Subscriber) within this 18 month period, the period of coverage for any affected Dependent may be extended to up to 36 months from the date of the initial qualifying event.

(The following section applies to Members who began receiving COBRA or Cal-COBRA continuation on or after January 1, 2003)

If elected, the maximum period of continuation coverage for a qualifying event is 36 months from the date the qualified beneficiary's benefits under the contract would have otherwise terminated because of the qualifying event.

Other events will cause Cal-COBRA benefits to end sooner and this will occur on the earliest of any of the following:

- the date the employer ceases to provide any group health plan to any employee;
- the end of the period for which premium payments were made, if the qualified beneficiary ceases to make payments or fails to make timely payments of a required premium, in accordance with the terms and conditions of the Agreement;
- the first day after the date of election on which the qualified beneficiary first becomes covered under any other group health plan which does not contain any exclusions or limitations with respect to any pre-existing condition for such person; or the date such exclusion or limitation



no longer applies to the Subscriber or Dependent;

- the first day after the date of election on which the qualified beneficiary first becomes entitled to Medicare.
- the coverage for a qualified beneficiary that is determined to be disabled under the Social Security Act will terminate as described below.
- The qualified beneficiary moves out of the Healthplan's Service Area or the qualified beneficiary commits fraud or deception in the use of Healthplan services.

Continuation Coverage for Totally Disabled Individuals

(The following paragraph applies to Members who began receiving Cal-COBRA continuation prior to January 1, 2003)

If a qualified beneficiary who is eligible for continuation coverage due to termination of the Subscriber's employment (other than for gross misconduct) or reduction of hours worked so as to render the Subscriber ineligible for coverage and who is totally disabled under the Social Security Act during the first 60 days of continuation coverage, the 18 month period may be extended to up to 29 months. If there are non-disabled family members of this qualified beneficiary who have elected Cal-COBRA continuation coverage, they are also entitled to this additional 11 months of coverage. In order for this additional 11 months of coverage to be effective, the Subscriber or eligible Dependent must provide the Healthplan (or an administrator acting on the Healthplan's behalf) with a copy of the Social Security Administration's determination of total disability within 60 days of the date of the determination letter and prior to the end of the original 18 months of Cal-COBRA continuation coverage in order to be eligible for the additional 11 months of coverage. If the qualified beneficiary is no longer disabled under the Social Security Act, the benefits provided in this paragraph shall terminate on the later of 18 months after the date the qualified beneficiary's benefits under the Agreement would otherwise have terminated because of a qualifying event, or the month that begins more than 31 days after the date of the final determination under Social Security Act that the qualified beneficiary is no longer eligible. The qualified beneficiary eligible for 29 months of continuation coverage as a result of a disability shall notify the Healthplan (or an administrator acting on the Healthplan's behalf) within 30 days of a determination that the qualified beneficiary is no longer disabled.

(The following paragraph applies to Members who began receiving Cal-COBRA continuation on or after January 1, 2003)

A qualified beneficiary who is eligible for continuation coverage due to termination of the Subscriber's employment (other than for gross misconduct) or reduction of hours worked so as to render the Subscriber ineligible for coverage and who is totally disabled under the Social Security Act during the first 60 days of continuation coverage is entitled to a maximum period of 36 months after the date the qualified beneficiary's benefits under the contract would otherwise have terminated because of a qualifying event. The Subscriber or eligible Dependent must provide the Healthplan (or an administrator acting on the Healthplan's behalf) with a copy of the Social Security Administration's determination of total disability within 60 days of the date of the determination letter and prior to the end of the original 36 month continuation coverage period in order to be eligible for coverage pursuant to this paragraph. If the qualified beneficiary is no longer disabled under the Social Security Act, the benefits provided in this paragraph shall terminate on the later of 36 months after the date the qualified beneficiary's benefits under the Agreement would otherwise have terminated because of a qualifying event, or the month that begins more than 31 days after the date of the final determination under Social Security Act that the qualified beneficiary is no longer disabled. The qualified beneficiary eligible for 36 months of continuation coverage as a result of a disability shall notify the Healthplan (or an administrator acting on the Healthplan's behalf) within 30 days of a determination that the qualified beneficiary is no longer disabled.

Continuation of Coverage Upon Termination of Prior Group Health Plan

The Group shall notify qualified beneficiaries currently receiving continuation coverage, whose continuation coverage will terminate under one group benefit plan prior to the end of the period the qualified beneficiary would have remained covered as specified above, of the qualified beneficiary's



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ability to continue coverage under a new group benefit plan for the balance of the period the qualified beneficiary would have remained covered under the prior group benefit plan. This notice shall be provided either 30 days prior to the termination or when all enrolled employees are notified, whichever is later.

The Healthplan (or an administrator acting on the Healthplan's behalf) shall provide to the employer replacing a health care service plan contract issued by the Healthplan, or to the employer's agent or broker representative, within 15 days of any written request, information in possession of the Healthplan reasonably required to administer the notification requirements of this Notification section.

The Group shall notify the successor plan in writing of the qualified beneficiaries currently receiving continuation coverage so that the successor plan, or contracting employer or administrator, may provide those qualified beneficiaries with the necessary premium information, enrollment forms, and instructions consistent with the disclosure required by this Notification section to allow the qualified beneficiary to continue coverage. This information shall be sent to all qualified beneficiaries who are enrolled in the plan and those qualified beneficiaries who have been notified as specified in this Cal-COBRA section of their ability to continue their coverage and may still elect coverage within the specified 60 day period. This information shall be sent to the qualified beneficiary's last known address, as provided to the employer by the Healthplan (or an administrator acting on the Healthplan's behalf), currently providing continuation coverage to the qualified beneficiary. The successor plan shall not be obligated to provide this information to qualified beneficiaries if the employer or prior plan fails to comply with this section.

If the plan provides for a conversion privilege, the plan must offer this option within the 180 days of the end of the maximum period. However, no conversion will be provided if the qualified beneficiary does not actually maintain Cal-COBRA coverage to the expiration date.

IMPORTANT NOTICE – Cal-COBRA BENEFITS WILL ONLY BE ADMINISTERED ACCORDING TO THE TERMS OF THE CONTRACT. THE HEALTHPLAN WILL NOT BE OBLIGATED TO ADMINISTER, OR FURNISH, ANY CAL-COBRA BENEFITS AFTER THE CONTRACT HAS TERMINATED.

Continuation after COBRA or Cal-COBRA under California Law

Eligibility must be met prior to January 1, 2005, to be eligible for the following benefits:

Upon exhaustion of COBRA or Cal-COBRA your former employer shall notify you of the availability of this Continuation after COBRA or Cal-COBRA coverage in accordance with Section 2800.2 of the Labor Code.

For purposes of this subsection only, "spouse" will also include a former spouse who is widowed or divorced.

If a Subscriber has elected COBRA or Cal-COBRA coverage, was at least sixty (60) years old and was employed by Group for at least five (5) years as of the date of termination of employment, then, if COBRA or Cal-COBRA benefits expire at the end of applicable period, Subscriber may elect to continue to receive the same benefits, for Subscriber and/or Subscriber's spouse, upon the following conditions:

- The Subscriber or the Subscriber's spouse must notify the Healthplan in writing within thirty (30) days of the expiration of COBRA or Cal-COBRA benefits that continuation coverage is elected;
- The Healthplan must receive proper payment of premiums;
- Continuation coverage for the Member terminates automatically on the earlier of:
  1. the date Member reaches age sixty-five (65);
  2. the date Member is covered under any group health plan that is not provided by Group, regardless of whether that coverage is less valuable;



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3. the date Member becomes eligible for Medicare;
4. the date Group terminates this Agreement and ceases to provide coverage for any active employees; or
5. for the Subscriber's spouse, five (5) years from the date COBRA or Cal-COBRA benefits were otherwise scheduled to expire for the spouse.

Continuation Coverage under California Law (Knox-Keene)

Continuation of Coverage for Totally Disabled Members

In the event this Agreement is terminated by Group or Healthplan, the Healthplan shall provide an extension of benefits to a Member who becomes totally disabled while enrolled under the Agreement and who continues to be totally disabled at the termination date of the Agreement, provided that the Member meets all of the following conditions:

1. The Member meets all eligibility requirements to receive services under this Agreement on the termination date of the Agreement and continues to meet those eligibility requirements during any extension of benefits period.
2. The Member resides in the Service Area of Healthplan on the termination date of the Agreement and continues to reside in the Service Area of Healthplan during any extension of benefits period.
3. For purposes of this benefit, a Member is considered totally disabled if, as a result of injury or illness, he or she is unable to engage in any employment or occupation for which he or she is or may reasonably become qualified by reason of education, training or experience, and who is not, in fact, engaged in any employment or occupation for wage or profit. If Member is a dependent or retired employee, Member is considered totally disabled if, he or she is unable to engage in substantially all of the normal activities of a person in good health of like age and sex because of injury or illness.
4. The services provided under this benefit are limited to covered services relating to the condition causing total disability and are subject to all terms, conditions, limitations and exclusions in the Agreement. Services and benefits shall be provided only when written certification of the disability and the cause thereof has been furnished to the Healthplan Medical Director. Proof of continuation of the total disability must be furnished to the Healthplan Medical Director not less frequently than at sixty (60) day intervals during the period that the services and benefits are available. Healthplan shall require its contracting providers to certify ongoing total disability.
5. The Member's Extension of Benefits will cease upon the earliest of the following events:
   (a) twelve (12) months from the termination date of the Agreement; or
   (b) the Member is no longer totally disabled; or
   (c) the Member becomes eligible for coverage for the disabling condition under another health care benefits arrangement, including, but not limited to, an insurance policy, health plan contract, employee welfare benefit plan, or state or federal health benefit program (e.g. Medicare or Medicaid).

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Conversion to Non-Group (Individual) Coverage

If you have properly elected and completed any COBRA continuation or other continuation coverage (i.e. completed the maximum coverage period under the continuation coverage), you may apply to the Healthplan for conversion to non-group (individual) coverage. If you do not elect, fail to properly elect or fail to complete any COBRA continuation coverage or other continuation coverage for which you are eligible, conversion to non-group coverage is not available to you. You must continue to reside in the Service Area in order to be eligible for non-group (individual) coverage. You may apply for non-group (individual) coverage as follows:

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VIII. Continuation of Coverage

A. Conversion After Loss of Subscriber Eligibility

If you, as the Subscriber, are no longer eligible for coverage under this Agreement for any reason other than the reasons stated in the "Termination for Cause" or "Termination of Agreement" provisions of "Section VII. Termination of Your Coverage," you may apply for conversion to non-group (individual) coverage. You must apply and pay the applicable Prepayment Fee within sixty-three (63) days of the loss of group coverage. At the time of conversion to non-group (individual) coverage, you may also apply for non-group (individual) coverage for Dependents who were Members at the time of your loss of eligibility. If your application and all non-group fees, including all fees for the period since the termination of group coverage, are submitted within sixty-three (63) days of the loss of group coverage your non-group (individual) coverage will be effective as of the date of such termination.

B. Conversion Upon Death or Divorce of Subscriber

If you are a Dependent who has lost eligibility for coverage under this Agreement due to the death or divorce of the Subscriber, you may apply for conversion to non-group (individual) coverage under the provisions of paragraph A of this section.

C. Conversion Upon Meeting Age Limitation

If you are a Dependent who has lost eligibility for coverage under this Agreement due to your attainment of an age limitation identified in the Agreement, you may apply for conversion to non-group (individual) coverage under the provisions of paragraph A of this section.

D. Conversion after Expiration of COBRA or Other Continuation Coverage

A Member whose COBRA or other continuation coverage has expired after the maximum coverage period may apply for conversion to non-group (individual) coverage under the provisions of paragraph A of this section.

The Services and Supplies, terms and conditions of the non-group (individual) coverage, including premiums, Copayments and deductibles, if any, shall be in accordance with the rules of Healthplan in effect at the time of conversion and will not necessarily be identical to the Services and Supplies provided under this Agreement.

Your Rights Under HIPAA Upon Termination Of This Group Agreement

HIPAA is the acronym for the federal law known as the Health Insurance Portability and Accountability Act of 1996. HIPAA protects health insurance coverage for workers and their families when they change or lose their jobs. California state law provides similar and additional protections.

If you lose your group health insurance coverage and meet certain important criteria, you are entitled to purchase coverage under an individual contract from any health plan that sells health insurance coverage to individuals. Significant protections come with the HIPAA individual contract: no pre-existing condition exclusions, guaranteed renewal at the option of the enrollee so long as the Plan offers coverage in the individual market and the enrollee pays the premiums, and limitations on the amount of the premium charged by the health plan.

Every health plan that sells health care coverage contracts to individuals must fairly and affirmatively offer, market, and sell HIPAA individual contracts to all Federally Eligible Defined Individuals. The plan may not reject an application from a Federally Eligible Defined Individual for a HIPAA individual contract if:

1. The Federally Eligible Defined Individual agrees to make the required premium payments;
2. The Federally Eligible Defined Individual, and his or her dependents to be covered by the plan contract, work or reside in the service area in which the plan operates.

You are a Federally Eligible Defined Individual if, as of the date you apply for coverage:

1. You have 18 or more months of creditable coverage without a break of 63 days or more between any of the periods of creditable coverage or since the most recent coverage has been terminated;

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VIII. Continuation of Coverage

2. Your most recent prior creditable coverage was under a group, government or church plan. (COBRA and Cal-COBRA are considered employer group coverage);
3. You were not terminated from your most recent creditable coverage due to nonpayment of premiums or fraud;
4. You are not eligible for coverage under a group health plan, Medicare, or Medi-Cal (Medicaid);
5. You have no other health insurance coverage; and
6. You have elected and exhausted fully any continuation coverage you were offered under COBRA or Cal-COBRA.

There are important terms you need to understand, important factors you need to consider, and important choices you need to make in a very short time frame regarding the options available to you following termination of your group health care coverage. For example, if you are offered, but do not elect and exhaust COBRA or CAL-COBRA continuation coverage, you are not eligible for guaranteed issuance of a HIPAA individual contract. HIPAA coverage is also not available to you if you were eligible for Senior COBRA (Continuation after COBRA or Cal-COBRA under California Law) prior to January 1, 2005.

You should read carefully all of the information set forth in this section. Additional information is available by calling us at the toll-free telephone number on your CIGNA HealthCare identification card.

If you believe your HIPAA rights have been violated, you should contact the Department of Managed Health Care at 1-888-HMO-2219 or visit the Department's web sit at www.dmhc.ca.gov.

Continuation of Coverage Under FMLA

If the Group is subject to the requirements of FMLA (the federal law known as the Family and Medical Leave Act of 1993, as amended), the Subscriber shall have coverage under this Agreement during a leave of absence if the Subscriber is an eligible employee under the terms of FMLA and the leave of absence qualifies as a leave of absence under FMLA.

In such a case, the Subscriber shall pay to the Group the portion of the Prepayment Fee, if any, that the Subscriber would have paid had the Subscriber not taken leave and the Group shall pay the Healthplan the Prepayment Fee for the Subscriber as if the Subscriber had not taken leave.

NOTICE OF FEDERAL REQUIREMENTS - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994 (USERRA)

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to military leaves of absence. These requirements apply to medical coverage for you and your Dependents.

Continuation of Coverage

You may continue coverage for yourself and your Dependents as follows:

You may continue benefits, by paying the required premium to your employer, until the earliest of the following:

- 24 months from the last day of employment with the employer;
- the day after you fail to apply or return to work; and
- the date the policy cancels.

Your employer may charge you and your Dependents up to 102% of the total premium.

Following continuation of health coverage per USERRA requirements, you may convert to a plan of individual coverage according to any "Conversion Privilege" shown in your Agreement.

Reinstatement of Benefits

If your coverage ends during the leave because you do not elect USERRA, or an available conversion plan at the expiration of USERRA, and you are reemployed by your current employer, coverage for you and your Dependents may be reinstated if, (a) you gave your employer advance written or verbal notice of your military service leave, and (b) the duration of all military leaves while you are employed with your current employer does not exceed 5 years.

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VIII. Continuation of Coverage

You and your Dependents will be subject to only the balance of a Pre-existing Conditions Limitation (PCL) or waiting period, if any, that was not yet satisfied before the leave began. However, if an injury or sickness occurs or is aggravated during the military leave, full plan limitations will apply.

Any 63-day break in coverage rule regarding credit for time accrued toward a PCL waiting period will be waived.

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Section IX. Miscellaneous

Additional Programs

We may, from time to time, offer or arrange for various entities to offer discounts, benefits or other consideration to our Members for the purpose of promoting the general health and well being of our Members. Contact us for details regarding any such arrangements.

Administrative Policies Relating to this Agreement

We may adopt reasonable policies, procedures, rules and interpretations that promote orderly administration of this Agreement.

Clerical Error

No clerical error on the part of the Healthplan shall operate to defeat any of the rights, privileges or benefits of any Member.

Compliance with Applicable Law

Healthplan is subject to the requirements of the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 of Division 2 of the California Health and Safety Code) and the regulations promulgated thereunder (Title 28 of the California Code of Regulations), as amended from time to time, and any provisions required to be incorporated in this Agreement by either of the above shall bind Healthplan, whether or not provided for in this Agreement.

Confidentiality

Healthplan shall preserve the confidentiality of your health and medical records consistent with the requirements of applicable state and federal law.

A STATEMENT DESCRIBING THE HEALTHPLAN'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Entire Agreement

This Agreement constitutes the entire Agreement between the Healthplan, the Group, and Members and supersedes any previous agreement. Only an officer of the Healthplan has authority to waive any conditions or restrictions of this Agreement, extend the time for making payment, or bind the Healthplan by making any promise or representation, or by giving or receiving any information. No change in the Agreement shall be valid unless stated in a Rider or an amendment attached hereto signed by an officer of the Healthplan. In the event of any direct conflict between information contained in the Group Service Agreement and other collaterals, the terms of the Group Service Agreement shall govern.

Health Care Fraud Reporting

Health care fraud impacts both the cost and quality of medical coverage, increases the cost of doing business and creates a loss of public confidence. Health care fraud is an intentional deception or misrepresentation that a Member, a Participating Provider, a Healthplan employee or some other entity or party makes, knowing that the misrepresentation could result in some unauthorized benefit to the Member, Participating Provider, a Healthplan employee, or to some other entity or party.

The most common kind of fraud involves a false statement, misrepresentation or deliberate omission that is critical to the determination of benefits payable. Fraudulent activities are criminal.

The Healthplan has as its continuing goal the prevention and detection of health care fraud and has established an anti-fraud program to help prevent fraud. If a Member has reason to suspect another Member, a Participating Provider, a Healthplan employee or some other entity or party of perpetrating health care fraud, the Member should call the Healthplan's anti-fraud hotline at 1.800.667.7145.

Liability of Member for Certain Charges

By statute, every contract between the Healthplan and a contracted provider shall provide that in the event the Healthplan fails to pay a Healthplan contracted provider, the Member will not be liable to the provider for any sums owed by the Healthplan.

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IX. Miscellaneous

However, in the event the Healthplan fails to pay a non-contracted provider, the Member may be liable to the non-contracted provider for the cost of services.

No Implied Waiver

Failure by the Healthplan, the Group, or a Member to avail themselves of any right conferred by this Agreement shall not be construed as a waiver of that right in the future.

Notice

The Healthplan, the Group, and the Member shall provide all notices under this Agreement in writing, which shall be hand-delivered or mailed, postage pre-paid, through United States Postal Service to the addresses set forth on the Cover Sheet.

Records

The Healthplan maintains records regarding Members, but the Healthplan shall not be liable for any obligation dependent upon information from the Group prior to receipt by the Healthplan in a form satisfactory to the Healthplan. Incorrect information furnished by the Group may be corrected, if the Healthplan shall not have acted to its prejudice by relying on it. All records of the Group and the Healthplan that have a bearing on coverage of a Member shall be open for review by the Healthplan, the Group or the Member at any reasonable time.

Service Marks

The CIGNA HealthCare 24 Hour Health Information Line [SM] and CIGNA Lifesource Organ Transplant Network® are registered service marks of CIGNA Corporation.

Severability

If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of this Agreement shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

Successors and Assigns

This Agreement shall be binding upon and shall inure to the benefit of the successors and assigns of the Group and the Healthplan, but shall not be assignable by any Member.

Termination of Provider Contracts

Healthplan shall provide written notice within a reasonable time to Group of any termination or breach of contract by, or inability to perform of, any Participating Provider if Group may be materially and adversely affected thereby. In the event that a contract between Healthplan and any Participating Provider is terminated while a Member is under the care of such Participating Provider, Healthplan shall retain financial responsibility for such care, in excess of any applicable Copayments. Such responsibility shall continue until the services being rendered are completed, or until Healthplan makes reasonable and medically appropriate provision for the assumption of such services by another Participating Provider, whichever occurs first.

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Schedule of Copayments

THIS SCHEDULE OF COPAYMENTS IS A SUPPLEMENT TO THE GROUP SERVICE AGREEMENT PROVIDED TO YOU AND IS NOT INTENDED AS A COMPLETE SUMMARY OF THE SERVICES AND SUPPLIES COVERED OR EXCLUDED.

It is recommended that you review your Group Service Agreement for an exact description of the Services and Supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Covered Services and Supplies	Copayments
Physician Services	
Primary Care Physician Office Visit Preventive Care Adult Medical Care Periodic Physical Evaluation for Adults Well-Child Care Routine Immunizations Surgery Performed in the Physician's Office	$15 Copayment per office visit The office visit Copayment will be waived when immunization is the only service provided The office visit Copayment will be waived for well-child care examinations for children through age 16
Specialty Care Physician Office Visit Office Visits Surgery Performed in the Physician's Office	$15 Copayment per office visit
Inpatient Hospital Services Semi Private Room and Board Physician and Surgeon Charges Laboratory, Radiology and other Diagnostic and Therapeutic Services Administered Drugs, Medications, Biologicals and Fluids Special Care Units Operating Room, Recovery Room Anesthesia Inhalation Therapy Radiation Therapy and Chemotherapy	$100 Copayment per admission

CIGNA HealthCare

Schedule of Copayments

Covered Services and Supplies	Copayments
Outpatient Facility Services Operating Room, Recovery Room, Procedures Room, and Treatment Room including Physician Services Laboratory and Radiology Services Administered Drugs, Medications, Biologicals and Fluids Anesthesia Inhalation Therapy	No Charge
Emergency and Urgent Care Services	
Physician's Office	Same as Physician Office Visit Copayment
Hospital Emergency Room or Outpatient Facility	$50 Copayment per visit The emergency room Copayment will be waived if you are admitted to a participating hospital directly from the emergency room
Urgent Care Facility	$25 Copayment per visit
Ambulance Services	No Charge
Diabetic Services and Supplies	
Self Management Courses and Training	Same as Physician Office Visit Copayment
Supplies	Provided under the Supplemental Prescription Drug Pharmacy Rider
Equipment	Same as Durable Medical Equipment Copayment per item
Insulin	Provided under the Supplemental Prescription Drug Pharmacy Rider
Durable Medical Equipment	No Charge
External Prosthetic Appliances	No Charge

CIGNA HealthCare

Schedule of Copayments

Covered Services and Supplies	Copayments
Family Planning Services	
Office Visits (Tests, Counseling)	Same as Physician Office Visit Copayment
Surgical Sterilization Procedures	Same as Inpatient Hospital, Outpatient Facility or Physician Office Visit Copayment, depending on facility used
Home Health Services	No Charge
Hospice Services	
Inpatient Services	No Charge
Outpatient Services	No Charge
Infertility Services	
Physician Office Visit	Same as Physician Office Visit Copayment
Surgical Treatment	
Facility Charges	Same as Inpatient Hospital, Outpatient Facility or Physician Office Visit Copayment, depending on facility used
Physician's Services	Same as Physician Office Visit Copayment
Inpatient Services at Other Participating Health Care Facilities	
100 (combined) visits maximum per Member per Contract Year	
Rehabilitation Hospital	No Charge
Skilled Nursing Facility and Sub-Acute Facilities	No Charge
Laboratory and Radiology Services	
Advanced Radiological Imaging (MRIs, MRAs, CAT scans, and PET scans)	No Charge

CIGNA HealthCare

Schedule of Copayments

Covered Services and Supplies	Copayments
Other Laboratory and Radiology Services	No Charge
Maternity Care Services	
Initial Office Visit to Confirm Pregnancy	Same as Physician Office Visit Copayment
All other Office Visits	No Charge
Delivery	Same as Inpatient Hospital Service Copayment
Severe Mental Illness of a Member of any Age and Serious Emotional Disturbances of a Child	
Office Visits	Same as a Specialty Physician Office Visit Copayment
Inpatient Services	Same as Inpatient Hospital Service Copayment
Mental Health and Substance Abuse Services	
Inpatient Mental Health Services 30 day maximum per Member per Contract Year. These limitations and Copayments do not apply to Severe Mental Illness and Serious Emotional Disturbances of a Child.	Same as Inpatient Hospital Service Copayment
Outpatient Mental Health Services These limitations and Copayments do not apply to Severe Mental Illness and Serious Emotional Disturbances of a Child.	$20 Copayment per visit
Inpatient Substance Abuse Detoxification Services Treated the same as any other illness	Same as Inpatient Hospital Copayment
Outpatient Substance Abuse Detoxification Services Treated the same as any other illness.	Same as Physician Office Visit Copayment
Nutritional Evaluation 3 visit maximum per Member per Contract Year	Same as Physician's Office Visit Copayment

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Schedule of Copayments

Covered Services and Supplies	Copayments
Transplant Travel Services Maximum $10,000 maximum benefit	
Rehabilitative Therapy	$15 Copayment per office visit
Vision Care Services **Limited to the following every 12 months**	
Eye Exam	$5 Copayment per visit
One pair of approved glasses	$10 Copayment

Total Copayment Maximum *	
Individual Member Total Copayment Maximum	$1,000 per Contract Year
Membership Unit Total Copayment Maximum	$2,000 per Contract Year

*All Copayments paid by a Member for Covered Services and Supplies other than Copayments paid for Mental Health and Substance Abuse Services (except for Severe Mental Illness and Serious Emotional Disturbances of a Child), Vision Care Services and Prescription Drugs apply towards the Total Copayment Maximums.



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Supplemental Rider

This Supplemental Rider is a part of the Group Service Agreement ("the Agreement") and subject to all of the terms, conditions and limitations contained therein. In consideration for an additional monthly fee incorporated into the Prepayment Fee, the following supplemental Prescription Drug benefit is added to the Agreement.

Prescription Drugs

I. Definitions

Prescription Drug List means a listing of approved Prescription Drugs and Related Supplies. The Prescription Drugs and Related Supplies included in the Prescription Drug List have been approved in accordance with parameters established by the P&T Committee. New drugs are approved for the Prescription Drug List when there is proof of clinical efficacy. To be considered for inclusion in the Prescription Drug List, Prescription Drugs and Related Supplies must be reviewed by the P&T Committee. The P&T Committee meets at least quarterly. New Prescription Drugs and Related Supplies are frequently added to the Prescription Drug List, while others on the list may be deleted. The Prescription Drug List will be updated each time a change occurs.

The presence of Prescription Drugs and Related Supplies on the Prescription Drug List does not guarantee that the Member will be prescribed that Prescription Drug and Related Supplies by his/her Participating Physician for a particular medical condition.

You may contact Member Services at the toll-free number found on your CIGNA HealthCare ID card to request a copy of the Prescription Drug List or to request information regarding whether a specific drug or drugs are on the Prescription Drug List. You can also access the Prescription Drug List through the Internet at mycigna.com.

Coverage for certain Prescription Drugs and Related Supplies require your Participating Physician to obtain prior authorization prior to prescribing. The Healthplan shall also maintain an expeditious process by which Participating Physicians may obtain authorization for Medically Necessary non-Prescription Drug List drug and Related Supplies. If the Member's Participating Physician reasonably believes that there is a Medically Necessary reason to prescribe a non-Prescription Drug List drug and/or Related Supplies, or wishes to request coverage for a Prescription Drug and/or Related Supplies for which prior authorization is required, the Participating Physician should contact the Healthplan or complete the appropriate prior authorization form and fax it to the Healthplan to request coverage before the Prescription Drug and/or Related Supplies are written so that the Healthplan can evaluate the request and work with the Participating Physician and Participating Pharmacy. If the request is approved, the doctor will receive a fax confirmation. The length of the authorization will depend on the diagnosis and the Prescription Drug and/or Related Supplies. If the request is denied, your Participating Physician and you will be notified that coverage for the Prescription Drug and/or Related Supplies is not authorized.

If the Member is advised at the Participating Pharmacy that the prescription is for a non-Prescription Drug List drug and/or Related Supplies and the Participating Provider has not contacted the Healthplan for authorization, the Participating Pharmacy will dispense the Prescription Drug and/or Related Supplies at the full retail cost of the non-Prescription Drug List drug. The Member may request that the Participating Pharmacy contact the Member's Participating Physician to request a change to a Prescription Drug List medication or submit a request to the Healthplan for coverage of the non-Prescription Drug List drug and/or Related Supplies as Medically Necessary. If the Member's Participating Physician is not available or the Participating Pharmacy is not able to reach the Healthplan, all Participating Pharmacies have been instructed to dispense at least a three (3) day supply, but not more than a thirty (30) day supply at the applicable Copayment. If, after being contacted, the Member's Participating Physician reasonably believes a change to a Prescription Drug List drug and/or Related Supplies is appropriate, the Healthplan will notify both the Member and the Participating Pharmacy. If, after consultation with the Member's Participating Physician, the non-Prescription Drug List drug and/or Related Supplies is approved as Medically Necessary, the Member will continue to receive the non-Prescription Drug List drug and/ or Related Supplies at the applicable Copayment.

If the request for approval involves a Medically Necessary new non-Prescription Drug List drug and/or Related Supplies or a refill non-Prescription Drug List drug and/or Related Supplies where the Member has no more of the Prescription Drug and/or Related Supplies, the Healthplan will make a decision and communicate it



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Prescription Drug Rider

to all parties by telephone on the same day as receipt of the request from the Member's Participating Physician but in any event not more than twenty-four (24) hours from the time of receipt. Requests for refills where the Member has more of the drug remaining will be made and communicated in writing to all parties within forty-eight (48) hours from the time of receipt of the request from the Member's Participating Physician. The length of the authorization will depend on the diagnosis and Prescription Drug and/or Related Supplies.

If the request is denied, your Participating Physician and you will be notified that coverage for the Prescription Drug and/or Related Supplies is not authorized.

If you disagree with a coverage decision, you may appeal that decision in accordance with the provisions of the Agreement, by submitting a written request stating why the Prescription Drug and/or Related Supplies should be covered.

If you have questions about a specific Prescription Drug List exception or prior authorization request, you should call Member Services at the toll-free number on the CIGNA HealthCare ID card. Healthplan shall not limit or exclude coverage for a Prescription Drug and/or Related Supplies for a Member if the drug had previously been approved for coverage by the Healthplan for a medical condition of the Member and the Member's Participating Physician continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed, and is considered safe and effective for treating the Member's medical condition. Nothing shall preclude the Participating Physician from prescribing another drug, including a "generic" drug covered by Healthplan that is medically appropriate for the Member. This section does not apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA).

All newly approved Food and Drug Administration (FDA) drugs are designated as either non-preferred or non-Prescription Drug List drugs until the P&T Committee evaluates the Prescription Drug clinically for a different designation. Prescription Drugs that represent an advance over available therapy according to the FDA will be reviewed by the P&T Committee within six (6) months after FDA approval. Prescription Drugs that appear to have therapeutic qualities similar to those of an already marketed drug according to the FDA, will not be reviewed by the P&T Committee for at least six (6) months after FDA approval. In the case of compelling clinical data, an ad hoc group will be formed to make an interim decision on the merits of a Prescription Drug.

Life-threatening means i) disease or conditions where the likelihood of death is high unless the course of the disease is interrupted, and/or ii) disease or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

Participating Pharmacy means 1) a retail pharmacy with which the Healthplan has contracted to provide prescription services to Members, or 2) a designated mail order pharmacy with which the Healthplan has contracted to provide mail order prescription services to Members.

Pharmacy & Therapeutics (P&T) Committee. A committee of CIGNA HealthCare Participating Providers, Medical Directors and Pharmacy Directors which regularly reviews Prescription Drugs and Related Supplies for safety and efficacy. The P&T Committee evaluates Prescription Drugs and Related Supplies for potential addition to or deletion from the Prescription Drug List and may also set dosage and/or dispensing limits on Prescription Drugs and Related Supplies, including prior authorization requirements.

Prescription Drug means (i) a drug which has been approved by the Food and Drug Administration for safety and efficacy; (ii) certain drugs approved under the Drug Efficacy Study Implementation review or; (iii) drugs marketed prior to 1938 and not subject to review, and which can, under federal or state law, be dispensed only pursuant to a prescription order.

Prescription Order means the lawful authorization for a Prescription Drug or Related Supply by a Physician who is duly licensed to make such authorization within the course of such Physician's professional practice or each authorized refill thereof.

Related Supplies means diabetic supplies (insulin needles and syringes, lancets, lancet puncture devices, ketone urine testing strips, blood glucose test strips and pen delivery systems for the administration of insulin), needles and syringes for injectables covered under this Prescription Drug benefit, nebulizers (including face masks and tubing), peak flow meters and inhaler spacers for the management and treatment of pediatric asthma.

II. Services and Benefits

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Prescription Drug Rider

When ordered by a Participating Physician, a Member shall be entitled to purchase Medically Necessary Prescription Drugs and Related Supplies from Participating Pharmacies as designated by the Healthplan. Prescription Drugs and Related Supplies includes coverage for the following:

Contraceptives – a variety of federal Food and Drug Administration approved prescription contraceptive methods.

Diabetic Supplies – insulin needles and syringes, lancets, lancet puncture devices, ketone urine testing strips, blood glucose test strips and pen delivery systems for the administration of insulin.

Needles and Syringes – for injectables covered under this Prescription Drug benefit.

Pediatric Asthma Supplies – nebulizers (including face masks and tubing), peak flow meters and inhaler spacers for the management and treatment of pediatric asthma.

Healthplan will also cover Medically Necessary Prescription Drugs and Related Supplies dispensed by a Participating Pharmacy, with a prescription issued to a Member by a licensed dentist for the prevention of infection or pain in conjunction with a dental procedure.

When a Member is issued a prescription for a Prescription Drug and/or Related Supply as part of the rendering of Emergency Services and a Participating Pharmacy cannot reasonably fill such prescription, such prescription will be covered by Healthplan, subject to the provisions of this Rider.

Please refer to Section III. for a description of Prescription Drug Limitations.

III. Limitations

Each Prescription Order or refill shall be limited as follows:

- up to a consecutive thirty (30) day supply at a retail Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- up to a consecutive ninety (90) day supply at a mail order Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- to a dosage and/or dispensing limit as determined by the P&T Committee.

Coverage for Prescription Drugs and Related Supplies is limited to "generic" drugs unless a "generic" alternative does not exist or state law does not permit substitution.

Coverage will be provided for "name brand" Prescription Drugs at the stated "name brand" Copayment if they are Medically Necessary as determined by the Healthplan Medical Director and not otherwise excluded under this Rider.

IV. Member Payments

Coverage for Prescription Drugs and Related Supplies is subject to a Copayment. In the event a Member's Copayment exceeds the retail cost of the Prescription Drug and/or Related Supplies the Member's Copayment will not exceed the pharmacy's usual and customary charge (also known as the "retail charge") for the Prescription Drug and /or Related Supplies.

- If two or more prescriptions or refills are dispensed at the same time, a Copayment must be paid for each prescription order or refill.
- When a treatment regimen contains more than one type of drug and the drugs are packaged together for the convenience of the Member, a Copayment will apply to each type of drug.

Please refer to the Prescription Drug Schedule of Copayments for the required Copayments and Out of Pocket maximums.

Coverage will be provided for "generic" Prescription Drugs at the stated "generic" Copayment if they are Medically Necessary as determined by the Healthplan Medical Director and not otherwise excluded under this Rider.

Coverage will be provided for Medically Necessary "name brand" Prescription Drug List drugs and non-Prescription Drug List drugs at the stated Copayment if they are Medically Necessary as determined by the Healthplan Medical Director and not otherwise excluded under this Rider.

Coverage will be provided for non-Medically Necessary "name brand" Prescription Drug List drugs and non- Prescription Drug List drugs at the stated Copayment if they are not Medically Necessary as determined by the Healthplan Medical



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Prescription Drug Rider

Director and not otherwise excluded under this Rider.

V. Exclusions

Except as otherwise set forth in this Rider, coverage for Prescription Drugs and Related Supplies is subject to the exclusions and limitations set forth in the "Exclusions and Limitations" Section of the Agreement. In addition, any services or benefits related to Prescription Drugs and Related Supplies, which are not described in this Supplemental Rider, are excluded from coverage under the Agreement. By way of example, but not of limitation, the following are specifically excluded services and benefits:

1. Any drugs or medications available over the counter that do not require a prescription by Federal or State Law, and any drug or medication that has a chemical equivalent i.e. same active ingredient and equivalent dosage to an over the counter drug or medication other than insulin.
2. Any drugs that are experimental or investigational, within the meaning set forth in the Agreement.
3. Food and Drug Administration (FDA) approved prescription drugs used for purposes other than those approved by the FDA unless the drug is prescribed for the treatment of a life-threatening or chronic and seriously debilitating condition, the drug is Medically Necessary to treat that condition, and the drug has been recognized for treatment of that condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; The United States Pharmacopeia Dispensing Information, Volume 1, “Drug Information for the Health Care Professional”; or two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence present in a major peer reviewed medical journal.
4. All newly FDA approved drugs, prior to review by the Pharmacy and Therapeutics committee unless deemed Medically Necessary by Healthplan Medical Director.
5. Any prescription and non-prescription supplies (such as, ostomy supplies), devices, and appliances, except as covered in this Rider. Please refer to Definitions, Related Supplies, for covered supplies.
6. Any prescription vitamins (other than prenatal vitamins), dietary supplements, and fluoride products.
7. Prescription drugs used for cosmetic purposes such as, drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products.
8. Any diet pills or appetite suppressants (anorectics).
9. Prescription smoking cessation products unless Medically Necessary.
10. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
11. Replacement of Prescription Drugs and Related Supplies due to loss or theft beyond two (2) incidents per Calendar Year. Each incident may include one or more prescriptions.
12. Medications used to enhance athletic performance.
13. Medications which are to be taken by or administered to a Member while the Member is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
14. Prescriptions more than one year from the original date of issue.

CIGNA HealthCare

Prescription Drug Schedule of Copayments

CIGNA HealthCare of California
Prescription Drug Schedule of Copayments
Three Tier Copayment Option

Type of Drug	Copayment	
	Retail Participating Pharmacy Copayment (applies to each 30 day supply.)	**Mail Order Pharmacy Copayment** (applies to each 90 day supply.)
Generic* drugs on the Prescription Drug List	$10	$20
Medically Necessary Name Brand drugs designated as preferred on the Prescription Drug List with no Generic equivalent. (including supplies for the management and treatment of pediatric asthma) and Medically Necessary non-Prescription Drug List drugs*	$20	$40
Non-Medically Necessary Name Brand drugs on the Prescription Drug List with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List and non-Medically Necessary non-Prescription Drug List drugs*	$40	$80

* Designated as per generally-accepted industry sources and adopted by Healthplan
* **IMPORTANT** - The Limitations and Member Payments sections of the Prescription Drug Rider contain additional information regarding applicable Copayments.

RX-3&4 TIER CA-A 1/06

CIGNA HealthCare 24-Hour Health Information Line℠ 1.800.564.8982

The Health Information Nurses

A specially trained team of registered nurses is on duty around the clock. Your nurse will ask you a few questions about your symptoms and situation, then direct you to the type of care that should make you more comfortable.

- If your condition doesn't require immediate care, your nurse will recommend steps you can take to be more comfortable until you see your doctor.
- If you're away from home, the nurses can help you locate nearby participating doctors, facilities and pharmacies.
- If you need urgent care, your nurse will direct you to the nearest qualified provider or facility and help you with any necessary authorizations.
- If it appears that you need emergency care, your nurse will direct you to call 911 or other emergency services in your area. Your nurse will help you access the appropriate services.
- If you're directed to seek immediate medical attention, we'll provide your primary care physician with the details. This information becomes part of your medical records, updates your health status and alert your doctor to the need for follow-up care.

The Health Information Library

You can listen to tapes on topics ranging from aging and women's health to nutrition and surgery. The tapes are regularly updated to include new treatments and medical data. You can listen to as many tapes as you like, and this booklet includes a handy directory to hundreds of subjects.

It's simple to use, easy to understand

- Just call 1.800.564.8982.
- Follow the simple instructions that quickly guide you to the information you need. If you have a rotary-dial phone, stay on the line for assistance.
- Use this handy directory to enter the code numbers of the programs you'd like to hear.
- There's no limit to the number of programs you can request in a single call.

Nurses are always standing by

To speak with a Health Information Nurse at any time during your call - even if you're in the middle of a Health Information Library tape - our system will quickly and automatically connect you.

Call us if you're concerned or just curious

- Use the 24-Hour Health Information Line for helpful, everyday health information on all sorts of subjects, from sleeplessness to sunburn.
- You'll really appreciate this service if you have young children.
- If it's difficult for your primary care physician to call you back - if you're vacationing or traveling on business, if you're retired and travel often, or if you have kids away at school - the Health Information Line is a valuable first step in learning about and caring for everyday health matters.

Don't wait, don't wonder, or possibly delay necessary treatment or helpful self-care. Call the CIGNA HealthCare 24-Hour Health Information Line℠ and get the information you need. Quickly and easily.

CIGNA HealthCare

CIGNA HealthCare 24-Hour Health Information Line℠

Health Information Library 1.800.564.8982

Aging

3000 A Healthy Life Style for Older Adults
3001 Abuse of Older Adults
3002 Adult Day Care Programs
3003 Advance Directives
3004 Alcohol and Aging
3005 Alzheimer's Disease
3006 Caregiver's Guide
3007 Constipation
3008 Dementia
3009 Dental Care for Older Adults
3010 Depression in Older Adults
3011 Elderhostel and Adult Education
3012 Erectile Dysfunction (Impotence)
3013 Exercise for Older Adults
3014 Fluid Requirements of Older Adult
3015 Health Benefits for Veterans
3016 Health Changes With Aging
3017 Home Healthcare
3018 Housing Options for Seniors
3019 How to Choose a Nursing Home
3020 Hypothermia in Older Adults
3021 Insomnia in Older Adults
3022 Loneliness in Older Adults
3023 Long-Term Care Insurance
3024 Medicaid
3025 Medicare: Health Insurance
3026 Medicines: Problems They Can Cause
3027 Nutrition for the Later Years
3028 Pets Benefit the Older Adult
3029 Retirement Planning
3030 Preventing a Broken Hip
3031 Medicines: Using Them Safely
3032 Self-Esteem in Older Adults
3033 Senior Centers
3034 Sexuality in the Later Years
3035 Skin Care and Protection
3036 Social Security and SSI
3037 Stress in Later Years
3038 Stroke
3039 Talking With Your Healthcare Provider

Allergies

3100 Allergies
3101 Allergies: National Support Services
3102 Allergy Proof Your Home
3103 Allergy Testing
3104 Allergy Treatment
3106 Contact Dermatitis
3107 Drug Allergy
3108 Eczema
3109 Food Allergy
3110 Hay Fever (Seasonal Allergic Rhinitis)
3111 Hives
3105 Insect Bites and Stings
3112 Poison Ivy, Sumac, and Oak
3113 Severe Allergic Reaction

Behavioral Health

3300 Abuse and Neglect--Children
3301 Abuse and Violence - Adults
3302 Aggressive Behavior in Children
3303 Agoraphobia
3304 Alcohol Dependence (Alcoholism)
3305 Alcoholism: Information and Resources
3306 Amnesia
3307 Anger Management
3308 Anorexia Nervosa
3309 Antisocial Personality Disorder
3311 Attention-Deficit/Hyperactivity Disorder (ADHD) in Adults
3312 Attention-Deficit/Hyperactivity Disorder (ADHD)
3313 Binge Eating Disorder (Compulsive Overeating)
3314 Bipolar Disorder (Manic-Depressive Illness)
3315 Bulimia Nervosa
3316 Club Drugs
3317 Cocaine Use
3318 Compulsive Gambling
3319 Confusion
3320 Delirium
3321 Depression
3322 Drug Abuse Among Teenagers
3323 Drug Abuse and Addiction
3324 Drug Abuse Resources
3325 Drugs in the Workplace
3326 Emotional Abuse - Effects on Children
3327 Exhibitionism
3328 Fetishism
3329 Gender Identity Disorder
3330 Grief and Loss
3331 Hallucinations
3332 Hazards of Smoking
3333 Hypnosis
3334 Hypochondria (Hypochondriasis Disorder)
3335 Incest
3336 Kleptomania
3337 Letting Go of Resentment
3338 Lying: Pathologic
3339 Masochism
3340 Mental Health Professionals
3341 Multiple Personality (Dissociative Identity Disorder)
3342 Narcissism (Narcissistic Personality Disorder)
3343 Nervous Breakdown
3344 Nightmares and Sleep Terrors
3345 Obsessive-Compulsive Disorder (OCD)
3346 Panic Attacks (Panic Disorder)
3347 Paranoid Personality Disorder
3348 Pedophilia
3349 Phobias
3350 Post-Traumatic Stress Disorder
3351 Prescription Drug Abuse
3352 Psychosis
3353 Psychosomatic Illness (Somatization Disorder)
3354 Pyromania
3355 Sadism
3356 Schizophrenia
3357 Seasonal Affective Disorder (SAD)
3358 Self-Esteem
3359 Sex Therapy
3360 Sexual Abuse and Children
3361 Smokeless Tobacco
3362 Smoking: Ways to Quit
3363 Suicide
3364 Teenage Drinking
3365 Transvestism
3366 Twelve Step Programs
3367 Types of Therapy for Mental Health
3368 Voyeurism

Bones, Joints and Muscles

3150 Achilles Tendon Injury
3151 Amputation
3152 Ankle Sprain
3153 Anterior Cruciate Ligament (ACL) Injury
3154 Arthritis
3155 Arthritis: Chores Made Easier
3156 Arthroscopic Meniscectomy
3157 Arthroscopy
3158 Artificial Limb
3159 Aspirin and Arthritis
3160 Athlete's Foot
3161 Back Pain Prevention: Body Mechanics
3162 Bone Infection (Osteomyelitis)
3163 Bowlegs and Knock-Knees
3164 Broken Ankle
3165 Broken Elbow
3166 Broken Finger
3167 Broken Wrist
3168 Bunion
3169 Bursitis
3170 Calcific Tendonitis
3171 Carpal Tunnel Syndrome
3172 Cast Care
3174 Corns and Calluses
3173 Costochondritis
3175 Dislocated Ankle
3176 Dislocated Elbow
3256 Dupuytren's Contracture
3177 Fibromyalgia
3178 Finger Dislocation
3179 Finger Sprain
3181 Flat Feet
3182 Foot Care
3183 Foot Injuries
3184 Foot Problems
3185 Fracture Treatment
3186 Fracture Types
3187 Frozen Shoulder
3188 Ganglion Cyst
3189 Gout
3190 Hammertoes
3191 Heel Pain
3192 Hip Dislocation in Childhood
3193 Hip Fracture
3194 Hip Injuries
3195 Hip Replacement Surgery
3196 Ingrown Toenail



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3197 Jumper's Knee (Patellar Tendonitis)
3198 Juvenile Rheumatoid Arthritis
3199 Knee Arthroscopy
3200 Knee Cartilage Tear (Meniscal Tear)
3201 Knee Replacement Surgery
3202 Knee Sprain
3203 Legg-Calve-Perthes Disease
3204 Low Back Exercises
3205 Low Back Pain
3206 Lumbar Stenosis
3207 Lupus
3208 Mallet Finger (Baseball Finger)
3209 Muscle Cramps and Spasms
3210 Muscle Strain
3311 Neck Exercises
3312 Neck Injuries
3313 Neck Spasms
3314 Neck Strain
3315 Orthopedic Appliances
3216 Osgood-Schlatter Disease
3217 Osteoarthritis
3218 Osteogenesis Imperfecta
3219 Osteoporosis
3220 Over-Pronation
3221 Paget's Disease of Bone
3222 Physical Therapy
3223 Pigeon Toe (In-Toeing)
3224 Plantar Fasciitis
3225 Polymyalgia Rheumatica
3226 Polymyositis and Dermatomyositis
3227 Pulled Elbow in Children
3228 Rheumatoid Arthritis
3229 Rotator Cuff Injury
3230 Runner's Knee (Patellofemoral Pain Syndrome)
3231 Scleroderma
3232 Scoliosis
3233 Septic Arthritis
3234 Setting a Broken Bone (Without Surgery)
3180 Shoes: Proper Fit Prevents Problems
3235 Shoulder Bursitis
3236 Shoulder Dislocation
3237 Shoulder Injuries
3238 Shoulder Replacement Surgery
3239 Shoulder Separation
3240 Slipped Capital Femoral Epiphysis
3241 Slipped Disk (Herniated Disk)
3242 Spinal Fusion
3243 Spinal Instrumentation Surgery
3244 Spondylolysis and Spondylolisthesis
3245 Sprains
3246 Stress Fractures
3247 Surgery to Set a Broken Bone
3248 Tennis Elbow (Lateral Epicondylitis)
3249 Thumb Sprain
3250 Torticollis
3251 Trigger Finger
3252 Ultrasound Treatment
3253 Using Crutches Safely
3254 Whiplash
3255 Wrist Sprain

Brain and Nervous System

3400 Aids and the Nervous System
3401 Alzheimer's Disease
3402 Bacterial Meningitis in Adults
3403 Bell's Palsy
3404 Caring for Someone with Alzheimer's Disease
3405 Cluster Headaches
3406 Concussion
3407 Confusion
3408 Delirium
3409 Dementia
3410 Epilepsy
3411 Facial Tics
3412 Guillain-Barre Syndrome
3413 Head Trauma
3414 Huntington's Disease
3415 Hydrocephalus
3416 Lou Gehrig's Disease (ALS)
3417 Lumbar Puncture
3418 Migraine Headache
3435 Multiple Sclerosis (MS)
3419 Myasthenia Gravis
3420 Myelography
3421 Narcolepsy
3422 Neuralgias (Neuropathic Pain)
3423 Parkinson's Disease
3424 Peripheral Neuropathy
3425 Sciatica
3426 Seizures
3427 Sinus Headache
3428 Slipped Disk (Herniated Disk)
3429 Spinal Cord Injury
3430 Stroke
3431 Supportive Care for Progressive Dementia
3432 Tension Headache
3433 Trigeminal Neuralgia
3434 Viral Meningitis in Adults

Cancer

3500 Acute Leukemia
3501 Bladder Cancer
3502 Bone Cancer
3503 Bone Marrow Transplant / Stem Cell Transplant
3504 Brain Tumor
3505 Brain Tumors in Children
3506 Breast Cancer
3507 Breast Cancer in Men
3508 Cancer and Pain Control
3509 Cancer Information Resources
3510 Cancer Prevention and Diet
3511 Cancer Screening
3512 Cancer Surgical Treatment
3513 Cancer Treatment Team
3514 Cancer Treatment: Side Effects
3515 Cancer: Clinical Trials
3516 Cancer: Importance of Early Detection
3517 Cancer's Seven Warning Signs
3518 Cervical Cancer
3519 Chemotherapy
3520 Chronic Leukemia
3521 Colon Cancer
3522 Diagnosing Cancer
3523 Esophagus Cancer
3524 Hodgkin's Disease (Hodgkin's Lymphoma)
3525 Immunotherapy / Biotherapy
3526 Kidney Cancer
3527 Liver Cancer
3528 Lung Cancer
3529 Malignant Melanoma
3530 Metastatic Cancer
3531 Multiple Myeloma
3532 Non-Hodgkin's Lymphoma
3533 Ovarian Cancer
3534 Palliative Surgery
3535 Pancreatic Cancer
3536 Patient Controlled Analgesia System
3537 Prostate Cancer
3538 Prostate Specific Antigen (PSA)
3539 Protecting Yourself from Cancer
3540 Radiation Therapy
3541 Skin Cancer
3542 Smoking and Cancer
3543 Stomach Cancer
3544 Testicular Cancer
3545 Throat Cancer
3546 Thyroid Cancer
3547 Uterine Cancer
3548 Uterine Sarcoma

Cardiovascular Health

3600 Aneurysm
3601 Angina
3602 Angioplasty
3603 Aortic Valve Regurgitation
3604 Aortic Valve Stenosis
3605 Atherosclerosis
3606 Atrial Fibrillation
3607 Blood Clots
3608 Blood Pressure
3609 Cardiac Arrest
3610 Cardiac Rehabilitation
3611 Cardiomyopathy
3612 Chest Pain (Noncardiac)
3613 Children and Heart Disease
3614 Congenital Heart Disease
3615 Controlling Cholesterol
3616 Coronary Angiogram
3617 Coronary Artery Bypass Surgery
3618 Coronary Artery Disease
3619 Coronary Artery Disease: Managing Risk Factors
3620 Coronary Intensive Care Unit
3621 Deep Vein Thrombosis
3622 Diet and Heart Disease
3623 Exercise Test
3624 Heart Attack: Early Warning Signs
3625 Heart Catheterization
3626 Heart Disease: Prevention
3627 Heart Failure
3628 Heart Murmur
3629 Heart Palpitations
3630 Heart Transplant
3631 High Blood Pressure
3632 High Cholesterol (Hypercholesterolemia)
3633 Implantable Cardioverter Defibrillator (ICD)
3634 Infectious Endocarditis
3635 Low Blood Pressure
3636 Low Sodium Diet
3637 Mitral Valve Prolapse
3638 Mitral Valve Regurgitation
3639 Mitral Valve Stenosis
3640 Myocardial Infarction (Heart Attack)
3641 Myocarditis
3642 Pacemakers
3643 Paroxysmal Supraventricular Tachycardia (PSVT)
3644 Pericarditis
3645 Peripheral Vascular Disease
3646 Stroke
3647 Stroke Rehabilitation
3648 Superficial Thrombophlebitis
3649 Triglycerides
3650 Varicose Veins
3651 Ventricular Tachycardia

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Child And Teen Health

3700 Alcoholic Parent
3701 Asthma in Children
3702 Attention-Deficit/Hyperactivity Disorder (ADHD)
3703 Attitude - Make It Positive!
3704 Autism
3705 Bacterial Meningitis in Children
3706 Bedwetting (Enuresis)
3707 Breast-Feeding
3708 Breast-Feeding: Advantages over Formula Feeding
3709 Burns in Children
3710 Chickenpox
3711 Childhood Cancers
3712 Circumcision
3713 Common Viral Infections
3714 Croup
3715 Crying Baby
3716 Dating Concerns
3717 Dental Care for Children
3718 Diaper Rash
3719 Divorce: a Teen's Point of View
3720 Dyslexia
3721 Earache in Children
3722 Fathering an Infant
3723 Feet: What Is Normal for Children?
3724 Fetal Alcohol Syndrome
3725 Formula Feeding
3726 Head Lice
3727 Hearing Loss in Children
3728 Hernias
3729 HIV / AIDs: Concerns for Young Adults
3730 Homosexuality and Teens
3731 Jaundice
3732 Kid Fitness
3733 Masturbation
3734 Measles
3735 Medicines Can Be Poisonous
3736 Mothering an Infant
3737 Mumps
3738 Muscular Dystrophy
3739 New Baby Creates Jealousy
3740 Newborn Screening Tests
3741 Nightmares and Night Terrors in Children
3742 Normal Development: 12 to 15 Months Old
3743 Normal Development: 15 to 18 Months Old
3744 Normal Development: 18 to 24 Months Old
3745 Normal Development: 2 to 4 Months Old
3746 Normal Development: 2 Weeks to 2 Months Old
3747 Normal Development: 2 Years Old
3748 Normal Development: 3 Years Old
3749 Normal Development: 4 to 6 Months Old
3750 Normal Development: 4 Years Old
3751 Normal Development: 5 Years Old
3752 Normal Development: 6 to 9 Months Old
3753 Normal Development: 9 to 12 Months Old
3754 Nutrition for Children
3755 Pregnancy Prevention for Young Men and Women
3756 Prevention of Sexually Transmitted Diseases
3757 Puberty for Boys
3758 Puberty for Girls
3759 Rashes
3760 Reye's Syndrome
3761 Rheumatic Fever in Children
3762 Rules: How to Live with Them
3763 Self Esteem
3764 Sleep Patterns in Children
3765 Sleep Patterns in Newborns
3766 Sleeplessness
3767 Speech and Language Problems
3768 Speech Development in 2 to 5 Year Olds
3769 Speech Development in Newborns to 2 Year Olds
3770 Spitting Up
3771 Sudden Infant Death Syndrome
3772 Teen Depression
3773 Teenage Love
3774 Teething
3775 Temper Tantrums
3776 Terrible Twos
3777 Thumbsucking
3778 Tic Disorders
3779 Toddler Discipline
3780 Toilet Training
3781 Tourette's Syndrome
3782 Type 1 Diabetes in Children
3783 Undescended Testicle
3784 Very Small Premature Baby
3785 Viral Meningitis in Children
3786 Weight Problems
3787 Whooping Cough (Pertussis)

Dental Health

3850 Bad Breath (Halitosis)
3851 Choosing a Dentist
3852 Dental Care for Children
3853 Dental Care for Infants
3854 Denture Care
3855 Gingivitis
3856 How to Take Care of Your Teeth
3857 Periodontal Disease
3858 Thrush
3859 Toothache

Diabetes and Other Hormonal Disorders

3900 Diabetes and Illness
3901 Diabetes: Foot Care
3902 Diabetes: Food Management
3903 Diabetes: Self Blood Glucose Monitoring
3904 Diabetes: the Importance of Exercise
3905 Diabetes: Type 1
3906 Diabetes: Type 2
3907 Diabetic Eye Problems
3908 Diabetic Ketoacidosis
3909 Diabetic Retinopathy
3910 Endocrine Disorders
3911 Growth Delay Causes
3912 High Blood Sugar (Hyperglycemia)
3913 Hyperosmolar Hyperglycemic Nonketotic Syndrome
3914 Hyperthyroidism
3915 Hypoglycemia
3916 Hypothyroidism
3917 Metabolic Syndrome
3918 Pituitary Disorders
3919 Precocious Puberty in Boys
3920 Precocious Puberty in Girls

Digestive System

4000 Acute Pancreatitis
4001 Anal Fissure
4002 Anal Fistula
4003 Appendicitis
4004 Cholecystostomy
4005 Chronic Pancreatitis
4006 Cirrhosis
4007 Colon and Rectal Polyps
4008 Constipation
4009 Crohn's Disease
4010 Diarrhea
4011 Diverticulitis
4012 Diverticulosis
4013 Duodenal Ulcer
4014 Gallbladder Disease / Gallstones
4015 Gallbladder Removal (Cholecystectomy)
4016 Gastric Ulcer
4017 Gastritis
4018 Gastrostomy Feeding Tube Placement
4019 Groin (Inguinal) Hernia
4020 Groin (Inguinal) Hernia Repair
4021 Heartburn
4022 Hemorrhoidectomy
4023 Hemorrhoids
4024 Hepatitis A
4025 Hepatitis B
4026 Hepatitis C
4027 Hiatal Hernia
4028 Ileostomy and Colostomy
4029 Indigestion
4030 Intestinal Gas (Flatulence)
4031 Irritable Bowel Syndrome (Spastic Colon)
4032 Laparoscopic Cholecystectomy
4033 Laxative Abuse
4034 Pilonidal Disease
4035 Rectal Bleeding
4036 Rectal Itching
4037 Stomach Flu (Viral Gastroenteritis)
4038 Traveler's Diarrhea
4039 Ulcerative Colitis
4040 Viral Hepatitis

Ear, Nose and Throat

3950 Ear Infection: Middle Ear (Otitis Media)
3951 Ear Infection: Outer Ear (Otitis Externa)
3952 Ear Infections
3953 Earwax
3954 Hearing Loss in Adults
3955 Laryngitis
3956 Nosebleed (Epistaxis)
3957 Ruptured Eardrum
3958 Sinusitis
3959 Sore Throat
3960 Strep Throat
3961 Tonsillectomy and Adenoidectomy (T & A)

Exercise and Fitness

4100 Achilles Tendon Injury
4101 Aerobic Dance Injuries
4102 Altitude Sickness
4103 Anabolic Steroids
4104 Ankle Sprain
4105 Athletic Amenorrhea
4106 Athletic Shoes: the Right Ones



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4107 Caffeine and Athletic Performance
4108 Circuit Strength Training
4109 Cross Training
4110 Cross-Country Skiing
4111 Cycling Injuries
4112 Personal Fitness Plan
4113 Diathermy / Deep Tissue Heat Treatment
4114 Dynamic Vs Static Exercise
4115 Eating Before Exercise
4116 Electrical Nerve Stimulation
4117 Exercise and Weight Control
4118 Exercise to Stay Healthy
4119 Female Athletes
4120 Finger Sprain
4121 Flexibility and Its Importance
4122 Fluid Replacement
4123 Groin Strain
4124 Growth Hormone Supplements
4125 Hamstring Strain
4126 Home Exercise Equipment
4127 Ice Therapy
4128 Athletic Performance Using Ergogenic Aids
4129 Kid Fitness
4130 Knee Injuries
4131 Mallet Finger (Baseball Finger)
4132 Measuring Body Fat
4133 Morton's Neuroma
4134 Muscle Cramps and Spasms
4135 Neck Injuries
4136 Neck Stinger
4137 Orthopedic Examination Before Exercise
4138 Orthotics
4139 Overuse Injuries
4140 Physical Examination Before Exercise
4141 Preventing Sports Injuries
4142 Rice: Rest, Ice, Compression, Elevation
4143 Rowing
4144 Runner's Knee (Patellofemoral Pain Syndrome)
4145 Running Injuries
4146 Running or Jogging
4147 Running Shoes: Finding the Right Fit
4148 Shin Pain (Shin Splints)
4149 Shoulder Injuries
4150 Sports Drinks
4151 Stairclimbing Machines
4152 Step Training
4153 Strength Training
4154 Stretching
4155 Swimming and Water Exercise
4156 Exercise: Effects of Temperature and Humidity
4157 Tendonitis
4158 Tennis Elbow (Lateral Epicondylitis)
4159 Training Heart Rates
4160 Vitamin and Mineral Supplements for Athletes
4161 Walking
4162 Walking Injuries
4163 Wrist Sprain

Eyes and Vision

4200 Cataract
4201 Cataract Extraction Surgery
4202 Color Blindness
4203 Common Vision Problems
4204 Contact Lens Care: Gas Permeable Lenses
4205 Contact Lens Care: Soft Contact Lenses
4206 Corneal Abrasions
4207 Crossed or Misaligned Eyes (Strabismus)
4208 Double Vision
4209 Eye Allergy (Allergic Conjunctivitis)
4210 Eye Care
4211 Eye Exam
4212 Eye Symptoms Demanding Immediate Attention
4213 Eyelid Cyst (Chalazion)
4214 Eyestrain
4215 Flashes and Floaters
4216 Glaucoma
4217 Lazy Eye (Amblyopia)
4218 Pinkeye (Viral or Bacterial Conjunctivitis)
4219 Retinal Detachment
4220 Something in Your Eyes
4221 Stye
4222 Sunglasses
4223 Types of Contact Lenses

Family Health

4300 Adoption
4301 Anger Management for Parents
4302 Birth Control
4303 Birth Control Patch
4304 Birth Control Pills
4305 Cerebral Palsy
4306 Cervical Cap
4307 Child Spacing
4308 Children's Insecurities
4309 Communicating with Your Teen
4310 Cystic Fibrosis
4311 Depo-Provera
4312 Diaphragm
4313 Discipline and Punishment
4314 Down Syndrome
4315 Emergency Birth Control (Morning-After Pill)
4316 Family Communication
4317 Female Condom
4318 Female Sterilization
4319 Fertility Drugs
4320 Finding and Choosing Child Care
4321 Hemophilia
4322 In Vitro Fertilization
4323 Infertility
4324 Intrauterine Device (IUD)
4325 Male Condom
4326 Natural Family Planning
4327 Norplant
4328 Parenting Roles
4329 Preventing Separation Anxiety
4330 Reverse Tubal Ligation
4331 Reverse Vasectomy
4332 Sexual Abstinence
4333 Sibling Relationships
4334 Sickle Cell Anemia
4335 Single Parenting
4336 Spermicides
4337 Spina Bifida
4338 Talking with Your Child About Drinking and Drugs
4339 Talking with Your Child About HIV
4340 Talking with Your Kids About Sex
4341 Teenage Pregnancy
4342 Vaginal Contraceptive Ring
4343 Vasectomy
4344 Your Child's Self-Esteem

General Health

4400 Alcohol and Health
4401 Altitude Sickness
4402 Anemia
4403 Blood Donation Procedure
4404 Blood Transfusions
4405 Choosing a Primary Care Provider
4406 Chronic Fatigue Syndrome
4407 Communication in Intimate Relationships
4408 Dealing with Disfigurement
4409 Detecting a Hearing Loss
4410 Excessive Hair Growth (Hirsutism)
4411 Exercise Reduces Stress
4412 Fever Management
4413 Financial Concerns
4414 Hearing Aids
4415 Hearing Impaired: Assistive Devices
4416 Hiccups
4417 Home Healthcare
4418 Hospice
4419 Occupational Therapy
4420 Physical Therapy
4421 Restless Legs Syndrome
4422 School Disruptions and Chronic Illness
4423 Secondhand Smoke
4424 Speech Therapy
4425 Stress
4426 Stress Management
4427 Stress Management: Deep Breathing
4428 Stress Management: Mental Imaging
4429 Stress Management: Progressive Muscle Relaxation
4430 Talking with Your Healthcare Provider
4431 Telephone Assistive Devices
4432 Temporomandibular Joint Syndrome (TMJ)
4433 The Stresses of Chronic Illness
4434 Touching in Renewing Sexuality
4436 Vital Signs: Temperature, Pulse, Respiration, and BP
4437 Water: Essential for Good Health

Infectious Diseases

4500 AIDs: Risk Factors and Prevention of Transmission
4501 Canker Sores
4502 Cellulitis
4503 Chlamydial Infection in Men
4504 Chlamydial Infection in Women
4505 Cold Sores (Fever Blisters)
4506 Common Cold
4507 Dengue Fever
4508 Fifth Disease
4509 Food Poisoning: Salmonellosis
4510 Genital Herpes
4511 Genital Warts
4512 Gonorrhea
4513 Group A Streptococcus
4514 Hand-Foot-And-Mouth Disease
4516 HIV Infection and AIDs
4517 HIV Infection from Blood Transfusions
4518 HIV/AIDs: Workplace Issues
4519 HIV-1 Antibody Test (Elisa and Western Blot)
4520 Human Papillomavirus (HPV)

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4521 Infectious Mononucleosis
4522 Influenza
4523 Legionnaires' Disease
4524 Lice
4525 Lyme Disease
4526 Pinworms
4527 Rheumatic Fever
4528 Ringworm
4529 Roseola
4530 Rubella
4531 Scabies
4532 Severe Acute Respiratory Syndrome (SARS)
4533 Sexually Transmitted Disease Prevention
4534 Shingles (Herpes Zoster)
4535 Skin Infection
4536 Skin or Soft Tissue Abscess
4537 Syphilis
4538 Tetanus
4539 Trichomoniasis
4540 Tuberculosis (TB)
4541 Viral Hepatitis
4542 West Nile Virus

Medications

4250 Ace Inhibitors
4251 Antacids
4252 Antibiotics
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4258 Calcium Channel Blockers
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4261 Decongestants Versus Antihistamines
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4264 Generic and Brand-Name Drugs
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4603 Infertility
4604 Male Condom
4605 Penile Inflammation
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4608 Prostatectomy
4609 Routine Healthcare for Men
4610 Sexual Response in Men
4611 Testicular Self-Examination
4612 Vasectomy

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4704 Diabetes: Food Management
4705 Dieting and Eating Out
4706 Eating Basics for Children
4707 Eating Healthy Snacks
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4709 Fat in Your Diet
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4718 Nutrition for Diabetics: Use of Alcohol
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4722 Overweight or Overfat?
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4655 Diet for a Healthy Mouth
4656 Drowning Prevention
4657 Exercise to Stay Healthy
4658 Exercises for the Workplace
4659 Personal Health Management
4660 Heart Disease: Prevention
4661 Home Safety Tips
4662 How Noise Affects Hearing
4663 Immunization Schedule: Children
4664 Immunizations: Adults
4665 Lift It Right
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4668 Poison Prevention
4669 Preventing Burns and Scalds
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CIGNA HealthCare

CIGNA HealthCare 24-Hour Health Information Line℠

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4853 Canker Sores
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4855 Cold Sores (Fever Blisters)
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5058 Heart Palpitations
5059 Heartburn
5060 Insomnia
5061 Irritability
5062 Loss of Appetite
5063 Lymph Nodes: Enlarged
5064 Memory Loss
5065 Nausea and Vomiting
5066 Nervousness
5067 Personality Change
5068 Rectal Bleeding
5069 Shortness of Breath
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5113 Colposcopy of the Vagina and Cervix
5114 Complete Blood Count Test (CBC)
5115 Coronary Angiogram
5116 CT Scanning
5117 Cystoscopy
5118 Diagnostic Laparoscopy
5119 Echocardiogram
5120 Electrocardiogram (ECG or EKG)
5121 Electroencephalogram (EEG)
5122 Electromyogram (EMG)
5123 Endoscopic Retrograde Cholangiopancreatography (ERCP)
5124 Fluoroscopy
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5204 Bartholin's Gland Cyst
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5235 Female Condom
5236 Female Sterilization
5237 Feminine Hygiene
5238 Fetal Alcohol Syndrome
5239 Fibrocystic Breast Changes
5240 Genetic Screening Before or During Pregnancy
5241 Getting Ready for Pregnancy
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5243 Hot Flashes
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5264 Pelvic Inflammatory Disease
5265 Pelvic Support Problems



CIGNA HealthCare

CIGNA HealthCare 24-Hour Health Information Line℠

5266 Postmenopausal Bleeding
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5268 Postpartum Complications
5269 Postpartum Depression
5270 Preeclampsia
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5285 Tipped Uterus
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5289 Vaginal Contraceptive Ring
5290 Vaginal Cysts, Polyps, and Warts
5291 Vaginal Hysterectomy
5292 Vaginal Hysterectomy with Laparoscopy
5293 Vaginitis
5294 Vulvar Dystrophy
5295 Vulvitis
5296 Working During Pregnancy
5297 Yeast Infection (Candidiasis)

Health Plans At-a-Glance

	Preferred Provider Organization (PPO) Plans*				Health Maintenance Organization (HMO) Plans**	
	Premier Wellwise		Premier Sharewell		CIGNA Health Plan	Kaiser Health Plan
BENEFIT	Network Provider	Non-Network Provider	Network Provider	Non-Network Provider	HMO Provider	HMO Provider
Maximum Lifetime Coverage	$3,000,000		$1,000,000		No dollar limit	No dollar limit
	Covered Person Pays:		Covered Person Pays:		Covered Person Pays:	Covered Person Pays:
Calendar Year Deductible	$300 per individual $600 per family	$500 per individual $1,000 per family	$5,000 per family		No deductible	No deductible
Hospital Services						
• Inpatient	10%	30%	10%	20%	$100 per admission	$100 per admission
• W/o Pre-admission Review	10%	50%	10%	40%	N/A	N/A
• Outpatient	10%	30%	10%	20%	$15 per visit	$15 per visit
Physician Care						
• Office Visits	10%	30%	10%	20%	$15 per visit	$15 per visit
• Second Opinion	10%	30%	10%	20%	$15 per visit	$15 per visit
• Diagnostic X-rays/ Lab	10%	30%	10%	20%	No charge	No charge
Routine Exams						
• Annual Physical	No charge, limited preventive Services (refer to Plan Document) combined network and non-network maximum benefit amount of $750 per calendar year		No charge, limited preventive services up to a maximum annual benefit amount of $250 Network (PPO) only ($250 annual limit does not apply to specific procedures listed under "Wellness Benefit" in the plan document)	Limited to specific procedures listed under "Wellness Benefit" in the plan document	$15 charge	$15 charge
• Prostate Screening					$15 charge	$15 charge
• Well Woman Exams					$15 charge Note: Well woman exams may self-refer within designated plan medical group	$15 charge Note: For well woman exam, may self-refer to a Kaiser provider
• Well Baby Care	No charge, limited preventive services for children (birth through 18)			Not covered	No Charge	No Charge to 23 months
• Immunizations	Similar coverage as stated above (Routine Exams and Well Baby Care)			Not covered	No charge	No charge
Prescription Drugs	20% Generic 25% Brand 30% Non-formulary Drug card program		20%	20%	$10 generic prescription $20 brand prescription $40 non-formulary	$10 generic prescription $20 brand prescription Up to a 100 day supply
Maternity Care	10%	30%	10%	20%	$100 per admission	$100 per admission
Emergency Services	10%	30%	10%	20%	$50 per visit Waived if admitted	$50 per visit Waived if admitted
Ambulance	10%	30%	10%	20%	No charge	No charge
Family Planning						
• Contraceptives	Not covered	Not covered	Not covered	Not covered	$10 generic prescription $20 brand prescription $40 non-formulary	$10 generic prescription $20 brand prescription
• Vasectomy	10%	30%	10%	20%	$15 charge (out patient)	$15 charge (out patient)
• Tubal Ligation	10%	30%	10%	20%	$15 charge (out patient)	$15 charge (out patient)
• Infertility Services	Not covered	Not covered	Not covered	Not covered	Limited, $15 per visit	Limited, $15 per visit

	Preferred Provider Organization (PPO) Plans*				Health Maintenance Organization (HMO) Plans**	
	Premier Wellwise		Premier Sharewell		CIGNA Health Plan	Kaiser Health Plan
BENEFIT	Network Provider	Non-Network Provider	Network Provider	Non-Network Provider	HMO Provider	HMO Provider
	Covered Person Pays:		Covered Person Pays:		Covered Person Pays:	Covered Person Pays:
Mental Health						
• Inpatient	10%	30%	10%	20%	$100 per admission, unlimited	$100 per admission, unlimited
W/o Pre-admission Review	10%	50%	10%	40%		
• Outpatient	50%	50%	50%	50%	$15 per visit	$15 per visit
• Maximum Yearly Outpatient	up to $50 per visit 50 visits		up to $50 per visit 50 visits		N/A	N/A
• Lifetime Maximum	$30,000, combined with Alcohol and Substance Abuse below. Note: The lifetime and visit maximums do not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act				N/A Note: Lifetime, visit, and day maximums do not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act	
Alcohol and Drug Abuse						
• Inpatient	10%	30%	10%	20%	$100 per admission	$100 per admission, Detox only
W/o Pre-admission review	10%	50%	10%	40%		
• Outpatient	50%	50%	50%	50%	$15 per visit	$15 per visit
• Maximum Yearly Outpatient	Up to $50 per visit 50 visits		Up to $50 per visit 50 visits		Detox only	Unlimited
• Lifetime Maximum	$30,000 maximum benefit combined with Mental Health above					N/A
Home Health Care	10% Requires prior authorization	30% Requires prior authorization	10% Requires prior authorization	20% Requires prior authorization	No charge	No charge (100 visits/year). Contact health plans for further details
Skilled Nursing Facility	Limited (Limited to 60 days)		Limited (Limited to 60 days)		No charge (Up to 100 days)	No charge (Up to 100 days/benefit period)
Eye Refractions	Not covered		Not covered		$5 charge Glasses $10	$15 charge
Chiropractic	10%	30%	10%	20%	$15 per visit	$15 per visit
• Frequency Limitations	N/A		N/A		30 visits per year	30 visits per year
• Yearly Maximum	$1,000		$1,000			
Durable Medical Equipment	Covered	Covered	Covered	Covered	Covered at 100% when prescribed by your Primary Care Physician	Covered; Contact health plans for further details

*__PPO Plans:__ Designed to provide freedom to select physicians, specialists, hospitals and other service providers of your personal choice. The PPO plans pay 100% of eligible health care expenses that are in excess of $10,000 per individual per calendar year Network, $15,000 Non-Network.

__Network Provider:__ County PPO Plans use Blue Shield of California as its Preferred Provider Organization Network. The network consists of individual physicians, laboratories and Provider Organization Network. The network consists of individual physicians, laboratories and hospitals. As part of this network these "preferred providers" have agreed to provide services at rates which are lower than their regular charges. This helps reduce the cost of health care for you, your dependent(s) and the County. You and your dependent(s) pay a lower copayment percentage for Network providers. Using a Network provider is voluntary. You or your dependent(s) decide whether to use a Network provider for health care.

__Non-Network Provider:__ When you or your dependent choose a health care provider who does not participate in the Blue Shield of California (PPO) Provider Network, you or your dependent pays a higher coinsurance percentage for Non-Network providers.

**__HMO Plans:__ Designed to provide quality comprehensive medical services, routine and preventive care while controlling costs by using either its own doctors or health care centers or by providing services through contractual arrangements with community health care providers.

2010 Employee Health Plan Rate Table

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES 2010 MONTHLY RATE	FULL TIME EMPLOYEES MONTHLY COUNTY COST	FULL TIME EMPLOYEES EMPLOYEE BIWEEKLY DEDUCTION	PART TIME EMPLOYEES MONTHLY COUNTY COST	PART TIME EMPLOYEES EMPLOYEE BIWEEKLY DEDUCTION
PREMIER WELLWISE*					
EMPLOYEE ONLY	$526.85	$503.64	$12.16	$264.99	$122.31
EMPLOYEE / 1 DEPENDENT	$974.69	$736.65	$112.47	$367.62	$282.79
EMPLOYEE W/TWO OR MORE DEPENDENTS	$1,317.15	$994.75	$151.98	$496.52	$381.93
PREMIER SHAREWELL**					
EMPLOYEE ONLY	$210.74	$279.77	($31.86)	$210.74	$0.00
EMPLOYEE / 1 DEPENDENT	$368.79	$427.47	($27.08)	$138.30	$106.38
EMPLOYEE W/TWO OR MORE DEPENDENTS	$484.71	$534.59	($23.02)	$181.77	$139.82
KAISER					
EMPLOYEE ONLY	$364.03	$345.83	$8.40	$182.02	$84.01
EMPLOYEE / 1 DEPENDENT	$728.06	$546.05	$84.01	$273.03	$210.02
EMPLOYEE W/TWO OR MORE DEPENDENTS	$1,030.23	$772.68	$118.87	$386.34	$297.18
CIGNA PRIVATE PRACTICE					
EMPLOYEE ONLY	$427.35	$405.99	$9.86	$213.68	$98.62
EMPLOYEE / 1 DEPENDENT	$844.66	$633.50	$97.46	$316.75	$243.66
EMPLOYEE W/TWO OR MORE DEPENDENTS	$1,175.26	$881.45	$135.61	$440.73	$339.02

* County cost includes Wellwise incentive

** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)

(Effective every pay period beginning with pay period 01 2010, January 8, 2010)

COUNTY OF ORANGE

HUMAN RESOURCES/EMPLOYEE BENEFITS

REQUEST FOR PROPOSALS
FOR

Health Maintenance Organization (HMO)
RFP NO.

056-201003-DB

REQUEST FOR PROPOSAL

COUNTY OF ORANGE
Human Resources / Employee Benefits
333 W. Santa Ana Blvd.
Second Floor
Santa Ana, CA 92701
(714) 834-5315

PROPOSALS MUST BE RECEIVED ON OR BEFORE

April 30, 2010
by
4:00 P.M. PT

Proposal Number
056-201003-DB

File Folder No: 595462

INSTRUCTIONS:
1. SUBMIT ONE (1) ORIGINAL HARD COPY, SIX. (6) HARD COPIES AND SIX (6) CD-ROMS OF YOUR PROPOSAL.
2. RETURN THIS PAGE SIGNED, WITH PROPOSAL.
3. ALL PROPOSALS ARE TO BE IDENTIFIED WITH RFP #, AND RETURNED IN A SEALED ENVELOPE OR PACKAGE.
4. DECLINATION - IN THE EVENT YOU ELECT NOT TO SUBMIT A PROPOSAL, INFORM US ON THIS FORM AND RETURN BY THE DUE DATE INDICATED.

DATE: March 24, 2010

REQUEST FOR PROPOSALS (RFP)
COVER PAGE

The County of Orange, Employee Benefits Division, hereinafter referred to as ("County"), is soliciting Proposals ("Proposals") from interested firms, hereinafter referred to as "Offerors", to provide Health Maintenance Organization (HMO) benefits for eligible employees.

This RFP is set out in the following format:

SECTION I Introduction and Instructions to Offerors
SECTION II Proposal Response Requirements

PROPOSALS ARE DUE April 30, 2010, by 4:00 PM Pacific Time.
Proposals must be submitted in sealed packages. See complete instructions in Section I, Item C.

All questions and inquiries related to this RFP must be directed to Diana Banzet, hereinafter referred to as "Deputy Purchasing Agent" or "DPA", via email through BidSync at www.bidsync.com (RFP # 056-201003-DB). For BidSync assistance, please contact the BidSync Vendor Support Team at 1-800-990-9339, select option 1. Offerors are not to contact other County personnel regarding any questions or clarifications concerning this RFP.

The Assigned DPA will provide all official communication concerning this RFP. With respect to this RFP, any County response other than from the DPA and in writing will be unauthorized and the County shall bear no responsibility for any and all reliance upon the unauthorized communication.

I HAVE READ, UNDERSTAND AND AGREE TO ALL STATEMENTS IN THE REQUEST FOR PROPOSAL (RFP) AND TO THE TERMS, CONDITIONS, ATTACHMENTS AND EXHIBITS REFERENCED HEREIN.

Date_____CompanyName_____

Authorized
Signature_____Name_____Title_____

Authorized
Signature_____Name_____Title_____

* If a corporation, this document must be signed by two corporate officers. The first signature must be either the Chairman of the Board, President, or any Vice President. The second signature must be the Secretary, an Assistant Secretary, the Chief Financial Officer, or any Assistant Treasurer.

RETURN THIS SHEET WITH YOUR RESPONSE

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SECTION I

INTRODUCTION AND INSTRUCTIONS TO OFFERORS

SECTION I. INTRODUCTION AND INSTRUCTIONS TO OFFERORS

A. INTRODUCTION

This Request for Proposal RFP is being released for fully insured Health Maintenance Organization (HMO) coverage for the benefit of the County's eligible active employees.

B. PROPOSED TIME SCHEDULE

Date	Action
March 24, 2010	RELEASE OF RFP
March 31, 2010	Written Questions from Offerors Due by 4:00 P.M. Pacific Time
April 30, 2010	**Deadline for Proposals (Closing Date) on or before April 30, 2010 by 4:00 P.M. Pacific Time**
May 3, 2010 through June 3, 2010	EVALUATION OF PROPOSALS
June 7, 2010 through June 8, 2010	Offerors Oral Presentation – The most responsive proposals may be asked to give an oral presentation within three (3) calendar days of notification.
TBD	SUBMISSION FOR APPROVAL BY COUNTY BOARD OF SUPERVISORS

C. INSTRUCTIONS TO OFFERORS AND PROCEDURES FOR SUBMITTAL

By submitting a Proposal, the Offeror represents that it has thoroughly examined and agrees to provide the services required under this RFP as detailed in Section II and that it is capable of providing the services to achieve the County's objectives. Offeror must abide by all provisions of the Proposed Contract unless Offeror notes its objections in its Proposal. As noted below, if the Offeror cannot abide by any provisions of the Proposed Contract, Offeror must make notice of which provisions it cannot comply with in its Proposal

Each Offeror must submit its Proposal in strict accordance with all requirements of this RFP and compliance must be stated in the Proposal. Deviations, clarifications and/or exceptions must be clearly identified and listed separately as alternative items for the County's consideration. The Scope of Work specifications as detailed in Section II are mandatory and the County will not accept any deviations or exceptions.

1. Clearly identified Proposals are due on or before April 30, 2010 by 4:00 P.M. Pacific Time, and are to be delivered in a sealed package addressed to Diana Banzet, Deputy Purchasing Agent.

   Re: RFP No. 056-201003-DB for Health Maintenance Organization (HMO)

   COUNTY OF ORANGE
   Human Resources, Employee Benefits
   333 W. Santa Ana Blvd., 2nd Floor
   Santa Ana, CA 92701
   Attn: Diana Banzet

   HUMAN RESOURCES/EMPLOYEE BENEFITS REGULAR BUSINESS HOURS:

   MONDAY THROUGH FRIDAY
   8:00 A.M. to 5:00 Pacific Time

   Proposals must be time-stamped on the outside of the sealed package by the receptionist at Human Resources. The delivery location for the receipt of Proposals is the 2nd floor of the Hall of Administration building. It is the responsibility of the Offeror to ensure that delivery is made to the Human Resources receptionist at the above address by the due date and time specified. Delivery receipts are available upon request.

2. Clarifications: The County has attempted to provide all information available. It is the responsibility of each Offeror to review, evaluate and where necessary, request any clarification prior to submission of a Proposal. If any person contemplating submitting a Proposal for the proposed contract is in doubt as to the true meaning of any part of this RFP or finds discrepancies in or omissions from the specifications, he/she may submit a written request for clarification to the assigned Deputy Purchasing Agent, via www.bidsync.com (RFP # 056-201003-DB). For BidSync assistance, please contact the BidSync Vendor Support Team at 1-800-990-9339 and select option 1.

3. Addenda: Any interpretation of, or correction to, this RFP will be made only by addendum issued by the Deputy Purchasing Agent or through BidSync. It is the Offeror's responsibility to access the website www.bidsync.com throughout the entire process to obtain the most up-to-date information regarding this procurement process.. The County will not be responsible for any other explanations, corrections to, or interpretations of the documents, including any oral information.

4. Validity of Proposals: Proposals must be valid for a period of at least one hundred and eighty (180) days from the Closing Date. No Proposal may be withdrawn after the Closing Date.

5. Proposal Copies: Each Offeror must provide one (1) hard copy original and six (6) additional hard copies of their Proposal. **One Proposal is to be clearly marked as "original" on the outside cover and contain original signatures. In addition, Offeror must submit six (6) CD-ROM copies,** each of which contains an electronic copy of its Proposal, including its questionnaire answers.

6. Submission Format: All written Proposals shall be submitted on standard 8.5 x 11-inch paper. All pages should be numbered and identified sequentially by section. Proposals must be bound, tabbed and indexed in accordance with the information requested in Section II, Proposal Response Requirements. It is imperative that all Offerors responding to this RFP comply exactly and completely, with the instructions set forth herein. All Proposals in response to this RFP shall be typewritten or word-processed (except where otherwise provided or noted), concise, straightforward and should fully address each requirement and question. Although not a substitute for a complete written response, additional material such as technical documents may be referenced in any response, if the material is included in the same section as additional information.

   Electronic versions of the proposal shall be submitted on six (6) CD-ROMS. CD-ROMS must include:

   a. Questionnaire (Microsoft Word format)
   b. Proposed Model Contract Administrative Services Agreement
   c. Proposed Performance Commitments and Penalties
   d. Compensation Payment Spreadsheet (Microsoft Excel format)
   e. Staffing Plan
   f. Geo Access Results
   g. Disruption Analysis

   It is not necessary to include an electronic version of the Cover Page or other certifications included in Section II, Part 1 of this RFP. Those items should be submitted in hard copy with original signatures on the copy designated as "original". In addition, it is not necessary to submit audited financial reports, marketing brochures or similar additional information in the electronic versions of the proposal.

7. Proprietary Information**: Proposals are not to be marked as confidential or proprietary. Proposals submitted in response to this RFP may be subject to public disclosure as permitted by the California Public Records Act**. The County intends to use the services of a third-party consultant in connection with the evaluation of each Proposal. Additionally, all Proposals shall become the property of the County. The

County reserves the right to make use of any information or ideas in the Proposals submitted.

8. Qualifications: By submitting a Proposal, the Offeror represents that it has thoroughly examined and become familiar with the services required under this RFP and that it is capable of providing the services to achieve the County's objectives.

9. Compliance: Each Offeror must submit its Proposal in strict accordance with all requirements of this RFP and compliance must be stated in the Proposal. Deviations, clarifications and/or exceptions must be clearly identified and listed separately as alternative items for the County's consideration. The County of Orange encourages and invites alternative proposals and/or offerings in addition to the RFP requirements. Alternate proposals can be submitted as a separate section, following the RFP requirements, tabbed as "Alternate Proposal".

10. Presentations: After the Closing Date, evaluation and Proposal clarification will commence. Offerors who submit Proposals most responsive to the County's requirements may be asked to give an oral presentation of their Proposal to County staff. Selected Offerors should be prepared to make their oral presentation within three (3) calendar days after notification and be prepared to discuss all aspects of their Proposals in detail, including technical questions regarding the Proposal. Offerors shall not be allowed to alter or amend their Proposals during the presentation process.

11. County Rights: The County reserves the right to negotiate modifications with any Offeror as necessary to serve the best interests of the County. Any Proposal may be rejected as non-responsive if it is conditional, incomplete or deviates from specifications in this RFP. The County reserves the right to waive, at its discretion, any procedural irregularity, immaterial defects or other improprieties which the County deems reasonably correctable or otherwise not warranting rejection of the Proposal. No such waiver will excuse a proponent from full compliance.

12. Expenses: Pre-contractual expenses are not to be included in, or as part of the Compensation/Payment for Contractor Services. Pre-contractual expenses are defined as including, but not limited to, expenses incurred by the Offeror such as costs incurred in:

    a. Preparing its Proposal in response to this RFP;
    b. Submitting that Proposal to the County;
    c. Negotiating with the County any matter related to the Offeror's Proposal and
    d. Any other expenses incurred by the Offeror prior to the date of award and execution, if any, of the HMO Contract.

13. Notice: The County reserves the right to:

    a. Negotiate the final HMO Contract with any Offeror(s) as necessary to serve the best interests of the County.
    b. Withdraw this RFP in whole or in part, at any time without prior notice; or
    c. Award its total requirements to one Offeror or to apportion those requirements among two or more Offerors as the County may deem to be in its best interests.

In addition, negotiations may or may not be conducted with Offeror; therefore, the Proposal submitted should contain the Offeror's most favorable terms and conditions, since the selection and award may be made without discussion with any Offeror.

Furthermore, the County makes no representations that any HMO Contract will be awarded to any Offeror responding to this RFP.

14. Joint Venture: Where two or more Offerors desire to submit a single Proposal in response to this RFP, they should do so on a prime/subcontractor basis rather than as a joint venture. The County intends to contract with a single firm or multiple firms, but not with multiple firms doing business as a joint venture.

15. Lobbyist: The County does not require and neither encourages nor discourages the use of lobbyists or other consultants for the purpose of securing business.

16. Protest: Any actual or prospective bidder, proposer or contractor who alleges a grievance by the solicitation or award of a Contract may submit a grievance or protest to the appropriate agency/department Deputy Purchasing Agent.

    a. Procedure
    All protests shall be typed under the protester's letterhead and submitted in accordance with the provisions stated herein. All protests shall include at a minimum the following information:

    - The name, address and telephone number of the protestor;
    - The signature of the protestor or protestor's authorized representative;
    - The solicitation number;
    - A detailed statement of the legal and/or factual grounds of the protest;
    - The form of relief requested.

    b. Protest of Bid/Proposal Specifications
    All protests related to bid or proposal specifications must be submitted to the Deputy Purchasing Agent no later than five (5) business days prior to the close of the proposal. Protests received after the five (5) business day deadline will not be considered by the County.

    In the event the protest of specifications is denied and the protester wishes to continue in the solicitation process, they must still submit a bid prior to the close of the solicitation in accordance with the bid/proposal submittal procedures provided in the bid/proposal.

    c. Protest of Award of Contract:
    In protests related to the award of a Contract, the protest must be submitted no later than five (5) business days after the notice of the proposed contract award is provided by the Deputy Purchasing Agent. Protest relating to a proposed contract award which is received after the five (5) business day deadline will not be considered by the County.

    d. Protest Process
    In the event of a timely protest, the County shall not proceed with the solicitation or award of the contract until the Deputy Purchasing Agent, the County Purchasing Agent or the Procurement Appeals Board renders a decision on the protest.

Upon receipt of a timely protest, the Deputy Purchasing Agent will within ten (10) business days of the receipt of the protest, issue a decision in writing which shall state the reasons for the actions taken.

The County may, after providing written justification to be included in the procurement file, make the determination that an immediate award of the Contract is necessary to protect the substantial interests of the County. The award of a Contract shall in no way compromise the protester's right to the protest procedures outlined herein.

If the protester disagrees with the decision of the Deputy Purchasing Agent, the protestor may submit a written notice to the Office of the County Purchasing Agent requesting an appeal to the Procurement Appeals Board, in accordance with the process stated below.

e. Appeal Process

If the protester wishes to appeal the decision of the Deputy Purchasing Agent, the protester must submit, within three (3) business days from receipt of the Deputy Purchasing Agent's decision, a written appeal to the Office of the County Purchasing Agent.

Within fifteen (15) business days, the County Purchasing Agent will review all materials in connection with the grievance, assess the merits of the protest and provide a written determination that shall contain his or her decision on whether the protest shall be forwarded to the Procurement Appeals Board.

The decision of the County Purchasing Agent on whether to allow the appeal to go forward will be final and there shall be no right to any administrative appeals of this decision.

D. EVALUATION PROCESS AND CRITERIA

Proposals will be evaluated on the basis of the response to all requirements in this RFP. The County shall use the following criteria in its evaluations and comparisons of Offerors. No inference is to be drawn concerning relative importance of criteria based on the order presented.

HMO Contract award shall be made to the responsible Offeror whose proposal is most advantageous to the County, taking into consideration the applicable evaluation criteria set forth below. Please note, however, that the listing of cost as an evaluation criterion does not require the County to select the Offeror with the lowest cost proposal.

The following criteria are listed in random order, not in order of importance.
Responses will be evaluated on the basis of responsiveness to the questions and requirements in this RFP by an evaluation panel using the following criteria:

1. HMO and Account Team Experience
2. Financial Strength
3. Customer Service Capabilities
4. Implementation Plan
5. Cost
6. Proposed HMO Contract Terms

7. Ability to Match Existing Benefits
8. Quality of Care and Provider Standards
9. Network Access/Adequacy
10. Administrative and Systems Capabilities

The weighting criterion is confidential and was established prior to the release of this RFP.

Following the initial evaluation process, the highest ranking Offerors may be required to complete an additional questionnaire regarding more specific processes and capabilities, as well as provide additional pricing information. In addition, Offerors may be required to provide an on-site interview and/or system demonstration as it relates to requested and/or proposed services.

Proposals deemed to meet all minimum RFP requirements will be scored based on established criteria, which have been weighted and will be assigned points that measure the responsiveness to each identified criterion. The total number of points earned will be tallied for each proposal, and the proposals will be rank ordered, based upon the Offeror(s) submitted written materials.

E. SELECTION/AWARD PROCESS

Proposals will be evaluated on the basis of the response to all requirements in this RFP. The County shall use the above criteria in its evaluations and comparisons of Offerors. No inference is to be drawn concerning relative importance of criteria based on the order presented.

Contract award shall be made to the responsible Offeror whose proposal is most advantageous to the County. Upon successful completion of negotiations, the award and executed Contract will be submitted to the Board of Supervisors for approval. If a satisfactory contract cannot be negotiated in a timely manner, the County, in its sole discretion, may terminate negotiations with the selected Contractor and begin contract negotiations with the next finalist.

The Proposed Contract contained in Section II (Part 4) of this RFP is the Contract proposed for execution. It may be modified to incorporate negotiated items and other pertinent terms and conditions set forth in this RFP, including special conditions and requirements and those added by addendum, and to reflect the Offeror's proposal and qualifications.

Exceptions to the terms and conditions of the Proposed Contract or the statements regarding Offeror's inability to comply with any of the provisions thereof must be declared in the response to this RFP in Section II, entitled Response Requirements, Section 10, Statement of Compliance.

F. COUNTY OF ORANGE CHILD SUPPORT AND EDD REQUIREMENTS

1. ORANGE COUNTY CHILD SUPPORT

In order to comply with the child support enforcement requirements of the County, within 10 days of notification of selection of an Offeror to provide an HMO Contract but prior to

the final official award of HMO Contract, the selected Offeror agrees to furnish to the Deputy Purchasing Agent:

a. In the case of an individual contractor, his/her name, date of birth, Social Security number and residence address;

b. In the case of a contractor doing business in a form other than as an individual, the name, date of birth, Social Security number and residence address of each individual who owns an interest of 10 percent or more in the contracting entity;

c. A certification that the contractor has fully complied with all applicable federal and state reporting requirements regarding its employees; and

d. A certification that the contractor has fully complied with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment and will continue to so comply.

Failure of the Offeror to timely submit the data and/or certifications required may result in the HMO Contract being awarded to another Offeror. In the event an HMO Contract has been awarded, failure of the contractor to comply with all federal, state, and local reporting requirements for child support enforcement or to comply with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment shall constitute a material breach of the HMO Contract. Failure to cure such breach within 60 calendar days of notice from the County shall constitute grounds for termination of the HMO Contract. Upon County request, the Offeror shall utilize the forms provided as Exhibit 2 of this RFP to satisfy this requirement.

2. EDD INDEPENDENT CONTRACTOR REPORTING REQUIREMENTS

Effective January 1, 2001, the County is required to file federal Form 1099-Misc for services received from a "service provider" to whom the County pays $600 or more or with whom the County enters into a contract for $600 or more within a single calendar year. The purpose of this reporting requirement is to increase child support collection by helping to locate parents who are delinquent in their child support obligations.

The term "service provider" is defined in California Unemployment Insurance Code Section 1088.8, subparagraph B.2 as "an individual who is not an employee of the service recipient for California purposes and who received compensation or executes a contract for services performed for that service recipient within or without the state." The term is further defined by the California Employment Development Department to refer specifically to independent contractors. An independent contractor is defined as "an individual who is not an employee of the government entity for California purposes and who receives compensation or executes a contract for services performed for that government entity either in or outside of California."

The reporting requirement does not apply to corporations, general partnerships, limited liability partnerships, and limited liability companies.

Additional information on this reporting requirement can be found at the California Employment Development Department website located at http://www.edd.ca.gov/taxrep/txicr.htm

To comply with the reporting requirements, County procedures for contracting with independent contractors mandate the following information be completed and forwarded to the contracting agency/department immediately upon request:

First name, middle initial and last name
Social Security number
Address
Start and expiration dates of contract
Amount of contract

Upon County request, the Offeror shall utilize the form provided as Exhibit 1 of this RFP to satisfy this requirement.

SECTION II

PROPOSAL RESPONSE REQUIREMENTS

SECTION II. PROPOSAL RESPONSE REQUIREMENTS

Proposals must be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of this RFP. Emphasis should be on completeness and clarity of content with sufficient detail to allow for accurate evaluation and comparative analysis.

Proposals must include three tabbed sections, Part 1, Part 2 and Part 3 and must be indexed in the order outlined below. List questions and your responses and/or attachments as numbered and listed within each section.

Minimum Qualifications

The following are the minimum qualifications for an Offeror to be considered as an eligible candidate to submit a proposal for the requested services described in this RFP.

Offeror must:

a. Be admitted to sell an HMO product in the state of California

b. Provide the current plan of benefits described in the attached CIGNA Group Service Agreement (Appendix D)

c. Have a broad network of independent hospitals, physicians and ancillary providers in California, specifically in Orange County, as well as neighboring communities

d. Have experience with at least three public sector clients of similar size and complexity

e. Submit proposal in the manner as requested in Section II of this RFP

Part 1:

(Offeror to complete this Section II, Part 1 and submit as Part 1 in first tabbed section of Proposal)

1. Cover Page

All Proposals must be accompanied by a cover letter of introduction and executive summary of the Proposal. The cover letter must be signed by person(s) with authority to bind the Offeror. **If the Offeror is a corporation, signatures of two specific corporate officers are required for the cover letter and all required signatures throughout this RFP.** The first corporate officer signature must be one of the following: 1) the Chairman of the Board; 2) the President; or 3) any Vice President. The second corporate officer signature must be one of the following: a) Secretary; b) Assistant Secretary; c) Chief Financial Officer; or d) Assistant Treasurer. In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution or other documentation demonstrating the legal authority of the signator to bind the corporation. An unsigned Proposal or failure to comply with the corporate signature requirements, if applicable, may be deemed as non-responsive. All Proposals shall include the cover page of this RFP in the first tabbed section of their Proposal. Any subsequent addenda issued to this RFP should also be included in the first tabbed section.

2. Validity of Proposal

The County requires that all Proposals be valid for at least one hundred and eighty (180) days from this RFP's Closing Date. Proposals that are not valid for at least one hundred and eighty (180) days will be considered non-responsive and subject to rejection. Please state below how long this Proposal will be valid.

Offeror hereby certifies that Offeror's Proposal is valid for one hundred and eighty (180) from the RFP Closing Date.

_____

Validity of Response (in days) Signature Required

3. Certification of Understanding

The County assumes no responsibility for any understanding of the Offeror or representation made by any of the County's officers, employees or agents during or prior to the execution of any HMO Contract resulting from this RFP, unless:

A. Such understanding or representations are expressly stated in the HMO Contract, and
B. The Contract expressly provides that the County assumes the responsibility.

By signing below, Offeror certifies that such understanding has been considered in this Proposal.

_____

Signature Required

4. Minimum Qualifications Statement

Offeror hereby certifies that it meets all minimum qualifications and requirements as set forth in this RFP, Section II.

_____

Signature Required

5. Certificate of Insurance

Offeror hereby certifies Offeror's willingness and ability to provide the required insurance coverage and certificates as set forth in Section II, Part 4, Proposed Model Contract, Paragraph 14 et seq.

_____

(Signature required)

If Offeror is unwilling or unable to provide the required insurance coverage, such exception to the Proposed Contract must be specifically stated and Offeror must provide a complete statement regarding the insurance coverage as required by this RFP.

6. Financial Information

Selected Offeror may be requested to submit a complete financial statement for the two most recent years, prepared in accordance with generally accepted accounting principles. The financial statement must include a balance sheet and income statement. Offeror must be prepared to substantiate all information shown. **Offeror must indicate here Offeror's willingness to provide this information by signing below.**

_____

(Signature required)

7. Bankruptcy Information/Pending Litigation

If Offeror's company has had a controlling interest in a company in bankruptcy or that has ever been declared bankrupt, Offeror must attach a statement indicating the bankruptcy date, court jurisdiction, trustee's name and telephone number, amount of liabilities, amount of assets and current status of bankruptcy.

Attach detailed information regarding any pending litigation, liens, or claims involving the Offeror.

_____No action pending _____Information attached

_____

(Signature required)

8. Child Support Enforcement and EDD Independent Contractor Requirements

Offeror hereby certifies Offeror's willingness and ability to provide the required Orange County Child Support Enforcement and EDD Independent Contractor Reporting Requirements as indicated in RFP Section I and Section II, Part 4, Proposed Model Contract Administrative Services Agreement.

_____

Signature Required

9. Conflict of Interest

Offeror hereby certifies that an Offeror has provided the County with the disclosures required in (a) and (b) below as part of its Proposal, or that no relationships as outlined in (a) and (b) exist.

a. Disclose any financial, business or other relationship with the County, any other entity that the County Board of Supervisors governs, or any County Board member, officer or employee, which may have an impact, effect or influence on the outcome of the services you propose to provide. Provide a list of current clients, employees, principals or shareholders (including family members) who may have a financial interest in the outcome of services you proposed to provide.

b. Disclose any financial, business or other relationship within the last three (3) years with any firm or member of any firm who may have a financial interest in the outcome of the work.

_____

Signature Required

10. Statement of Compliance

Offeror hereby certifies (Offeror must certify either A or B by signing below):

A. This Offeror is in strict compliance with this RFP including, but not limited to, the terms and conditions set forth in Section II, Part 4 – Proposed Model Contract and its Attachments and Exhibits and no exceptions are proposed.

_____

(Signature required)

OR

B. This Offeror is in strict compliance with this RFP, including the terms and conditions set forth in Section II, Part 4 – Proposed Model Contract and its

Attachments and Exhibits, except for those exceptions expressly listed as required by this RFP and attached hereto.

(Signature required)

Attachments for each proposed exception to this RFP, including, but not limited to Section II, Part 4 – Proposed Model Contract Administrative Service Agreement, must include:

1. **The suggested rewording by way of track changes;**
2. **Reasons for submitting the proposed exception; and**
   Any impact the proposed exception may have on the services to be provided

Part 2:
Company Profile
Complete this form and submit as Part 2 in second tabbed section of response.

Company Legal Name

Company Legal Status (corporation, partnership, etc.)

Business Address

Website Address

Telephone Number (___) Facsimile Number (___)

Email Address

Length of time the firm has been in business Length of time at current location

Years of experience

Is your firm a sole proprietorship? Yes No

If yes, Sole Proprietor's Social Security number

Is your firm a sole proprietorship doing business under a different name? Yes No

If yes, please indicate sole proprietor's name and the name you are doing business under

Is your firm incorporated? Yes No If yes, State of Incorporation

Federal Taxpayer ID Number

Regular business hours

Regular holidays and hours when business is closed

Contact person in reference to this solicitation

Telephone Number (___) Facsimile Number: (___)

Email Address

Contact person for accounts payable

Telephone Number (___) Facsimile Number (___)

Email Address

Name of service manager

Telephone Number (___) Facsimile Number (___)

Email Address

In the event of an emergency or declared disaster, the following information is required

Name of contact during non-business hours

Telephone Number (___) Facsimile Number (___)

Email Address, Cell or Pager Number

Part 3:

Complete this section and submit as Part 3 in third tabbed section of response.

Current Carrier Information

The County has contracted with CIGNA Healthcare (CIGNA) to provide HMO benefits for over 20 years. This RFP is not a result of dissatisfaction with services provided by the current vendor but rather an opportunity to allow other vendors to present proposals to ensure the County is receiving the optimum level of service and benefits for a competitive cost effective price. The existing contract will expire December 31, 2010. The new HMO contract will be effective from January 1, 2011 through December 31, 2013 with the County's option to extend the Agreement for two (2) separate one (1) year periods.

Current Plan Information

Participation
The County provides an array of comprehensive benefit plans and programs to approximately 18,000 active employees plus their eligible dependents. The County also provides health plan coverage for approximately 5,400 retirees. A separate RFP will be issued to address benefits for retirees.

Plans Offered
The County has four (4) health plans for their active employees: two (2) self-insured PPOs administered by Blue Shield of California and two (2) fully-insured HMOs (offered through CIGNA and Kaiser Permanente). Approximately 6,300 active employees are currently covered under the CIGNA HMO. The benefits for actives employees are the same except for a small group of represented employees (Craft and Plant Unit of approximately 106 employees) which does not have a chiropractic care benefit, however benefits are the same in all other respects.

Please refer to Appendix D for the current plan design. Offeror should price out the plan as it currently exists.

Contributions
For the majority of employees the County currently contributes 95% or more of the rate toward employee only coverage and 75% or more of the rate toward employees with dependent coverage.

Benefits Administration (Participant Self-Service)
County employees (participants) receive benefits information, make all benefit elections, and direct all benefits customer services inquiries to the County of Orange Benefits Center (Benefits Center). These services are provided through ACS. Participants can make their elections on the County of Orange Benefits Center website or by calling the toll free Benefits Resource Line and speaking with a Benefits Specialist. The Benefits Center is the owner of eligibility on behalf of the County and therefore: 1) maintains and distributes all eligibility and coverage information to vendors for all the County's benefit programs; 2) provides full customer service for benefits enrollment and eligibility; 3) provides Flexible Spending Account (FSA) Administration for health care and dependent care accounts and; 4) provides COBRA and HIPAA Certification compliance when coverage terminates.

ACS manages all calls regarding eligibility and enrollment as follows:

- Respond to questions from participants and County staff.
- Assist employees with web enrollment/access needs.
- Serve in a participant advocate role to facilitate inquiries related to eligibility issues with carriers.
- Eligibility Inquiry: Verify eligibility, update vendors when applicable and provide verification of coverage to providers.
- Claim Payment Inquiry: Verify correct claims address, verify coverage date, provide employee with carrier/administrator contact information and/or transfer employee to carrier if appropriate, provide claims and appeals information.
- Assist participants by taking benefit elections/transactions (Open Enrollment, life events, etc).
- Advise the County of any employee benefit issues and/or problems and provides solution where applicable.
- Conduct customer service performance surveys and provide results to the County quarterly.
- Handle exceptions that require manual processing, as defined in implementation and/or on an ongoing basis.

ACS provides electronic eligibility files to the County's vendors and administrators. ACS receives confirmation of all file transmissions and will work with the County's vendors in resolving error reports. It is the responsibility of the vendor to correct their eligibility records to match ACS's. All enrollment requests must be directed to ACS.

The County desires that its selected vendor be capable of working with ACS via linked access through a unified web portal.

Questionnaire

Offerors must submit the following questionnaire with their Proposal, completed and identified as the Questionnaire. In addition to providing printed versions of this questionnaire with your Proposal, you must include a copy on the requested six (6) CD-ROMS. The response must be in Microsoft Word. When providing your responses to the questions below, restate each question in **bold face type** with your response directly below it.

Proposal Assumptions

a. Provide a copy of the drug formulary on which you are basing your response in your Proposal. The County reserves the right to negotiate any variance from your current formulary, once all the responses have been evaluated.

b. Current rates for all medical plans are provided in Appendix F.

c. Large claim information for the current HMOs is not available. Vendors should base their proposals and quotes on the demographic and risk factors of the group.

d. The claims experience is provided in Appendix C.

e. There are currently no commissions built into the rates.

f. The County's current HMO plan design is based on the gatekeeper model and all quotes should be based on this assumption. Other models can be identified as "Alternative" quotes.

g. There are no risk sharing or special premium funding arrangements with CIGNA (such as dividend eligible or retroactive refunding.)

h. Historical subscriber counts will not be provided at this time.

1. Organization, Staff Qualifications and Relevant Experience

a. Name and address of person to receive notices and who is authorized to make decisions, represent and legally bind the Offeror. Also provide the name, title, address, e-mail address and telephone and fax numbers of the person(s) who the County should contact with questions regarding your response.

b. Are you the Offeror, a subsidiary or affiliate of another company? Give full disclosure of all direct or indirect ownership and type of relationship with affiliate companies. If Offeror is a foreign corporation, submit a copy of Certificate of Good Standing for State of California.

c. Indicate whether any services will be subcontracted to another company and fully describe these services and the stability, background and qualifications of all companies that may provide subcontracted services, including audited financial statements for the last three (3) years.

d. Provide an organization chart that reflects the name, classification and title of all key staff members and management contacts assigned to provide the services detailed in Offeror's Proposal. This organization chart should include both project implementation personnel and personnel who will provide services and products for the Offeror's proposed services. Include organizational locations for staff, including administrative and support and the number of employees for these respective services.

e. Describe any pending agreements to merge, spin off, or sell Offeror.

f. Offeror shall indicate whether Offeror, its principals, directors or majority shareholder(s), or any company Offeror has held a controlling interest in, or which has held a controlling interest in Offeror, has ever filed for or has been involuntarily put into bankruptcy or has been declared bankrupt. If yes, attach a statement indicating the bankruptcy date, court jurisdiction, trustee's name and phone number, amount of liabilities, amount of assets and current status of bankruptcy.

g. Offeror shall provide detailed information regarding any existing or threatened litigation, regulatory investigations, liens or claims involving Offeror, or any company Offeror holds a controlling interest in, or any company that holds an interest in Offeror, or any of the principal officers of the Offeror's firm. (Exclude routine interpleaded actions, garnishments and similar routine matters involving members and beneficiaries that will reflect on your performance of services to the County.)

h. Has Offeror been cited or threatened with citation within the last five (5) years by any federal or state regulators for violations of any state or federal law or regulations? If so, please describe fully.

i. In the last five (5) years, has Offeror had a contract terminated by a client for cause? If so, please describe by whom and under what circumstances? Provide the name and telephone number of each client that has terminated Offeror's services for cause.

j. In the last five (5) years has Offeror failed or refused to complete a contract with an explanation?

k. Provide complete information and proof of existing and/or proposed legal organization structure within the County of Orange and where applicable, outside the County of Orange. Specifically, that Offeror is licensed to conduct business in the State of California. If not, attach an opinion of counsel giving his or her opinion as to whether he or she anticipates any difficulties in obtaining all necessary licenses prior to the effective date of the contract.

l. State the number of years Offeror has been in business under the present business name in California.

m. In the past five (5) years has Offeror been denied a license to do business, a license to provide insurance and/or HMO products or any other license? If so, state the date of the denial, the license denied, the state in which the license was

denied, the reason given for denial of the license, whether Offeror has had a bona fide change of ownership or management since Offeror license was denied and whether Offeror has eliminated the cause for which the license was denied.

n. In the past five (5) years has Offeror had a license to do business, a license to provide insurance and/or HMO products or any other insurance license revoked or suspended? Has Offeror ever been reprimanded by a licensing agency? If so, please describe fully.

o. Provide the number of years of experience in providing required, equivalent or related services and the total number of years performing the services comparable to the County's type and size as requested in this RFP. For how many years has Offeror been providing HMO benefits in California?

Provide details on the following:
1. Ownership History
2. Recent company developments (e.g., acquisitions, mergers or IPO's)
3. Anticipated future direction for your organization
4. Financial Stability – Please attach an annual financial report and financial statements for each of the past two years.

2. Vendor Performance Guarantees

Is your organization willing to agree to performance guarantees with premium/fees at risk? (Please refer to Proposed Performance Commitments and Penalties in Attachment A of the Proposed Model Contract Administrative Services Agreement)

3. Company Information

Provide the following information**:**

a. Company website address
b. Corporate address, phone number and fax number
c. Account Executive's name, address, phone number, fax number, and e-mail address
d. Implementation Manager's name, address, phone number, fax number and e-mail address
e. Underwriting Manager's name, address, phone number, fax number and e-mail address
f. Member Services Supervisor's name, address, phone number, fax number and e-mail address

4. HMO and Account Team Experience

a. For each person in the organization chart provided in response to question 1.d., indicate their job title, role on the County's account, total years of experience in employee benefits, years at your company and years in their current position. Offeror must also complete Section II, Attachment E, and submit herein

b. For the implementation manager and the account manager, indicate the number of small (<1,000 employees), medium (1,000 to 4,999) and large (>5,000) clients to which they are currently assigned.

c. Include a biography/resume for each person shown in the organization chart.

d. Confirm your plan will guarantee the services provided by the health plan's client service team during the contract period will be satisfactory to the County. Please refer to Attachment A of the Model Administrative Services Agreement, Proposed Performance Guarantees.

5. Plan Information

a. The County's current 2010 HMO plan provisions are included in Appendix D. Please verify these exact provisions can be provided during the term of your contract. Additionally, if you propose any alternate plan provisions, please provide specific details on these provisions and the impact on your fee proposal (increments/decrements).

b. Does your plan allow self-referral to an OB-GYN? Describe this process.

c. Does your plan allow self-referral to a specialist? Define what type of specialist and describe this process.

d. Does your plan assign a default Primary Care Physician (PCP) if a member fails to choose one? Describe this process.

e. Does your plan have a conversion privilege/policy (at the end of COBRA continuation)?

f. Do you have out-of-area dependent coverage? How do you define "out-of-area"?

g. Are participants required to file claims for any network care? What is your claims process for participants who receive emergency care (or referred care) from a non-network provider?

h. Submit your definition of emergency.

i. Describe the authorization process for a member facing an "Urgent" care situation.

6. Rating Information

a. Premium rates submitted should comply with the County's eligibility criteria as follows:

All regular and limited-term employees who are regularly scheduled to work 20 hours or more per week are eligible for benefits on the first day of the month following 30 days from date of hire.
Dependent children will be covered to the end of the calendar month in which they turn 19 (or 23 if a full-time student).

b. Is the HMO plan offered NCQA accredited? If yes, state the effective date and length of accreditation (e.g., one (1) year, three (3) years, provisional).

c. Provide sample communication materials.

d. Do you offer the following services via the Internet?

	Yes	**No**	**Comments**
PCP Changes			
Claim History			
Provider Search Tool			
Health Information/Education			
Provider Quality			
Member Chat Rooms/Forums			
Benefit Forms			
Temporary ID Cards			
Order Replacement ID Cards			
Email Customer Service			
Other			

e. How often is provider information updated through the website? How will the County and its employees be notified of additions and deletions between updates? The provider information should be available through the vendor's website.

7. Compensation/Payment

(Offeror must complete as Section II, Attachment C, and submit herein)

In this section, Offeror shall complete Attachment C of the Proposed Contract (included in Section II of this RFP) to include the rate and plan design provisions. Travel, travel time, and other related expenses are not to be charged to the County. It is expected these costs will be included in the total fixed fee of the whole project.

a. What were your overall rates of increase in provider compensation for commercial group (non-Medicare) business for the last two (2) years and what is expected for 2011? (Complete table)

Cost Item	**2009**	**2010**	**2011(est.)**
Hospital Reimbursement			
Physician Reimbursement			
Other Professional Reimbursement			
Administrative Expenses			

b. How are administrative fees and retention calculated?

c. Provide your entire plan's administrative expenses as a percent of total premium revenue (complete table).

Year	Administrative Expense
2008	
2009	
2010 (est.)	
2011 (est.)	

d. What pooling level would be used for the County's large claims?

e. What is the pooling charge per employee per month (PEPM)?

8. Implementation Plan/Project Schedule
(Offeror must complete as Attachment D and submit herein)

Offeror shall provide a detailed implementation plan outlining the necessary tasks needed to install the County's plans and begin performing the services outlined in Attachment.

At a minimum, Offeror's plan shall include:

a. A Gantt chart plan of major tasks, milestones, recommended timeframe, and the resources to complete them.

b. Level of involvement Offeror will need from the County, including coordination with Benefits Center.

Offeror must provide a response to the following:

a. How would the implementation team be structured and staffed?

b. Provide an implementation plan outlining the necessary tasks needed to install the County's plans. Include a timetable and name the parties responsible. Please indicate all procedures and time frames.

c. What is the minimum amount of time the Offeror would require to conduct this conversion? How much notice will Offeror require to begin the conversion? Provide an estimate of the type and amount of resources that your firm would need to provide for you to transitions the plan's records to and install the plan on your system.

d. Identify the services you will offer to introduce your firm to County plan participants.

e. Are you willing to provide an implementation guarantee? If so, please elaborate.

f. Describe your capacity to produce communication materials and I.D. cards. Do you produce these materials or are these services subcontracted? Please confirm that I.D. cards will be produced and distributed one week in advance of the effective date.

9. Organizational and Financial Stability

a. Complete the following table with your plan-wide (commercial basis) current California and national HMO enrollment:

	January 2008	**January 2009**	**January 2010**
California			
National			

b. Provide a copy of your organization's most recent audited financial statement.

c. Provide your most recent financial ratings from the following rating bureaus:

Rating Bureau	**Ratings**
Standard & Poor's	
A. M. Best	
Moody's	
Fitch	

d. Does your firm maintain errors and omissions insurance? Please indicate the insurance company name and the policy limits.

e. During the last five (5) years has your firm had any lawsuits brought against it covering the administration or claims processing of any plan? If so, please explain in detail.

f. Confirm the health plan will assume full responsibility for providing all of the services described in this RFP and performing them with the care, skill, prudence and diligence that prudently-operated HMOs use.

g. Confirm that if the County requests an audit related to the services provided, the health plan will agree to allow the auditors designated by the County to examine on-site records and transactions relating to the benefits and services provided to the plan using any reasonable method of auditing.

h. Provide the frequency in which your plan recredentials providers in their networks.

10. Open Enrollment

a. Confirm that all eligibility information will be loaded onto the health plan's system within five (5) business days of data receipt.

b. Confirm that 100% of health plan identification cards (ID Cards) will be issued to participants within 10 business days of receipt of data and prior to December 31 for the January 1, 2011 effective date.

c. Confirm your health plan will agree to customize plan materials (including customized ID Cards, and claim forms). The County will require prior review

and approval of all correspondence and printed material sent to plan participants. The County will provide enrollment information.

d. The County's Benefits Administrator will re-certify full-time students annually. Confirm that you will not solicit participants to verify this information.

e. Confirm you will participate in the Open Enrollment meetings.

f. Confirm you will provide updated zip code/service area files (full file) electronically to the County's Benefits Administrator annually in preparation for Open Enrollment and update quarterly per the County's request.

11. Care Management

a. In contracts with the physicians or physician groups, list the services that are delegated (e.g., utilization management, patient/customer service, appeals process, claims processing, quality management). Who are these services delegated to and how do you ensure that decisions are consistent with plan philosophy and operating procedures such as the appeal process?

b. List all physician specialties considered PCPs in your network.

c. Describe the criteria used to develop, review and implement clinical protocols. To what extent are these based on community trends and nationally recognized guidelines? How do you ensure that contracting physicians are following these protocols?

d. Does your health plan provide mental health care, substance abuse services, chiropractic care or other patient services through a third party? If so, fully describe these relationships and name your currently contracted vendors.

e. Is information on all aspects of the member's care, including behavioral health and pharmacy data, accessible to the member's PCP and other members of the treatment plan?

f. How do you integrate data from the pharmacy program with medical/surgical claims data? How does the integrated data impact your ability to manage participant care. What information do you provide demonstrating the positive impact on care and costs?

g. Are you able to identify individuals with high-risk health problems in your plan? If so, how do you identify them? Describe your success in communicating with and reaching out to these high-risk members. What percentage of those you identify as high-risk have you contacted and effected action?

12. Wellness

The County is interested in exploring initiatives to support wellness for its employees.

a. Specifically, what wellness services are available to members who enroll in your HMO?

b. Specifically, what wellness services will you provide to the County for the entire workforce (for example: health screenings at County worksites, brown bag lunch presentations on various topics, promotions geared towards weight loss, etc.)? Be specific regarding how many meetings or services would be available to the County per year.

c. Confirm your pricing includes the services specified in the above Question #b at no additional cost to the County.

d. Please provide a sample of your Health Risk Assessment tool? How is the information gathered through the HRA used to identify and engage members? What is the completion rate for your plan? Are you able to measure the impact on care or costs from engaging members? How do you encourage members to complete the HRA? What incentives are you willing to offer to increase completion of the HRA for the County's members?

e. Confirm your willingness to work with the County and its designated vendors on new and emerging wellness initiatives that may occur as a result of the County's review of health trends within their population.

13. Customer Service

a. What is the location of the member services department that would be servicing the County of Orange account? What are the hours of operation? Do you provide 24-hour call in? Does it have a toll free number? Describe your member services capabilities. At a minimum, customer service hours Monday through Friday, 8 a.m. to 5 p.m. (Pacific Time) must be provided.

b. Describe your disaster recovery program for keeping your member services and other key functions up and running in the event of a major disaster at your designated site. Provide the most recent test date and the results of that test. How often is the system tested? Please provide your disaster recovery schedule.

c. Has an outside consulting firm evaluated your disaster recovery plan? If so, what was the result of their audit?

d. Provide the average telephone response time for the member services department that would be servicing the County of Orange account for 2008 and 2009. Provide the abandonment rate for 2008 and 2009.

e. Provide your internal standards for response time and abandonment rate.

f. Provide the ratio of members to member service representatives.

g. Describe your phone management system's ability to track, monitor and manage incoming calls. How are calls distributed to staff? Are management reports generated daily and do they depict frequency, type and the outcome of calls received?

h. Describe how calls will be routed to the member services group responsible for the County account and how the staffing selection for this group will be made.

i. Provide your standards that ensure the timeliness of reporting and letters to suppliers, providers, the employer and employee. Are provider/employee letters generated automatically by the system?

j. Describe your member appeals procedures.

k. Describe how you monitor and track appeals, complaints, payment issues and case management issues (i.e., employee, provider, business or supplier). Please describe the differences if any, in the process for case management and/or payment.

l. Describe your tracking system to monitor the types, frequency, progress and resolution of grievances and appeals.

m. Describe your health plan's member grievance procedures.

n. How many membership grievances per 1,000 members were handled in the past 12 months?

o. Describe how member inquiries or complaints are logged. How are inquiries or complaints matched to treating physicians?

14. Administration

a. Confirm your contract will allow a 120-day calendar period for retroactive adjustment and recalculation of premiums for new hires, terminations and status changes.

b. Confirm your contract will allow up to 60 days after a qualifying event for a dependent change.

c. Confirm your plan will not add dependents except as notified by the County's Benefits Administrator.

d. Confirm your organization agrees to work with the County's Benefits Administrator to ensure billing and eligibility are updated on a monthly basis.

e. Confirm your organization agrees to allow the County's Benefits Administrator to be the official and primary source of all enrollment data.

f. Confirm your contract will allow an employee's coverage to terminate on the last day of the month in which the employee's employment terminates.

g. County Benefits Administrator is currently issuing HIPAA certificates as required. Confirm you can suppress the distribution of HIPAA certificates within your system for the County of Orange account.

h. The County may consider moving to a self-funded managed care plan in place of a fully insured HMO arrangement. Please describe your capabilities to support such a plan. Include details on how this change may affect the composition of the network as well as benefits that are available and any other terms or conditions of the coverage.

i. In the future the County may also consider carving out prescription drugs from its HMO plan. Is your organization willing to support such an arrangement?

15. Claims & Appeals

a. Describe your standard claim processing and appeal procedures including all timetables for submitting claims and appeals. Can you customize your standard procedures to meet any specific County requirements?

b. Can you customize EOBs, letters and forms related to claims and appeals to the extent necessary to bring them into conformance with the County's specific claims and appeals procedures as defined in the current CIGNA Group Service Agreement (Appendix D)?

16. Utilization Review

a. Does your firm have Utilization Review (UR) capabilities and resources? If so, please describe your capabilities, resources, procedures and case management protocols.

b. Does UR include a comprehensive review of all medical management or is it focused on specific conditions?

c. What type of data is used in the UR decision-making processes? Does the level of UR services vary depending on the availability of data?

d. Is your utilization review accredited? If so, by which accreditation body?

e. Describe your case management program. Confirm the specific case management and disease management services which are included in the base fees. If additional case management or disease management fees are charged on a per hour basis, explain how fees are reconciled. How will hourly fees be tracked, reported, and audited?

f. Confirm your willingness to work with the County and its designated vendors on new and emerging disease management initiatives that may occur as a result of the County's review of health trends within their population.

g. Describe your method of tracking case management issues and complaints.

17. Provider Network

a. Geo Access Reports: Please provide Geo Access reports by 5-digit ZIP code for your HMO network using the census data in Appendix A and the following access criteria:

1. One (1) PCP within five (5) miles
2. Two (2) PCPs within ten (10) miles
3. Two (2) OB/GYN's within 10 miles
4. Two (2) pediatricians within 10 miles
5. One (1) hospital within 10 miles
6. One (1) hospital within 20 miles

Please provide the above requested reports for the following groups:

1. Total eligible actives, including those on leave
2. CIGNA HMO population (actives)

Include in the proposal as Attachment F.

b. Disruption Analysis: Appendix B contains the list of currently utilized medical providers for the CIGNA HMO (including tax ID numbers). Please run a disruption analysis clearly indicating which providers are contained in your HMO network. Please mark with an "X" if the provider is contained in your network and include in the proposal as Attachment G.

c. Describe any significant changes in your network service area within the past 12 months. Describe any anticipated changes for 2011 and beyond.

d. Confirm you will notify the County within 60-days prior to the termination of either (1) any network hospital in Southern California or (2) any medical group ranked in the top 10 by number of County Plan members utilizing the PCPs of that medical group.

e. Does your organization have a Center of Excellence Program? Please describe.

f. What are your physician turnover rates for the last two years? Please explain why the physicians left your network (e.g., voluntary and involuntary).

g. Describe your physician (primary, specialist, ancillary) credentialing/selection process. Please discuss in detail including application procedures, verification, profiling, licensure, Federal Drug Enforcement Agency (DEA), board status, hospital privileges, malpractice, site visits and practice patterns. How often is each physician recredentialed? Are the recredentialing procedures consistent with the initial selection criteria?

h. Describe your hospital credentialing/selection process. Please discuss in detail including application procedures, verification, licensure, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), malpractice, site visits, mortality, morbidity and readmission rates. How often is each hospital recredentialed? Are the recredentialing procedures consistent with the initial selection criteria?

i. Provide a listing of all types of ancillary providers with whom you contract (e.g., labs and surgical centers) and the discount arrangements in effect with each.

j. What are the national and California-specific average rate increases to your hospital contracts for the last two (2) years? How often are hospital contracts negotiated or fees increased? Are there automatic annual increase provisions included in your contracts?

k. What are the national and California-specific average rate increases to your physician contracts for the last two (2) years? How often are physician contracts negotiated or fees increased? Are there automatic annual increase provisions included in your contracts? Please describe your physician contracts.

l. Describe your organization's hospital contracts? Do these contracts include full-risk financial arrangements? At what charge level does your per diem hospital contracts convert to a percentage discount off billed charges? If different by geographic region, please explain.

m. Describe your physician contracts. Do your physician contracts include language that prevents balance billing?

n. Does the health plan hold clinicians accountable for the appropriateness of care delivered to members, patient outcomes and member satisfaction? Is regular feedback provided to clinicians and are improvement objectives developed and implemented? Describe the systems used to monitor this information.

o. Describe your physician and facility profiling criteria and procedures. How is this information used in the management of your provider network? What type of information is available to the County and its employees?

p. Describe your health plan's disease management programs, procedures and protocols. Identify your health plan's current programs and other programs being considered for 2011 and beyond.

q. Provide a complete set of your health plan's most recent Health Plan Employer Data and Information Set (HEDIS) performance measures.

r. Describe how physicians are compensated. Are performance incentives available?

s. What percentage of your PCPs receive capitation? Please provide both national and California-specific figures.

t. What percentage of specialist physicians receive capitation? Please provide both national and California-specific figures.

18. Eligibility Connections Standards

a. Indicate whether you can accept eligibility information by electronic media (i.e., internet), tape or hard copy. Confirm you can accept HIPAA-compliant ANSI 834 format, currently used by the County's Benefits Administrator to provide files to vendors.

b. Confirm you will only make eligibility changes based on information received from the County's Benefits Administrator.

c. Confirm that manual eligibility updates directed by the County's Benefits Administrator can be made within two (2) to twenty-four (24) hours for emergency and urgent enrollments.

d. Confirm you will process and confirm receipt of eligibility information bi-weekly and provide eligibility information to the County's Benefits Administrator within five (5) business days of receipt.

e. Confirm you will perform at least annually, full database audits with the County's Benefits Administrator.

f. Confirm you will adhere to client-specific full-time student monitoring guidelines.

g. Confirm you will adhere to client-specific HIPAA certification guidelines.

19. References

a. Provide the following reference information for three (3) current public sector clients of comparable size and complexity to the County.

1. Contact Information
2. Name of Organization
3. Number of Covered Members
4. Number of Years Servicing Client
5. Contact Person
6. Address
7. Telephone Number
8. Fax Number
9. Email Address

b. Confirm whether these references use the same member services department you are proposing for the County.

c. Provide the following reference information for three (3) clients that have terminated your services within the past three (3) years:

1. Contact Information
2. Name of Organization
3. Number of Covered Members
4. Number of Years Servicing Client
5. Contact Person
6. Address
7. Telephone Number
8. Fax Number
9. Email Address

d. Confirm whether these references use the same member services department you are proposing for the County.

Part 4

PROPOSED MODEL CONTRACT

ADMINISTRATIVE SERVICES AGREEMENT FOR ACTIVE HEALTH PLAN FOR THE COUNTY OF ORANGE

THIS "Contract" is effective January 1, 2011 by and between the County of Orange, a political subdivision of the State of California, “County” and, hereinafter referred to as “Contractor” which are sometimes individually referred to as “Party”, or collectively referred to as “Parties”.

RECITALS

WHEREAS, Contractor responded to a Request for Proposal (“RFP”) for offering health maintenance organization (“HMO”) benefits to County Active enrollees;

WHEREAS, Contractor has been selected to offer such HMO benefits to enrollees, effective January 1, 2011, through a Group Services Agreement (“GSA”) which may be amended from time to time and which must be approved by the State of California Department of Managed Health Care;

WHEREAS, in consideration of the County allowing Contractor to offer HMO benefits to County enrollees, Contractor has agreed to certain performance guarantees in connection with services provided under the GSA;

NOW, THEREFORE, the PARTIES mutually agree as follows:

ARTICLES

1. **Performance Guarantees:** Contractor agrees to provide the County the performance guarantees specified in Attachment A and to pay any penalties incurred in accordance with the terms of Attachment A.

2. **Term of Contract:** This Contract shall commence on January 1, 2011 upon execution of all necessary signatures and approval by the County Board of Supervisors, and shall continue in effect for a period of three (3) years. The Contract may be renewed for up to two (2) additional (1) year periods by mutual agreement of the Parties.

3. **Entire Contract:** This Contract, including the GSA, Attachments and Exhibits, which are attached hereto and incorporated herein by this reference, contains the entire contract between the Parties with respect to the Performance Guarantees, all relating to the GSA, and there are no exceptions, alternatives, substitutions, revisions, understandings, agreements, restrictions, promises, warranties or undertakings, whether oral or written, other than those set forth herein or referred to herein.

4. **Amendments:** No alteration or variation of the terms of this Contract shall be valid unless made in writing and signed by the Parties.

5. **Governing Law and Venue:** This Contract has been negotiated and executed in the State of California and shall be governed by and construed under the laws of the State of California, without reference to conflict of laws provisions. In the event of any legal action to enforce or interpret this Contract, the sole and exclusive venue shall be a court of competent jurisdiction located in Orange County, California, and the Parties hereto agree to and do hereby submit to the jurisdiction of such court, notwithstanding Code of Civil Procedure section 394. Furthermore, the Parties specifically agree to waive any and all rights to request that an action be transferred for trial to another venue.

6. **Appropriation/Contingency of Funds:** This Contract is subject to and contingent upon applicable budgetary appropriations being approved by the County of Orange Board of Supervisors for each fiscal year during the Term of this Contract. If such appropriations are not approved, the Contract will be immediately terminated without penalty to the County.

7. **Taxes:** Unless otherwise provided herein or by law, price quoted does not include California state sales or use tax.

8. **Independent Contractor**: Contractor shall be considered an independent contractor and neither Contractor, its employees nor anyone working under Contractor shall be considered an agent or an employee of County. Neither Contractor, its employees nor anyone working under Contractor, shall qualify for workers' compensation or other fringe benefits of any kind through County.

9. **Assignment or Sub-contracting**: The terms, covenants, and conditions contained herein shall apply to and bind the heirs, successors, executors, administrators and assigns of the Parties. Furthermore, neither the performance of this Contract nor any portion thereof may be assigned or sub-contracted by Contractor without the express written consent of County. Any attempt by Contractor to assign or sub-contract the performance or any portion thereof of this Contract without the express written consent of County shall be invalid and shall constitute a breach of this Contract.

10. **Non-Discrimination:** In the performance of this Contract, Contractor agrees that it will comply with the requirements of Section 1735 of the California Labor Code and not engage nor permit any subcontractors to engage in discrimination in employment of persons because of the race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, or sex of such persons. Contractor acknowledges that a violation of this provision shall subject Contractor to all the penalties imposed for a violation of anti-discrimination laws or regulations including but not limited to Section 1720 et seq. of the California Labor Code.

11. **Performance:** Contractor shall perform all work under this Contract, taking necessary steps and precautions to perform the work to County's satisfaction**.** Contractor shall be responsible for the professional quality, technical assurance, timely completion and coordination of all documentation and other services performed by Contractor under this Contract. Contractor shall perform all work diligently, carefully, and in a good and workman-like manner; shall furnish all labor, supervision, machinery, equipment, materials, and supplies necessary therefore; shall at its sole expense obtain and maintain all permits and licenses required by public authorities, including those of County required in its governmental capacity, in

connection with performance of the services; and, if permitted to subcontract, shall be fully responsible for all work performed by subcontractors.

12. **Errors and Omissions:** All reports, files and other documents prepared and submitted by Contractor shall be complete and shall be carefully checked by the professional(s) identified by Contractor as Account Manager and key personnel, prior to submission to the County. Contractor agrees that County review is discretionary and Contractor shall not assume that the County will discover errors and/or omissions. If the county discovers any errors or omissions prior to approving Contractor's reports, files and other written documents, the reports, files or documents will be returned to Contractor for correction. Should the County or others discover errors or omissions in the reports, files or other written documents submitted by Contractor after County approval thereof, County approval of Contractor's reports, files or documents shall not be used as a defense by Contractor in any action between the County and Contractor, and the reports, files or documents will be returned to Contractor for correction at no charge to County.

13. **Patent/Copyright Materials/Proprietary Infringement:** Contractor shall be solely responsible for clearing the right to use any patented or copyrighted materials in the performance of this Contract. Contractor warrants that any software as modified by Contractor through services provided hereunder will not infringe upon or violate any patent, proprietary right or trade secret right of any third party. Contractor agrees that, in accordance with the more specific requirement contained in paragraph 15 below, it shall indemnify, defend and hold County and County Indemnities harmless from any and all such claims and be responsible for payment of all costs, damages, penalties and expenses related to or arising from such claims(s), including, but not limited to, attorney's fees, costs and expenses; provided that the foregoing indemnity shall not apply to any claim of infringement to the extent resulting from the acts or omissions of the County including, without limitation, modifications made to the work product.

14. **Indemnification/Insurance**: Contractor agrees to indemnify, defend with counsel approved in writing by County, and hold County, its elected and appointed officials, officers, employees, agents and those special districts and agencies which County's Board of Supervisors acts as the governing Board ("County Indemnities") harmless from any claims, demands or liability of any kind or nature, including but not limited to personal injury or property damage, arising from or related to the services, products or other performance provided by Contractor pursuant to this Contract. If judgment is entered against Contractor and County by a court of competent jurisdiction because of the concurrent active negligence of County or County Indemnities, Contractor and County agree that liability will be apportioned as determined by the court. Neither party shall request a jury apportionment.

    Insurance: Prior to the provision of services under this contract, Contractor agrees to purchase all required insurance at Contractor's expense and to deposit with the County Certificates of Insurance, including all endorsements required herein, necessary to satisfy the County that the insurance provisions of this contract have been complied with and to keep such insurance coverage and the certificates therefore on deposit with the County during the entire term of this contract. In addition, all subcontractors performing work on behalf of Contractor pursuant to this contract shall obtain insurance subject to the same terms and conditions as set forth herein for contractor.

    All insurance policies required by this contract shall declare any deductible or self-insured retention (SIR) in an amount in excess of $25,000 ($5,000 for automobile liability), which

shall specifically be approved by the County Executive Office (CEO)/Office of Risk Management. Contractor shall be responsible for reimbursement of any deductible to the insurer. Any self-insured retentions (SIRs) or deductibles shall be clearly stated on the Certificate of Insurance.

If Contractor fails to maintain insurance acceptable to the County for the full term of this contract, the County may terminate this contract.

Qualified Insurer: The policy or policies of insurance must be issued by an insurer licensed to do business in the state of California (California Admitted Carrier).

Minimum insurance company ratings as determined by the most current edition of the **Best's Key Rating Guide/Property-Casualty/United States or ambest.com** shall be A- (Secure Best's Rating) and VIII (Financial Size Category).

If the carrier is a non-admitted carrier in the state of California, CEO/Office of Risk Management retains the right to approve or reject carrier after a review of the company's performance and financial ratings.

The policy or policies of insurance maintained by the Contractor shall provide the minimum limits and coverage as set forth below:

Coverage	Minimum Limits
Commercial General Liability with broad form property damage and contractual liability	$1,000,000 combined single limit per occurrence $2,000,000 aggregate
Automobile Liability including coverage for owned, non-owned and hired vehicles	$1,000,000 combined single limit per occurrence
Workers' Compensation	Statutory
Employers' Liability Insurance	$1,000,000 per occurrence
Professional Liability Insurance	$1,000,000 per claims made or per occurrence

All liability insurance, except Professional Liability, required by this contract shall be at least $1,000,000 combined single limit per occurrence. Professional Liability may also be provided on a “Claims Made” basis. The minimum aggregate limit for the Commercial General Liability policy shall be $2,000,000.

The County of Orange shall be added as an additional insured on all insurance policies required by this contract with respect to work done by Contractor under the terms of this contract (except Workers' Compensation/Employers' Liability and Professional Liability). An additional insured endorsement evidencing that the County of Orange is an additional insured shall accompany the Certificate of Insurance.

All insurance policies required by this contract shall be primary insurance, and any insurance maintained by the County of Orange shall be excess and non-contributing with insurance provided by these policies. An endorsement evidencing that Contractor's insurance is primary and non-contributing shall specifically accompany the Certificate of Insurance for the Commercial General Liability.

All insurance policies required by this contract shall give the County of Orange 30 days notice in the event of cancellation. This shall be evidenced by an endorsement separate from the Certificate of Insurance. In addition, the cancellation clause must include language as follows, which edits the pre-printed ACORD certificate:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENDEAVOR TO~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENT OR REPRESENTATIVE~~.

All insurance policies required by this contract shall waive all rights of subrogation against the County of Orange and members of the Board of Supervisors, its elected and appointed officials, officers, agents and employees when acting within the scope of their appointment or employment.

If Contractor's Professional Liability policy is a "claims made" policy, Contractor shall agree to maintain professional liability coverage for two years following completion of contract.

The Commercial General Liability policy shall contain a severability of interests clause. Contractor is aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for Workers' Compensation or be self-insured in accordance with provisions of that code. Contractor will comply with such provisions and shall furnish the County satisfactory evidence that Contractor has secured, for the period of this contract, statutory Workers' Compensation insurance and Employers' Liability insurance with minimum limits of $1,000,000 per occurrence.

Insurance certificates should be forwarded to the agency/department address listed on the solicitation.

If Contractor fails to provide the insurance certificates and endorsements within seven days of notification by CEO/Purchasing or the agency/department purchasing division, award may be made to the next qualified vendor.

County expressly retains the right to require Contractor to increase or decrease insurance of any of the above insurance types throughout the term of this Contract. Any increase or

decrease in insurance will be as deemed by County of Orange Risk Manager as appropriate to adequately protect County.

County shall notify Contractor in writing of changes in the insurance requirements. If Contractor does not deposit copies of acceptable certificates of insurance and endorsements with County incorporating such changes within thirty days of receipt of such notice, this Contract may be in breach without further notice to Contractor, and County shall be entitled to all legal remedies.

The procuring of such required policy or policies of insurance shall not be construed to limit Contractor's liability hereunder nor to fulfill the indemnification provisions and requirements of this Contract.

The County of Orange Certificate of Insurance and the Special Endorsement for the County of Orange can be utilized to verify compliance with the above-mentioned insurance requirements in place of commercial insurance certificates and endorsements.

15. **Waiver of Jury Trial**: To the extent enforceable under California law, each Party acknowledges that it is aware of and has had the opportunity to seek advice of counsel of its choice with respect to its rights to trial by jury, and each Party, for itself and its successors, creditors, and assigns, does hereby expressly and knowingly waive and release all such rights to trial by jury in any action, proceeding or counterclaim brought by any Party hereto against the other (and/or against its officers, directors, employees, agents, or subsidiary or affiliated entities) on or with regard to any matters whatsoever arising out of or in any way connected with this Contract and/or any other claim of injury or damage.

16. **Compliance with Laws**: Contractor represents and warrants that services to be provided under this Contract shall fully comply, at Contractor's expense, with all standards, laws, statutes, restrictions, ordinances, requirements, and regulations (collectively "laws"), including, but not limited to those issued by County in its governmental capacity and all other laws applicable to the services at the time services are provided to and accepted by County.

17. **Confidentiality**: Contractor agrees to maintain the confidentiality of all County and County-related records and information pursuant to all statutory laws relating to privacy and confidentiality that currently exist or exist at any time during the term of this Contract. All such records and information shall be considered confidential and kept confidential by Contractor and Contractor's staff, agents and employees.

18. **Contractor Personnel:** Contractor warrants that all Contractor personnel engaged in the performance of work under this Contract shall possess sufficient experience and/or education and the required licenses set forth herein in good standing to perform the services requested by the County. County expressly retains the right to have any of Contractor personnel removed from performing services under this Contract to the County. Contractor shall effectuate the removal of the specified Contractor personnel from providing any services to the County under this Contract within one business day of notification by County. County shall submit the request in writing to Contractor's Account Manager. The County is not required to provide any reason, rationale or additional factual information if it elects to request any specific Contractor personnel be removed from performing services under this Contract.

19. **Contractor's Account Manager and Key Personnel:** Contractor shall appoint an Account Manager to direct the Contractor's efforts in fulfilling Contractor's obligations under this Contract. This Account Manager Consultant shall be subject to approval by the County and shall not be changed without the written consent of the County's project manager, which consent shall not be unreasonably withheld. The Contractor's Account Manager and key personnel shall be assigned to this project for the duration of this Contract and shall diligently pursue all work and services to meet the project time lines. Key personnel are those individuals who report directly to Contractor's Account Manager.

20. **Project Manager**: The County shall appoint a project manager to act as liaison between the County and Contractor during the term of this Contract. The County's project manager shall coordinate the activities of the County staff assigned to work with Contractor. The County's project manager shall have the right to require the removal and replacement of Contractor's Account Manager from providing services to County under this Contract. The County's Project Manager shall notify the Contractor in writing of such request for removal of Contractor's Account Manager. The Contractor shall accomplish the removal within one (1) day after written notice by the County's project manager or earlier if the County deems necessary. The County's project manager shall review and approve of the appointment of the replacement for Contractor's Account Manager. The County is not required to provide any additional information, reason or rationale for the request for removal of Contractor's Account Manager from providing services to County under this Contract.

21. **Ownership of Documents:** The County has permanent ownership of all directly connected and derivative materials produced under this Contract by the Contractor. All documents, reports and other incidental or derivative work or materials furnished hereunder shall become and remain the sole property of the County and may be used by the County as it may require without additional cost to the County. None of the documents, reports and other incidental or derivative work or furnished materials shall be used by Contractor without the express written consent of the County.

22. **Title to Data:** All materials, documents, data or information obtained from the County data files or any County medium furnished to Contractor in the performance of this Contract will at all times remain the property of the County. Such data or information may not be used or copied for direct or indirect use by Contractor after completion or termination of this Contract without the express written consent of the County. All materials, documents, data or information, including copies, must be returned to the County at the end of this Contract in an electronic form agreed to by the County.

23. **Records:** Contractor shall keep an accurate record of time expended by Contractor and the subcontractors working for Contractor in the performance of this Contract. Such record shall be available for periodic inspection by the County at reasonable times.

24. **Audits/Inspections:** Contractor agrees to permit the County's Auditor-Controller or the County's authorized representative (including auditors from a private auditing firm hired by the County) access during normal working hours to all books, accounts, records, reports, files, financial records, supporting documentation, including payroll and accounts payable/receivable records, and other papers or property of Contractor for the purpose of auditing or inspecting any aspect of performance under this Contract. The inspection and/or audit will be confined to those matters connected with the performance of the Contract including, but not limited to, the costs of administering the Contract. The County will provide reasonable notice of such an audit or inspection.

Contractor agrees to maintain such records, and to permit the County to audit such records, for a minimum of three years after final payment, unless a longer period of records retention is stipulated under this Contract or by law. Contractor agrees to cooperate with the County and its auditor's and to allow interviews of any employees or others who might reasonably have information related to such records. Further, Contractor agrees to include a similar right to the County to audit records and interview staff of any subcontractor related to performance of this Contract.

Should Contractor cease to exist as a legal entity, Contractor's records pertaining to this agreement shall be forwarded to the surviving entity in a merger or acquisition or, in the event of liquidation, to the County's project manager.

25. **Publication:** No copies of schedules, written documents, and computer based data, photographs, maps or graphs, resulting from performance or prepared in connection with this Contract, are to be released by Contractor and/or anyone acting under the supervision of Contractor to any person, partnership, company, corporation, or agency, without prior written approval by the County, except as necessary for the performance of the services of this Contract. All press releases, including graphic display information to be published in newspapers, magazines, etc., are to be administered only by the County unless otherwise agreed to by both Parties.

26. **Conflict of Interest:** Contractor shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with the best interests of the County. This obligation shall apply to Contractor; Contractor's employees, agents, and relatives; sub-tier contractors and third parties associated with accomplishing services hereunder. Contractor's efforts shall include, but not be limited to establishing precautions to prevent its employees or agents from making, receiving, providing or offering gifts, entertainment, payments, loans or other considerations which could be deemed to appear to influence individuals to act contrary to the best interests of the County. The County Board of Supervisors policy prohibits its employees from engaging in activities involving a conflict of interest. Contractor shall not, during the period of this Contract, employ any County employee for any purpose.

27. **Termination:** In addition to any other remedies or rights it may have by law, County has the right to terminate this Contract after 30 days' written notice, provided however, that the effective date of termination will be 12:01 a.m. Pacific Time on the January 1 following notice of termination.

28. **Breach of Contract:** The failure of the Contractor to comply with any of the terms, provisions, covenants or conditions of this Contract shall constitute a material breach of this Contract. In such event the County may, and in addition to any other remedies available at law, in equity, or otherwise specified in this Contract:

    1. Afford Contractor written notice of the breach and thirty (30) calendar days or such shorter time that may be specified in this Contract within which to cure the breach; and/or

2. Discontinue payment to Contractor for and during the period in which Contractor is in breach; and offset against any monies billed by Contractor but yet unpaid by the County those monies disallowed pursuant to the above.

29. **Disputes:** The Parties shall deal in good faith and attempt to resolve potential disputes informally. If a dispute concerning a question of fact arising under the terms of this Contract is not disposed of in a reasonable period of time by Contractor's Account Manager and the County's project manager, such matter shall be brought to the attention of the County's Purchasing Agent by way of the following process:

A. Contractor shall submit to the agency/department assigned Deputy Purchasing Agent ("DPA") a written demand for a final decision regarding the disposition of any dispute between the Parties arising under, related to, or involving this Contract, unless the County, on its own initiative, has already rendered such a final decision.

B. Contractor's written demand shall be fully supported by factual information, and, if such demand involves a cost adjustment to the Contract, Contractor shall include with the demand a written statement signed by a senior official indicating that the demand is made in good faith, that the supporting data are accurate and complete, and that the amount requested accurately reflects the amount for which Contractor believes the County is liable.

C. Pending the final resolution of any dispute arising under, related to, or involving this Contract, Contractor agrees to diligently proceed with the performance of this Contract, including the provision of services. Contractor's failure to diligently proceed shall be considered a material breach of this Contract. Any final decision of the County shall be expressly identified as such, shall be in writing, and shall be signed by the County's Deputy Purchasing Agent or his designee. If the County fails to render a decision within 90 days after receipt of Contractor's demand, it shall be deemed a final decision adverse to Contractor's contentions.

30**. Orderly Termination:** Upon termination or other expiration of this Contract, each Party shall promptly return to the other Party all papers, materials, and other properties of the other held by each for purposes of execution of the Contract. In addition, each Party will assist the other Party in orderly termination of this Contract and the transfer of all aspects, tangible and intangible, as may be necessary for the orderly, non-disruptive business continuation of each Party.

31. **Force Majeure**: Contractor shall not be in breach of this Contract during any delay beyond the time named for the performance of this Contract caused by any act of God, war, civil disorder, employment strike or other cause beyond its reasonable control, provided Contractor gives written notice of the cause of the delay to County within 36 hours of the start of the delay and Contractor avails himself of any available remedies.

32**. Consent to Breach Not Waiver**: No term or provision of this Contract shall be deemed waived and no breach excused, unless such waiver or consent shall be in writing and signed by the Party claimed to have waived or consented. Any consent by any Party to, or waiver of, a breach by the other, whether express or implied, shall not constitute consent to, waiver of, or excuse for any other different or subsequent breach.

33. **Remedies Not Exclusive:** The remedies for breach set forth in this Contract are cumulative as to one another and as to any other provided by law, rather than exclusive; and the expression of certain remedies in this Contract does not preclude resort by either Party to any other remedies provided by law.

34. **Notices:** Any and all notices, requests demands and other communications contemplated, called for, permitted, or required to be given hereunder shall be in writing, except through the course of the County's project manager and Contractor's Account Manager routine exchange of information and cooperation during the terms of the work and services. Any written communications shall be deemed to have been duly given upon actual in-person delivery, if delivery is by direct hand or upon delivery on the actual day of receipt or no greater than four calendar days after being mailed by US certified or registered mail, return receipt requested, postage prepaid, whichever occurs first. The date of mailing shall count as the first day. All communications shall be addressed to the appropriate Party at the address stated herein or such other address as the Parties hereto may designate by written notice from time to time in the manner aforesaid.

County:	Tracy Vonada, Project Manager Human Resources/Employee Benefits Hall of Administration 333 W. Santa Ana Blvd., 2nd Floor Santa Ana, CA 92701
Cc:	Human Resources/Employee Benefits Hall of Administration Attn: Diana Banzet, Deputy Purchasing Agent 333 W. Santa Ana Blvd., 2nd Floor Santa Ana, CA 92701
Contractor:	TBD

35. **County Child Support Enforcement:** Contractor is required to comply with the child support enforcement requirements of the County. Failure of Contractor to comply with all federal, state, and local reporting requirements for child support enforcement or to comply with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment shall constitute a material breach of the Contract. Failure to cure such breach within 60 calendar days of notice from the County shall constitute grounds for termination of the Contract.

36. **Change of Ownership:** Contractor agrees that if there is a change or transfer in ownership of Contractor's business prior to completion of this Contract, the new owners shall be required under terms of sale or other transfer to assume Contractor's duties and obligations contained in this Contract and complete them to the satisfaction of County.

37. **Headings:** The various headings and numbers herein, the grouping of provisions of this Contract into separate clauses and paragraphs, and the organization hereof are for the purpose of convenience only and shall not limit or otherwise affect the meaning hereof.

38. **Severability:** If any term, covenant, condition or provision of this Contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired or invalidated thereby.

39. **Calendar Days:** Any reference to the word "day" or "days" herein shall mean calendar day or calendar days, respectively, unless otherwise expressly provided.

40. **Attorney Fees:** In any action or proceeding to enforce or interpret any provision of this Contract, or where any provision hereof is validly asserted as a defense, each Party shall bear its own attorney's fees, costs and expenses.

41. **Interpretation:** This Contract has been negotiated at arm's length and between persons sophisticated and knowledgeable in the matters dealt with in this Contract. In addition, each Party has been represented by experienced and knowledgeable independent legal counsel of their own choosing, or has knowingly declined to seek such counsel despite being encouraged and given the opportunity to do so. Each Party further acknowledges that they have not been influenced to any extent whatsoever in executing this Contract by any other Party hereto or by any person representing them, or both. Accordingly, any rule of law (including California Civil Code Section 1654) or legal decision that would require interpretation of any ambiguities in this Contract against the Party that has drafted it is not applicable and is waived. The provisions of this Contract shall be interpreted in a reasonable manner to affect the purpose of the Parties and this Contract.

42. **Third Party Beneficiaries:** This Agreement is for the benefit of the County and Contractor and not for any other person. It shall not create any legal relationship between Contractor and any employee, beneficiary or any other party claiming any right, whether legal or equitable, under the terms of this Agreement or the GSA.

43. **Authority:** The Parties to this Contract represent and warrant that this Contract has been duly authorized and executed and constitutes the legally binding obligation of their respective organization or entity, enforceable in accordance with its terms.

44. **Payment:** Premium payment will be based upon the number of active subscribers and associated rate as provided by the County to the Contractor on the monthly Premium Report. Payment for the month will be made on or before the 30th day of each month, representing payment for services provided in the current month, i.e. payment for the month of January will be paid by January 30th. In addition to Premium payment, Contractor agrees to pay for Open Enrollment communication costs billed by County based on the number of active health plans the required communication materials needed.

45. **Employee Eligibility Verification:** The Contractor warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Contract meet the citizenship or alien status requirement set forth in Federal statues and regulations. The Contractor shall obtain, from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by Federal or State statutes and regulations including,

but not limited to, the Immigration Reform and Control Act of 1986, 8 U.S.C. §1324 et seq., as they currently exist and as they may be hereafter amended. The Contractor shall retain all such documentation for all covered employees for the period prescribed by the law. The Contractor shall indemnify, defend with counsel approved in writing by County, and hold harmless, the County, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the Contractor or the County or both in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Contract.

48. **Health Insurance Portability and Accountability Act (HIPAA):** Contractor understands and agrees that the disclosure of PHI by a health care component of a covered entity is subject to the HIPAA Privacy Rule, Contractor understands and agrees that it is a Business Associate of County for the purposes of the HIPAA Privacy Rule. Therefore, the provisions set forth in Exhibit 3 hereto shall be operative and control the Business Associate relationship of the parties. Nothing in Exhibit 3 shall be considered a waiver of the limitation on subcontracting as set forth in this Contract.

49. **Changes:** Contractor shall make no changes in the work or perform any additional work without County's specific written approval.

50. **Terms and Conditions**: Contractor acknowledges that it has read and agrees to all terms and conditions included in this Contract.

51. **Incorporation:** This Contract and its Attachments A through E, and Exhibits 1 through 3 are attached hereto and incorporated by reference and made a part of this Contract.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

CONTRACT SIGNATURE PAGE

The Parties hereto have executed this Contract on the dates shown opposite their respective signatures below.

CONTRACTOR

_____

Print Name Title

* DO NOT SIGN THIS PAGE AT THIS TIME*

_____

Signature Date

_____

Print Name Title

* DO NOT SIGN THIS PAGE AT THIS TIME*

_____

Signature Date

* **Unless otherwise demonstrated that the person(s) executing this CONTRACT on behalf of CONTRACTOR has the requisite authority to legally obligate and bind CONTRACTOR, if the CONTRACTOR is a corporation, signatures of two specific corporate officers are required as further set forth. The first corporate officer signature must be one of the following: 1) the Chairman of the Board; 2) the President; 3) any Vice President. The second corporate officer signature must be one of the following: a) Secretary; b) Assistant Secretary; c) Chief Financial Officer; d) Assistant Treasurer.**

****

County of Orange, a political subdivision of the State of California

_____

Print Name Title

_____

Signature Date

****

Approved by Board of Supervisors on: Date_____

APPROVED AS TO FORM:

_____

Deputy, Office of County Counsel
Orange County, California

ATTACHMENT A

PROPOSED PERFORMANCE COMMITMENTS AND PENALITES
PERFORMANCE GUARANTEES ANNUAL SERVICE METRICS

1. Performance Commitments and Penalty Amounts

In connection with the services Contractor will provide to the County with respect to the Plan, Contractor guarantees its performance as follows (A summary of all performance commitments and their associated penalties is included in this Attachment A):

A. **Average Speed of Answer Commitment.**
The average speed of answer for a phone call to the Service Center(s) during the Term ("ASA") shall be no longer than the number of seconds designated in Attachment A.

B. **Evaluation of Average Speed of Answer.**

(a) The ASA will be determined by measuring the sum of the total elapsed time between the moment when a telephone call is queued to the Service Center(s) and the time the caller is responded to, and dividing that number by the total number of telephone calls answered in the Service Center(s) during the Term.

(b) The calculation of ASA is based on all calls received by the Service Center(s) for all customers serviced in the Special Account Queue related to services provided by Contractor to the County Plan.

C. **Average Speed of Answer Penalty.** The penalty for Contractor's failure to meet the Telephone Average Speed of Answer Performance Commitment shall be the amount shown in Attachment A.

Abandonment Rate

D. **Telephone Abandonment Rate Commitment**. The percentage of calls received by the Service Center(s) resulting in the caller terminating the call before speaking with a customer service representative ("Abandonment Rate") shall, on average, be no greater than the percentage designated in Attachment A.

E. **Evaluation of Abandonment Rate**

(a) Abandonment Rate will be calculated using the total number of calls received during the Term that result in the caller terminating the call after it is queued to a customer service representative, divided by the total number of telephone calls received by the Service Center(s) during the Term, expressed as a percent.

(b) The calculation of Abandonment Rate is based on all calls received by the Service Center(s) for all customers serviced in the Special Account Queue related to services provided by Contractor to the County Plan.

F. **Abandonment Rate Penalty.** The penalty for Contractor's failure to meet the Telephone Abandonment Rate Performance Commitment shall be the amount shown in Attachment

First Call Resolution

G. **First Call Resolution Performance Commitment.**
The percentage of inquiries related to the Plan that are closed on the first inquiry, meaning that Contractor determines that no inquiries involving the same matter are received during the 45 Day timeframe preceding and following the inquiry, shall be the percentage designated in Attachment A.

H**. Evaluation of First Call Resolution.**

(a) First Call Resolution will be calculated based on the inquiries received by Contractor related to services provided by Contractor to the County Plan.

(b) The First Call Resolution rate will be calculated using the number of inquires received from the County that were closed during the first inquiry, divided by the total number of inquiries received from the County, expressed as a percent.

(c) An inquiry will be considered closed when Contractor gives it a closed status on the Inquiry Tracking System(s) and no inquiries involving the same matter are received during the 45 Day timeframe preceding and following the inquiry.

I. **First Call Resolution Penalty.**

The penalty for Contractor's failure to meet the First Call Resolution Performance Commitment shall be the amount shown in Attachment A.

Customer Service Associate (CSA) Quality

J. **CSA Quality Performance Commitment.**
A designated percentage of inquiries received by the Service Center(s) servicing the County (the "Service Center(s)" and randomly monitored, shall achieve Contractor's quality standards for issue resolution, ownership and professionalism. The designated percentage is shown in Attachment A.

K. **CSA Quality Evaluation**.

(a) CSA Quality will be based on a random sample of all inquiries received from the County related to services provided by Contractor to the County plan.

(b) The CSA Quality rate will be calculated using the number of inquiries that achieved Contractor's quality standards, divided by the total number of inquiries audited, expressed as a percent.

L. **CSA Quality Penalty.**
The penalty for Contractor's failure to meet the CSA Quality Performance Commitment shall be the amount shown in Attachment A.

Eligibility Processing –Maintenance (Ongoing) Automated Eligibility Time-to-Process

M. **Maintenance (Ongoing) Automated Eligibility Time-to-Process Performance Commitment.** A designated percentage of the file(s) received from the County after the effective date and during the Term shall be loaded onto the eligibility system within the number of Business Days, as designated in Attachment A, of the receipt of a complete and valid eligibility file. The designated percentage is shown in Attachment A.

N. **Evaluation of Maintenance (Ongoing) Automated Eligibility Time-to-Process.**

(a) Maintenance (On-going) Automated Eligibility Time-to-Process will be calculated by counting the number of Business Days from the Business Day that the file is received by Contractor to and including the Business Day the file is loaded onto the eligibility system. The Business Day the file is received will not be included in this calculation.

(b) "Business Days" will mean the days of the week that the responsible eligibility unit is conducting business, which excludes Saturdays, Sundays and holidays observed by Contractor.

(c) This Commitment will be contingent on the County submitting full files in which no more than two percent (2%) of the member records are erroneous. An "erroneous member record" will be defined as any member record lacking accurate information regarding the spelling of the participant's name, the Social Security number, account, branch, benefit option, network ID, effective date of coverage, termination date, address and any other demographic data.

O. **Maintenance (Ongoing) Automated Eligibility Time-to-Process Penalty.** The penalty for Contractor's failure to meet the Maintenance (Ongoing) Automated Eligibility Time-to-Process Performance Commitment shall be the amount shown in Attachment A.

ID Card Maintenance (On-going) Performance

P. **ID Card Maintenance (Ongoing) Performance Commitment.**
A designated percentage of the ID cards issued to the County's participants in the Plan will be mailed within specified Business Days of the date that the eligibility information necessary to issue that card is released to the ID card vendor. The designated percentage is shown in Attachment A.

Q. **Evaluation ID Card Maintenance (Ongoing) Performance**.

(a) ID Card Maintenance (Ongoing) Performance will be calculated by counting the number of Business Days from the Business Day that eligibility information necessary to issue that card is released to the ID card vendor, to and including the Business Day the ID card is issued to the Plan participant. The Business Day the eligibility information is received by the vendor will not be included in this calculation.

(b) "Business Days" will mean the days of the week that the responsible unit is conducting business, which excludes Saturdays, Sundays and holidays observed by Contractor.

R. **ID Card Maintenance (Ongoing) Performance Penalty.** The penalty for Contractor's failure to meet ID Card Maintenance (Ongoing) Performance Commitment shall be the amount shown in Attachment A.

Account Management

S. **Account Management Commitment**. Contractor's Account Management Sales Team commits to provide services to the County of such quality as will result in Contractor's achieving the Account Management Composite Score, designated in Attachment B, on the Account Management Report Card. The Account Management Report Card is attached as Attachment B to this Agreement and must be completed, signed and dated by the County and returned to Contractor on a quarterly basis.

T. **Evaluation of Account Management**

(a) At the beginning of the Term, the County shall designate individuals on its benefits staff who will receive and complete the Account Management Report Card (Attachment B) on a quarterly basis.

(b) The Account Management Report Card will be distributed to the Company's designated staff members on a quarterly basis and shall be completed, signed and dated by the County and returned to Contractor within six (6) weeks of its distribution date.

If any quarterly Account Management Report Card is not received within six (6) weeks of its distribution by Contractor, that Account Management Report Card will not be included in the calculation of the Composite Score; and if any quarterly Account Management Report Card is not received within six 6 weeks of its distribution by Contractor, the Account Management Performance Guarantee Penalty Amount will be reduced. The amount Account Management Performance Guarantee Penalty Amount will be reduced as follows:

One (1) Account Management Report Card not received within 6 weeks of distribution: 25% reduction in Account Management Performance Guarantee Penalty Amount.

Two (2) Account Management Report Cards not received within 6 weeks of distribution: 50% reduction in Account Management Performance Guarantee Penalty Amount.

Three (3) Account Management Report Cards not received within 6 weeks of distribution: 75% reduction in Account Management Performance Guarantee Penalty Amount.

(c) Following the end of the Term and receipt of the fourth (4th) quarterly survey from the County, Contractor will calculate the Composite Score in each performance assessment category by averaging the scores for the four (4) quarters of the Term. The assessments of each of the designated staff members and each of the performance assessment categories will be weighted equally. The Account Management Commitment will be deemed as fulfilled if the average of the Composite Scores in each category ("Account Management Composite Score") is

equal to or greater than the Account Management Composite Score indicated on Attachment B.

U. **Account Management Penalty**. The penalty for Contractor's failure to meet the Account Management Commitment shall be the amount shown in Attachment A.

Weighting of Performance Results

V. **Weighting of Results for Telephone Services**. Results for Telephone Services from each assigned Service Center will be weighted by call volume in order to calculate the overall result unless membership by site is made available.

W. **Evaluation of Services and Payment of Penalties**

(a) Within four (4) months after the end of each calendar year during the Term, Contractor shall compile the necessary documentation and perform the necessary calculations to evaluate its fulfillment of each performance commitment set forth in this Agreement and make this information available to the County.

(b) Any dispute concerning the amount Contractor determines to be owed under this Agreement must be raised in writing within sixty (60) days of the date that Contractor notifies the County in writing of its determination.

(c) If Contractor fails to meet any of the performance commitments set forth in herein, Contractor shall pay to the Company the appropriate penalty set forth in Attachment A.

(d) If the GSA under which Contractor provides insurance and/or administrative services to the Plan is terminated prior to the end of the Term of this Agreement, any penalties owed by Contractor shall be prorated for that portion of the year for which the contract was in force, except that Contractor shall owe no penalties for partial quarters and Contractor shall owe no penalties if the contract is terminated by the County with notice and without cause.

(e) In the event that the period during which performance is measured is less than twelve (12) consecutive months, the penalty amounts set forth in Attachment A shall be pro-rated for that portion of the year for which performance measurements are in force.

(f) The penalty amounts in Attachment A have been established in relationship to the actual annual premium that the County pays for each calendar year of the Term.

(g) The total amount payable by Contractor during each calendar year of the Term for failure to meet the performance commitments set forth in this Contract Attachment 1, Part III shall not exceed the sum of the maximum penalties identified in Attachment A.

ATTACHMENT A
PROPOSED PERFORMANCE COMMITMENTS AND PENALTIES – MEDICAL/HMO BENEFITS PLAN

Performance Category	Performance Commitment	Results Measured At	Penalty Amount
Call/Inquiry	Measured for the Term of the Agreement, results will not exceed:		
-Average Speed of Answer (ASA)	ï 30 seconds to answer a phone call	Account Level	0.25% of actual annual premium
-Call Abandonment Rate	ï 3% of calls received by Call Center(s) terminated	Account Level	0.25% of actual annual premium
-First Call Resolution	ï 85% of calls resolved on first call, 45 day look back/forward	Account Level	0.2% of actual annual premium
-CSA Quality	ï 95% meet quality standards	Account Level	0.2% of actual annual premium
Employer Services	Measured for the Term of the Agreement , results will meet or exceed:		
-Ongoing Automated Eligibility Processing	ï 99% files processed in 3 Business Days	Account Level	0.25% of actual annual premium
-Ongoing ID Card Processing	ï 98.5% of ID cards mailed in 5 Business Days	Account Level	0.25% of actual annual premium
Account Management	Account Management Composite Score (all categories) of 3.0 or better on the Account Management Report Card based on four (4) quarterly assessments.	Account Level	0.6% of actual annual premium
		Total Financial Commitment	**2.0% of actual annual premium**

Client Name: County of Orange Account and/or SOC Number: Lead Claim Office:

Agreement Term: From1 /1 /2011 to 12 /31/2011 Projected # of Enrolled Employee Lives: _____

Sales Representative: _____ Sales Office/Routing #: _____ Underwriter Approval By: _____

ATTACHMENT B
ACCOUNT MANAGEMENT REPORT CARD

Rating Methodology:
5 = Completely Satisfied
4 = Very Satisfied
3 = Satisfied
2 = Somewhat Satisfied
1 = Dissatisfied

Client/Company Name: County of Orange
Completed By (please print): _____
Client Signature_____
Date completed: _____
Telephone #:_____

At the end of each quarterly period, please complete the box with the score that most closely reflects your level of satisfaction with the local account management team with respect to the following service categories. A separate quarterly report card must be completed, signed and dated each quarter.

Measurable Need	**1st Q**	**2nd Q**	**3rd Q**	**4th Q**	**Composite to be completed by PG Unit**
1. Provides effective support in preparing for, and conducting open enrollment events/sessions.					
2. Provides client with timely notification of issues impacting members.					
3. Responds to client's issues & questions in a timely, comprehensive manner.					
4. Develops, follows through on action plans; effective coordination to resolve open issues.					
5. Is accessible and attends scheduled meetings.					
6. Delivers agreed upon reports and communication of Contractor results on time.					
Account Management Composite Score (All Categories)	N/A	N/A	N/A	N/A	

Fill in for each quarterly period:
Date Sent to Client: __/ /__ __/ /__ __/ /__ __/ /__
Date Returned by Client: __/ /__ __/ /__ __/ /__ __/ /__

If you rated any of the above categories less than "Satisfied" (3), please tell us why:
X 1st Q:

X 2nd Q:

X 3rd Q:

X 4th Q:

End of Year Comments:

Please return this form to: _____

ATTACHMENT C

COMPENSATION - PAYMENT

To be submitted with the proposal by vendor

The County is requesting a quote for the 2011 through 2013 plan years with the option of renewal for two (2) additional one (1) year periods. Please quote based on this assumption. Past HMO experience is included in Appendix C.

A. Compensation

Provide all fee quotes net of commissions, overrides or other payments to brokers or consultants.

B. Implementation

What are your implementation fees, set-up charges or other up front charges? Confirm if you will provide a $50,000 credit to be used towards implementation.

C. Trends

1. Provide the trends seen on your book of business in the past three (3) years, along with your projections of trends for the coming three (3) years:

	Non Medicare
Year	Trend or (Projected Trends)
2007	
2008	
2009	
2010	
2011	
2012	

2. What are the most significant factors driving your trend assumptions for the next (3) three years?

D. Premium Rates

Provide a rate quotation for each of two (2) different scenarios:
Scenario 1: Assume the County's medical benefit plan options beginning January 1, 2011 will be:

1. Existing PPO plans
2. Kaiser HMO
3 Your HMO

Scenario 2: Assume the County's medical benefit plan options beginning January 1, 2011 will be:

1. Existing PPO Plans
2. Kaiser HMO
3. Existing CIGNA HMO
4 New HMO Option

Under each Scenario, provide rates for non-Medicare active employees only. There is a separate RFP addressing retirees. Provide quotations for current benefits (matching the current plan design exactly). Any proposed deviation from the current benefits should be priced separately (see below). Quotes not submitted in this format will be considered non-responsive.

The County has a small group of represented employees (Craft and Plant Unit of approximately 106 employees) which does not have a chiropractic care benefits. However, the benefits are the same in all other respects. Please provide rates for this group based on this assumption in the table below.

For each scenario, assume that the County's current contribution strategy remains unchanged.

For each quote, please provide the following:

Assumed number of enrollees (subscribers)
Assumed number of total members

SCENARIO 1:
Active Rates

Tier	# of Subscribers	# of Members	Monthly Premium
Employee Only			$
Employee +1			$
Employee + 2 or more			$

Craft & Plant Rates

Tier	# of Subscribers	# of Members	Monthly Premium
Employee Only			$
Employee +1			$
Employee + 2 or more			$

SCENARIO 2:
Active Rates

Tier	# of Subscribers	# of Members	Monthly Premium
Employee Only			$
Employee +1			$
Employee + 2 or more			$

Craft & Plant Rates

Tier	# of Subscribers	# of Members	Monthly Premium
Employee Only			$
Employee +1			$
Employee + 2 or more			$

If your quote includes a not-to-exceed guarantee for the two (2) additional years of the contract, please provide:

Maximum Percentage Increase in Premiums for 2012 Plan Year_____
Maximum Percentage Increase in Premiums for 2013 Plan Year_____

Provide your quoted rates, broken down into their component parts.

Component	Percent of Total Rate
Capitation Payments to Providers	
Non-Capitated Medical Claims Experience	
Prescription Claims Experience	
Pooling Charges	
Administrative fees	
General Retention	
Corporate Marketing and Advertising	
Operating Profit Margin	
State Premium Tax	
Other (Describe)	

E. Self-funded ASO Fees

Provide a rate quotation for each of two (2) different scenarios:

Scenario 1: Assume the County's medical benefit plan options beginning January 1, 2011 will be:

1. Existing PPO plans
2. Kaiser HMO
3 Your self-funded HMO

Scenario 2: Assume the County's medical benefit plan options beginning January 1, 2011 will be:

1. Existing PPO Plans
2. Kaiser HMO
3. Existing CIGNA HMO
4 New self-funded HMO Option

Under each Scenario, provide rates for non-Medicare active employees only. Provide quotations for current benefits (matching the current plan design exactly).

Please indicate whether capitated arrangements can be accommodated within your self-funded arrangement. The County would prefer to maintain capitated contractual arrangements within a self-funded HMO plan, but if your plan is not able to accommodate this arrangement this will not exclude an administrator from consideration.

For each scenario, assume that the County's current contribution strategy remains unchanged.

For each quote, please provide the following:

Assumed number of enrollees (subscribers):
Assumed number of total members:

Self-funded HMO

ASO FEE CHARGES PER EMPLOYEE PER MONTH (PEPM)		
	Scenario 1 Fees	**Scenario 2 Fees**
Claims Administration		
Other Administration		
§ Utilization Review		
§ Disease Management (specify individual program fees)		
§ Medical Case Management		
§ Rx		
§ Nurse Advice Line		
§ Other (explain)		
Network Access Fees		
Fiduciary		
Taxes		
Total		
Estimated Number of Employees		
Total Monthly ASO Fee		

If your quote includes a not-to-exceed guarantee for the two (2) additional years of the contract, please provide:

- Maximum Percentage Increase in Premiums for 2012 Plan Year_____

- Maximum Percentage Increase in Premiums for 2013 Plan Year_____

Other Charges: Services/Materials Included/Not Included in Fees

Using the table below specify any items excluded from your proposed fees above. For any service that is not included in the fees above, describe the service and provide the additional charge for that service. For any service that is included in the services above but can be carved out, provide the corresponding fee reduction.

SERVICE	YES	NO	ADDITIONAL CHARGE/FEE REDUCTION

County will assume no additional costs if none are identified here.

PAYMENT

A. Payment Terms/ Payment in Arrears

Payment for per employee per month premium identified herein will be issued by the County based on the number of active and retired subscribers as provided by the County to the Contractor on the monthly premium report. Payment will be made on or before the end of each month, representing payment for services provided in the current month.

Monthly invoices for other charges (if any) are to be submitted in arrears. Contractor shall reference Group Service Agreement number on invoice. Payment will be net 30 days after receipt and approval by County of an invoice in a format acceptable to the County of Orange and verified and approved by the agency/department and subject to routine processing requirements.

Invoices shall cover services not previously invoiced. The Contractor shall reimburse the County of Orange for any monies paid to the Contractor for services not provided or when services do not meet the Contract requirements.

Payments made by the County shall not preclude the right of the County from thereafter disputing any items or services involved or billed under this Contract and shall not be construed as acceptance of any part of the services.

B. Payment Invoicing Instructions

In the event there are other charges, the Contractor will provide a two-part invoice on the Contractor's letterhead for services rendered. Each invoice will have an invoice number and will include the following information:

1. Contractor's name and address
2. Contractor's remittance address, if different from 1, above
3. Name of County agency/department
4. Delivery/service address
5. Group Service Agreement number
6. Date of order
7. Type of fees/service
8. Sales tax, if applicable
9. Dates of fees/service
10. Brief description of fees/service
11. Contractor's Federal I.D. Number

The responsibility for providing an acceptable invoice to the County for payment rests with the Contractor. Incomplete or incorrect invoices are not acceptable and will be returned to the Contractor for correction.

C. Invoicing Instructions

Invoices and support documentation should be sent to:

Attention: Nancy Garafalo, Accounting Manager
Human Resources/Employee Benefits
Hall of Administration
10 Civic Center Plaza, 2nd Floor
Santa Ana, CA 92702-4062

The County's Project Manager at Human Resources, Employee Benefits is responsible for approval of invoices and subsequent submittal of invoices to the Auditor Controller for processing payment. A Monthly Program Summary must be submitted to County's Project Manager.

ATTACHMENT D

Proposed Implementation Plan/Project Schedule

Complete and submit as response to Offeror's Proposal Questionnaire, #8 – Implementation.

The approved transition/implementation plan and project schedule will become part of the final HMO Contract.

ATTACHMENT E

Staffing Plan

1. Complete and submit as response to Offeror's Proposal Questionnaire #4a.

2. Provide Organizational chart as described in Offeror's Proposal Questionnaire #1.d.

Provide the following information on team members assigned to the County's account:

Name	Classification	Title	Experience/Qualifications/License
1.			
2.			
3.			
4.			
5.			
6.			
7.			

ATTACHMENT F

GeoAccess Results

Provide the results of the GeoAccess analysis requested in Offeror's Proposal Questionnaire #15.a. Summary results should be provided in hard copy. Full results should be provided on CD-Rom.

Summary results should include a total count of PCPs, OB/GYNs, Specialists and Hospitals.

In addition, list the zip codes and active counts for areas not meeting 2PCPs within 8 miles and 1 hospital within 15 miles.

ATTACHMENT G

Include the Disruption Analysis Report

Provide the results of the Disruption Analysis Report requested in Offeror's Proposal Questionnaire #15.b. Summary results should be provided in hard copy. Full results should be provided on CD-Rom.

EXHIBIT 1

EDD INDEPENDENT CONTRACTOR REPORTING REQUIREMENTS

Effective January 1, 2001, the County of Orange is required to file federal Form 1099-Misc for services received from a "service provider" to whom the County pays $600 or more or with whom the County enters into a contract for $600 or more within a single calendar year. The purpose of this reporting requirement is to increase child support collection by helping to locate parents who are delinquent in their child support obligations.

The term "service provider" is defined in California Unemployment Insurance Code Section 1088.8 subparagraph B.2 as "an individual who is not an employee of the service recipient for California purposes and who received compensation or executes a contract for services performed for that service recipient within or without the state." The term is further defined by the California Employment Development Department to refer specifically to independent Offerors. An independent contractor is defined as "an individual who is not an employee of the ... government entity for California purposes and who receives compensation or executes a contract for services performed for that government entity either in or outside of California."
The reporting requirement does not apply to corporations, general partnerships, limited liability partnerships and limited liability companies.

Additional information on this reporting requirement can be found at the California Employment Development Department website located at http://www.edd.ca.gov/taxrep/txicr.htm

To comply with the reporting requirements, County procedures for contracting with independent Offerors mandate that the following information be completed and forwarded to the contracting agency/department immediately upon request:

First name, middle initial and last name
Social Security Number
Address
Start and expiration dates of contract
Amount of contract
First Name Middle Initial Last Name
SSN
HMO Contract Number Dollar value of contract
Start Date Expiration Date

First Name_____Middle Initial_____Last Name_____

SSN_____

HMO Contract Number_____

Dollar Amount_____

Start Date _____Expiration_____

Date_____

EXHIBIT 2

County of Orange Child Support Enforcement Certifications Requirements

A. In the case of an individual Contractor, his/her name, date of birth, Social Security number, and residence address:

Name

D.O.B

Social Security Number

Residence Address

B. In the case of a Contractor doing business in a form other than as an individual, the name, date of birth, Social Security number and residence address of each individual who owns an interest of 10 percent or more in the contracting entity:

Name

D.O.B

Social Security Number

Residence Address

Name

D.O.B

Social Security Number

Residence Address

(Additional sheets may be used if necessary)

I certify that Company name is in full compliance with all applicable federal and state reporting requirements regarding its employees and with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignments and will continue to be in compliance throughout the term of the HMO Contract with the County of Orange. I understand that failure to comply shall constitute a material breach of the contract and that failure to cure such breach within 60 calendar days of notice from the County shall constitute grounds for termination of the contract.

Authorized Signature Name Title Date

EXHIBIT 3

BUSINESS ASSOCIATE TERMS AND CONDITIONS

A. GENERAL PROVISIONS AND RECITALS

1. The parties agree that the terms used, but not otherwise defined below, shall have the same meaning as those terms in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by Title XIII, Subtitle D of the American Recovery and Reinvestment Act of 2009, as it may exist now or be hereafter amended.

2. It is agreed by both parties that CONTRACTOR is a Business Associate of COUNTY for the purposes of this Agreement.

3. It is understood by both parties that the HIPAA Security and Privacy Rules apply to the CONTRACTOR in the same manner as they apply to the covered entity (COUNTY). CONTRACTOR shall therefore at all times be in compliance with the applicable provisions of both the Privacy and the Security Rules as are described in Sections B.4 and B.5. below, and is responsible for complying with the issued regulations for said rules, as they currently exist or are hereafter amended, for purposes of safeguarding any Protected Health Information (PHI) used or generated by CONTRACTOR consistent with the terms of this agreement.

4. It is understood by both parties that the Privacy Rule does not pre-empt any state statutes, rules or regulations that impose more stringent requirements with respect to confidentiality of PHI.

5. COUNTY wishes to disclose certain information to CONTRACTOR pursuant to the terms of this Agreement, some of which may constitute PHI as defined in Section B.6. below.

6. COUNTY and CONTRACTOR intend to protect the privacy and provide for the security of PHI disclosed to the CONTRACTOR pursuant to this Agreement, in compliance with HIPAA and the regulations promulgated thereunder by the U.S. Department of Health and Human Services as they may now exist or be hereafter amended.

B. DEFINITIONS

1. "Breach" means the acquisition, access, use, or disclosure of Protected Health Information in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the Protected Health Information.

a. For purposes of this definition, compromises the security or privacy of the Protected Health Information means poses a significant risk of financial, reputational, or other harm to the Individual.

b. A use or disclosure of Protected Health Information that does not include the identifiers listed at §164.514 (e) (2), date of birth, and zip code does not compromise the security or privacy of protected health information

c. Breach excludes:

1) Any unintentional acquisition, access, or use of Protected Health Information by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the Privacy Rule.

2) Any inadvertent disclosure by a person who is authorized to access Protected Health Information at a covered entity or business associate to another person authorized to access Protected Health Information at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the Privacy Rule.

3) A disclosure of Protected Health Information where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retains such information.

2. "Designated Record Set" shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501.

3. "Individual" shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.502(g).

4. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

5. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 160, Part 162, and Part 164, Subparts A and C."

6. "Protected Health Information" or "PHI" shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 160.103, as applied to the information created or received by Business Associate from or on behalf of Covered Entity.

7. "Required by Law" shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.103.

8. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee.

9. "Unsecured Protected Health Information" means Protected Health Information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary of Health and Human Services in the guidance issued on the HHS Web site.

C. OBLIGATIONS AND ACTIVITIES OF CONTRACTOR AS BUSINESS ASSOCIATE:

1. CONTRACTOR agrees not to use or disclose PHI other than as permitted or required by

this Agreement or as required by law.

2. CONTRACTOR agrees to use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement.

3. CONTRACTOR agrees to mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of PHI by CONTRACTOR in violation of the requirements of this Agreement.

4. CONTRACTOR agrees to report to COUNTY within five (5) business days any use or disclosure of PHI not provided for by this Agreement of which CONTRACTOR becomes aware.

5. CONTRACTOR agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from COUNTY, or created or received by CONTRACTOR on behalf of COUNTY, agrees to the same restrictions and conditions that apply through this Agreement to CONTRACTOR with respect to such information.

6. CONTRACTOR agrees to provide access, within fifteen (15) calendar days of receipt of a written request by COUNTY, to PHI in a Designated Record Set, to COUNTY or, as directed by COUNTY, to an Individual in order to meet the requirements under 45 CFR Section 164.524.

7. CONTRACTOR agrees to make any amendment(s) to PHI in a Designated Record Set that COUNTY directs or agrees to pursuant to 45 CFR Section 164.526 at the request of COUNTY or an Individual, within thirty (30) calendar days of receipt of said request by COUNTY. CONTRACTOR agrees to notify COUNTY in writing no later than ten (10) calendar days after said amendment is completed.

8. CONTRACTOR agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by CONTRACTOR on behalf of COUNTY, available to COUNTY and the Secretary, in a time and manner as determined by COUNTY, or as designated by the Secretary, for purposes of the Secretary determining COUNTY'S compliance with the Privacy Rule.

9. CONTRACTOR agrees to document any disclosures of PHI and to make information related to such disclosures available as would be required for COUNTY to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

10. CONTRACTOR agrees to provide COUNTY or an Individual, as directed by COUNTY, in a time and manner to be determined by COUNTY, that information collected in accordance with this Agreement, in order to permit COUNTY to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

11. In addition to the specific requirements set forth herein, CONTRACTOR agrees to comply, as of the applicable effective dates of each such HIPAA obligation relevant to Business Associate, with the requirements imposed by ARRA, including monitoring federal guidance and regulations published thereunder and timely compliance with such guidance and regulations.

12. CONTRACTOR shall work with COUNTY upon notification by CONTRACTOR to COUNTY of a Breach to properly determine if any Breach exclusions exist as defined in Section B.1.c. above.

D. SECURITY RULE

1. Security. CONTRACTOR shall establish and maintain appropriate administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI. CONTRACTOR shall follow generally accepted system security principles and the requirements of the final HIPAA rule pertaining to the security of PHI.

2. Agents and Subcontractors. CONTRACTOR shall ensure that any agent, including a subcontractor, to whom it provides electronic PHI, agrees to implement reasonable and appropriate safeguards to protect the PHI.

3. Security Incidents. CONTRACTOR shall report any "security incident" of which it becomes aware to COUNTY. For purposes of this agreement, a security incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations. This does not include trivial incidents that occur on a daily basis, such as scans, "pings", or unsuccessful attempts to penetrate computer networks or servers maintained by CONTRACTOR.

E. BREACH DISCOVERY AND NOTIFICATION

1. Following the discovery of a Breach of Unsecured Protected Health Information, CONTRACTOR shall notify COUNTY of such Breach, however both parties agree to a delay in the notification if so advised by a law enforcement official, pursuant to 45 CFR 164.412.

2. A Breach shall be treated as discovered by CONTRACTOR as of the first day on which the Breach is known to the CONTRACTOR, or by exercising reasonable diligence, would have been known to CONTRACTOR.

3. CONTRACTOR shall be deemed to have knowledge of a Breach if the Breach is known, or by exercising reasonable diligence would have known, to any person who is an employee, officer, or other agent of the CONTRACTOR, as determined by federal common law of agency.

4. CONTRACTOR shall provide the notification of the Breach without unreasonable delay, and in no case later than five (5) business days after a Breach.

5. CONTRACTOR'S notification may be oral, but shall be followed by written notification within 24 hours of the oral notification. Thereafter, CONTRACTOR shall provide written notification containing the contents stated below, within five (5) business days. CONTRACTOR shall be required to provide any other information relevant to the Breach in writing, as soon as discovered, or as soon as the

information is available.

6. CONTRACTOR'S notification shall include, to the extent possible:

a. The identification of each Individual whose unsecured protected health information has been, or is reasonably believed by CONTRACTOR to have been, accessed, acquired, used, or disclosed during the Breach,

b. Any other information that COUNTY is required to include in the notification to Individual it must provide pursuant to 45 CFR §164.404 (c), at the time CONTRACTOR is required to notify COUNTY, or promptly thereafter as this information becomes available, even after the regulatory sixty (60) day period set forth in 45 CFR § 164.410 (b) has elapsed, including:

1) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;

2) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

3) Any steps Individuals should take to protect themselves from potential harm resulting from the Breach;

4) A brief description of what CONTRACTOR is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any future Breaches; and

5) Contact procedures for Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

7. COUNTY may require CONTRACTOR to provide notice to the Individual as required in 45 CFR § 164.404 if it is reasonable to do so under the circumstances, at the sole discretion of the COUNTY.

8. In the event that CONTRACTOR is responsible for, or suffers a Breach of Unsecured Protected Health Information, in violation of the Privacy Rule, CONTRACTOR shall have the burden of demonstrating that CONTRACTOR made all notifications to COUNTY as required by the Breach Notification regulations, or in the alternative, that the use or disclosure did not constitute a Breach as defined in 45 CFR § 164.402.

9. CONTRACTOR shall maintain documentation of all required notifications required pursuant to this Agreement in the event of an impermissible use or disclosure of Unsecured Protected Health Information, or its risk assessment of the application of an exception to demonstrate that the notification was not required.

10. CONTRACTOR shall provide to COUNTY all specific and pertinent information about the Breach to permit COUNTY to meet its notification obligations under the HITECH Act, as soon as practicable, but in no event later than fifteen (15) calendar days after reporting the initial Breach to the

COUNTY.

11. CONTRACTOR shall continue to provide all additional pertinent information about the Breach to COUNTY as it may become available, in reporting increments of fifteen (15) calendar days after the last report to COUNTY. CONTRACTOR shall also respond in good faith to any reasonable requests for further information, or follow-up information after report to COUNTY, when such request is made by COUNTY.

12. CONTRACTOR shall bear all expense or other costs associated with the Breach, and shall reimburse COUNTY for all expenses COUNTY incurs in addressing the Breach and consequences thereof, including costs of investigation, notification, remediation, documentation or other costs associated with addressing the Breach.

F. PERMITTED USES AND DISCLOSURES BY CONTRACTOR

1. Except as otherwise limited in this Agreement, CONTRACTOR may use or disclose PHI to perform functions, activities, or services for, or on behalf of, COUNTY as specified in this Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by COUNTY or the minimum necessary policies and procedures of COUNTY.

2. CONTRACTOR is permitted to use PHI as necessary for the proper management and administration of CONTRACTOR or to carry out legal responsibilities of CONTRACTOR. (ref. 45 C.F.R. 164.504(e)(4)(i)(A-B)).

3. CONTRACTOR is permitted to disclose PHI received from COUNTY for the proper management and administration of CONTRACTOR or to carry out legal responsibilities of CONTRACTOR, provided:

a. The disclosure is required by law; or

b. CONTRACTOR obtains reasonable assurances from the person to whom the PHI is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, the person will use appropriate safeguards to prevent unauthorized use or disclosure of the PHI, and the person immediately notifies CONTRACTOR of any instance of which it is aware in which the confidentiality of the Information has been Breached. (ref. 45 C.F.R. 164.504(e)(4)(ii)).

4. CONTRACTOR is also permitted to use or disclose PHI to provide data aggregation services, as that term is defined by 45 C.F.R. 164.501, relating to the health care operations of COUNTY.

G. OBLIGATIONS OF COUNTY

1. COUNTY shall notify CONTRACTOR of any limitation(s) in COUNTY'S notice of privacy practices in accordance with 45 CFR Section 164.520, to the extent that such limitation may

affect CONTRACTOR'S use or disclosure of PHI.

2. COUNTY shall notify CONTRACTOR of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes may affect CONTRACTOR'S use or disclosure of PHI.

3. COUNTY shall notify CONTRACTOR of any restriction to the use or disclosure of PHI that COUNTY has agreed to in accordance with 45 CFR Section 164.522, to the extent that such restriction may affect CONTRACTOR'S use or disclosure of PHI.

4. COUNTY shall not request CONTRACTOR to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by COUNTY.

H. BUSINESS ASSOCIATE TERMINATION

1. Notwithstanding the Termination provisions set forth in this Agreement, the Agreement shall only terminate when all of the PHI provided by COUNTY to CONTRACTOR, or created or received by CONTRACTOR on behalf of COUNTY, is destroyed or returned to COUNTY, or if infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions of this Section.

2. In addition to the rights and remedies provided in the Termination paragraph of this Agreement, upon COUNTY'S knowledge of a material breach by CONTRACTOR of the requirements of this Paragraph, COUNTY shall either:

a. Provide an opportunity for CONTRACTOR to cure the material breach or end the violation and terminate this Agreement if CONTRACTOR does not cure the material breach or end the violation within thirty (30) business days; or

b. Immediately terminate this Agreement if CONTRACTOR has breached a material term of this Agreement and cure is not possible; or

c. If neither termination nor cure is feasible, COUNTY shall report the violation to the Secretary of the Department of Health and Human Services.

3. Upon termination of this Agreement, all PHI provided by COUNTY to CONTRACTOR, or created or received by CONTRACTOR on behalf of COUNTY, shall either be destroyed or returned to COUNTY as provided in the Termination paragraph of this Agreement, and in conformity with the Privacy Rule.

a. This provision shall apply to PHI that is in the possession of subcontractors or agents of CONTRACTOR.

b. CONTRACTOR shall retain no copies of the PHI.

c. In the event that CONTRACTOR determines that returning or destroying the PHI is infeasible, CONTRACTOR shall provide to COUNTY notification of the conditions that make return or destruction infeasible. Upon determination by COUNTY that return or destruction of PHI is infeasible,

CONTRACTOR shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as CONTRACTOR maintains such PHI.

APPENDIX A

Orange County's Census Data

See separate attachment

Please note the following regarding the attached census file.

a. Employee ID Number is the ACS Access ID

b. Blank zip codes are Peace Officers who had the Santa Ana zip code

c. Status

1. A-Active
2. L, F, O-On Leave

d. COBRA Flag

1. (Y) = On Cobra,
2. (Blank) = Not on Cobra

e. If an active person has No Coverage or Coverage Canceled, they have an open event but may still be eligible for coverage.

- Coverage Canceled (Pertains to employees that are on a Leave of Absence that fail to make their Direct Bill payments. Note that active coverage will be offered upon the employee's return to work.

- EME (employee married to employee) / Non-Sub (the employee that qualifies for EME status and is enrolled as a dependent)

- EME-You + 2 (Coverage tier that reflects EME status carrying 2 or more dependents)

APPENDIX B

Current Provider List

See separate attachment

APPENDIX C

CIGNA HMO Claims Experience

See separate attachment

Please note the following regarding the attached HMO Claims Experience file.

a. The CIGNA claims experience includes all large claims. Claims over the pooling level were not taken out.

b. Mental health claims are included in the claims experience.

c. In 2009, capitation payments represented approximately 29% of CIGNA billed premium.

APPENDIX D

CIGNA Group Services Agreement

See separate attachments

The 2010 Group Service Agreements are provided separately for Craft and Plant and all other employees

APPENDIX E

2010 HMO Plan Designs

See separate attachment

APPENDIX F

2010 Medical Plan Rates

See separate attachment

Active Health Plan Census Data as of 02/28/2010

EME-Employee Married to Employee

Date Of Birth	Gender	State	ZipCode	Medical Option
04/24/1977	F	CA	90814	CIGNA Health Plan HMO
11/18/1956	M	CA	92806	CIGNA Health Plan HMO
11/24/1952	M	CA	92688	CIGNA Health Plan HMO
10/20/1950	M	CA	92656	CIGNA Health Plan HMO
12/03/1939	F	CA	92870	CIGNA Health Plan HMO
10/22/1958	F	CA	92683	CIGNA Health Plan HMO
12/23/1966	M	CA	92782	CIGNA Health Plan HMO
02/18/1956	F	CA	92780	CIGNA Health Plan HMO
07/25/1957	F	CA	92869	CIGNA Health Plan HMO
08/13/1947	F	CA	92646	CIGNA Health Plan HMO
01/13/1955	F	CA	92704	CIGNA Health Plan HMO
06/28/1960	F	CA	92620	CIGNA Health Plan HMO
02/07/1977	F	CA	92707	CIGNA Health Plan HMO
03/16/1953	F	CA	92843	CIGNA Health Plan HMO
07/10/1949	M	CA	92610	CIGNA Health Plan HMO
07/22/1969	F	CA	92843	CIGNA Health Plan HMO
06/29/1969	F	CA	90620	CIGNA Health Plan HMO
01/21/1981	M	CA	92505	CIGNA Health Plan HMO
06/18/1980	F	CA	92706	CIGNA Health Plan HMO
12/09/1958	F	CA	92821	CIGNA Health Plan HMO
07/07/1950	M	CA	92869	CIGNA Health Plan HMO
12/02/1956	F	CA	92704	CIGNA Health Plan HMO
01/29/1955	M	CA	92835	CIGNA Health Plan HMO
09/13/1985	M	CA	92807	CIGNA Health Plan HMO
10/28/1947	M	CA	90703	CIGNA Health Plan HMO
03/26/1970	F	CA	92707	CIGNA Health Plan HMO
06/22/1946	M	CA	91748	CIGNA Health Plan HMO
08/25/1946	M	CA	92626	CIGNA Health Plan HMO
05/24/1950	F	CA	92886	CIGNA Health Plan HMO
09/06/1952	M	CA	92805	CIGNA Health Plan HMO
09/22/1951	F	CA	926272320	CIGNA Health Plan HMO
04/16/1959	M	CA	92860	CIGNA Health Plan HMO
03/27/1962	M	CA	92880	CIGNA Health Plan HMO
10/06/1956	F	CA	92637	CIGNA Health Plan HMO
10/16/1963	M	CA	92869	CIGNA Health Plan HMO
07/04/1942	M	CA	92881	CIGNA Health Plan HMO
03/09/1943	M	CA	92692	CIGNA Health Plan HMO
09/17/1978	F	CA	92840	CIGNA Health Plan HMO
07/26/1973	M	CA	92707	CIGNA Health Plan HMO
09/09/1959	F	CA	92708	CIGNA Health Plan HMO
06/18/1949	M	CA	92806	CIGNA Health Plan HMO
08/21/1971	F	CA	92704	CIGNA Health Plan HMO
08/21/1983	F	CA	92679	CIGNA Health Plan HMO
01/17/1980	F	CA	92833	CIGNA Health Plan HMO
04/27/1949	M	CA	92691	CIGNA Health Plan HMO

10/14/1949	F	CA	92880	CIGNA Health Plan HMO
06/29/1951	F	CA	92869	CIGNA Health Plan HMO
04/28/1951	F	CA	92702	CIGNA Health Plan HMO
08/25/1956	M	CA	92869	CIGNA Health Plan HMO
09/23/1958	F	CA	92620	CIGNA Health Plan HMO
08/29/1947	M	CA	92683	CIGNA Health Plan HMO
04/26/1960	F	CA	92869	CIGNA Health Plan HMO
04/07/1975	M	CA	92706	CIGNA Health Plan HMO
01/24/1962	M	CA	92806	CIGNA Health Plan HMO
03/19/1959	M	CA	92509	CIGNA Health Plan HMO
06/22/1953	M	CA	92845	CIGNA Health Plan HMO
11/16/1947	M	CA	92882	CIGNA Health Plan HMO
03/15/1978	F	CA	92336	CIGNA Health Plan HMO
06/01/1983	M	CA	90716	CIGNA Health Plan HMO
06/07/1971	M	CA	92691	CIGNA Health Plan HMO
04/01/1980	F	CA	92782	CIGNA Health Plan HMO
05/06/1960	F	CA	92703	CIGNA Health Plan HMO
02/01/1976	F	CA	92806	CIGNA Health Plan HMO
08/22/1977	M	CA	92707	CIGNA Health Plan HMO
04/27/1954	M	CA	91761	CIGNA Health Plan HMO
02/27/1966	F	CA	92532	CIGNA Health Plan HMO
12/08/1952	F	CA	92659	CIGNA Health Plan HMO
01/22/1949	M	CA	90631	CIGNA Health Plan HMO
03/11/1957	F	CA	92880	CIGNA Health Plan HMO
01/08/1961	F	CA	92706	CIGNA Health Plan HMO
10/02/1946	M	CA	92692	CIGNA Health Plan HMO
07/07/1961	M	CA	92630	CIGNA Health Plan HMO
09/09/1960	M	CA	92683	CIGNA Health Plan HMO
03/04/1982	M	CA	92882	CIGNA Health Plan HMO
04/06/1967	F	CA	91710	CIGNA Health Plan HMO
11/17/1949	M	CA	92807	CIGNA Health Plan HMO
04/27/1967	M	CA	92868	CIGNA Health Plan HMO
08/13/1970	M	CA	92869	CIGNA Health Plan HMO
11/14/1975	F	CA	92705	CIGNA Health Plan HMO
04/01/1974	F	CA	92602	CIGNA Health Plan HMO
11/23/1973	F	CA	92683	CIGNA Health Plan HMO
05/05/1962	F	CA	90631	CIGNA Health Plan HMO
02/08/1962	M	CA	92886	CIGNA Health Plan HMO
05/14/1971	F	CA	90630	CIGNA Health Plan HMO
06/11/1969	F	CA	90604	CIGNA Health Plan HMO
04/09/1970	M	CA	92867	CIGNA Health Plan HMO
07/12/1963	F	CA	92704	CIGNA Health Plan HMO
07/16/1964	F	CA	92656	CIGNA Health Plan HMO
02/06/1971	F	CA	92805	CIGNA Health Plan HMO
04/28/1962	M	CA	90803	CIGNA Health Plan HMO
12/09/1963	M	CA	91765	CIGNA Health Plan HMO
08/07/1975	F	CA	92806	CIGNA Health Plan HMO
08/18/1964	M	CA	92865	CIGNA Health Plan HMO
05/16/1972	F	CA	92807	CIGNA Health Plan HMO
11/16/1980	M	CA	92704	CIGNA Health Plan HMO
01/14/1969	F	CA	92620	CIGNA Health Plan HMO
12/06/1952	F	CA	90680	CIGNA Health Plan HMO

03/18/1980	M	CA	92843	CIGNA Health Plan HMO
09/16/1981	F	CA	90713	CIGNA Health Plan HMO
12/07/1967	M	CA	92683	CIGNA Health Plan HMO
04/01/1960	F	CA	92706	CIGNA Health Plan HMO
09/07/1968	F	CA	92866	CIGNA Health Plan HMO
01/10/1958	M	CA	92683	CIGNA Health Plan HMO
12/14/1975	M	CA	92705	CIGNA Health Plan HMO
05/08/1956	M	CA	90620	CIGNA Health Plan HMO
05/06/1965	F	CA	92867	CIGNA Health Plan HMO
03/08/1968	M	CA	90680	CIGNA Health Plan HMO
02/17/1974	M	CA	92831	CIGNA Health Plan HMO
07/06/1970	F	CA	92804	CIGNA Health Plan HMO
08/16/1963	M	CA	92683	CIGNA Health Plan HMO
02/22/1974	M	CA	92868	CIGNA Health Plan HMO
08/30/1963	M	CA	92867	CIGNA Health Plan HMO
07/26/1971	F	CA	92880	CIGNA Health Plan HMO
01/25/1976	F	CA	91744	CIGNA Health Plan HMO
02/11/1963	M	CA	90604	CIGNA Health Plan HMO
11/21/1966	M	CA	92705	CIGNA Health Plan HMO
12/09/1970	M	CA	92867	CIGNA Health Plan HMO
10/31/1964	M	CA	92870	CIGNA Health Plan HMO
12/12/1958	M	CA	927057005	CIGNA Health Plan HMO
10/29/1962	F	CA	92620	CIGNA Health Plan HMO
03/17/1976	F	CA	92882	CIGNA Health Plan HMO
01/04/1969	M	CA	92508	CIGNA Health Plan HMO
07/07/1960	F	CA	91750	CIGNA Health Plan HMO
12/31/1956	F	CA	92831	CIGNA Health Plan HMO
08/15/1956	F	CA	92780	CIGNA Health Plan HMO
03/12/1965	M	CA	92881	CIGNA Health Plan HMO
11/01/1967	M	CA	92804	CIGNA Health Plan HMO
05/06/1962	M	CA	92807	CIGNA Health Plan HMO
05/12/1978	M	CA	92630	CIGNA Health Plan HMO
10/11/1973	F	CA	92870	CIGNA Health Plan HMO
12/20/1961	M	CA	90620	CIGNA Health Plan HMO
03/20/1959	M	CA	92672	CIGNA Health Plan HMO
12/05/1974	F	CA	92503	CIGNA Health Plan HMO
04/07/1973	F	CA	92703	CIGNA Health Plan HMO
07/23/1977	F	CA	92867	CIGNA Health Plan HMO
04/11/1980	F	CA	92879	CIGNA Health Plan HMO
03/05/1970	M	CA	92706	CIGNA Health Plan HMO
10/17/1978	M	CA	91762	CIGNA Health Plan HMO
06/19/1966	F	CA	92503	CIGNA Health Plan HMO
02/01/1949	F	CA	92703	CIGNA Health Plan HMO
06/21/1975	M	CA	92804	CIGNA Health Plan HMO
05/19/1970	F	CA	92780	CIGNA Health Plan HMO
08/14/1976	M	CA	92867	CIGNA Health Plan HMO
08/31/1972	F	CA	92706	CIGNA Health Plan HMO
01/09/1955	F	CA	92840	CIGNA Health Plan HMO
06/10/1976	M	CA	91752	CIGNA Health Plan HMO
07/24/1974	F	CA	92840	CIGNA Health Plan HMO
05/08/1971	F	CA	92805	CIGNA Health Plan HMO
02/03/1975	F	CA	92780	CIGNA Health Plan HMO

12/18/1955	M	CA	92679	CIGNA Health Plan HMO
07/10/1971	M	CA	92691	CIGNA Health Plan HMO
12/16/1977	M	CA	90703	CIGNA Health Plan HMO
09/24/1960	M	CA	92692	CIGNA Health Plan HMO
06/10/1962	M	CA	92805	CIGNA Health Plan HMO
07/26/1968	M	CA	92647	CIGNA Health Plan HMO
05/11/1965	F	CA	92804	CIGNA Health Plan HMO
08/23/1967	F	CA	92802	CIGNA Health Plan HMO
10/17/1967	M	CA	92679	CIGNA Health Plan HMO
03/09/1962	M	CA	92887	CIGNA Health Plan HMO
10/04/1972	M	CA	92707	CIGNA Health Plan HMO
04/29/1974	F	CA	92867	CIGNA Health Plan HMO
11/26/1977	M	CA	92843	CIGNA Health Plan HMO
04/15/1976	M	CA	90670	CIGNA Health Plan HMO
01/18/1972	M	CA	92683	CIGNA Health Plan HMO
09/25/1959	F	CA	92886	CIGNA Health Plan HMO
11/25/1948	M	CA	92683	CIGNA Health Plan HMO
10/26/1960	M	CA	92610	CIGNA Health Plan HMO
08/05/1975	M	CA	90603	CIGNA Health Plan HMO
02/27/1951	M	CA	926305462	CIGNA Health Plan HMO
02/14/1954	M	CA	92867	CIGNA Health Plan HMO
12/26/1978	F	CA	92867	CIGNA Health Plan HMO
03/05/1977	M	CA	92867	CIGNA Health Plan HMO
11/27/1954	F	CA	92802	CIGNA Health Plan HMO
03/17/1975	M	CA	92883	CIGNA Health Plan HMO
01/23/1968	F	CA	92802	CIGNA Health Plan HMO
06/03/1978	F	CA	92801	CIGNA Health Plan HMO
07/19/1959	M	CA	92804	CIGNA Health Plan HMO
01/17/1969	F	CA	92883	CIGNA Health Plan HMO
01/28/1961	M	CA	92780	CIGNA Health Plan HMO
05/19/1967	F	CA	92704	CIGNA Health Plan HMO
12/22/1972	F	CA	92868	CIGNA Health Plan HMO
03/12/1965	M	CA	92647	CIGNA Health Plan HMO
01/26/1961	M	CA	92886	CIGNA Health Plan HMO
12/19/1975	F	CA	92805	CIGNA Health Plan HMO
12/31/1960	M	CA	92805	CIGNA Health Plan HMO
07/18/1962	F	CA	92867	CIGNA Health Plan HMO
11/27/1969	F	CA	92831	CIGNA Health Plan HMO
01/24/1978	M	CA	92647	CIGNA Health Plan HMO
01/14/1976	M	CA	92806	CIGNA Health Plan HMO
01/04/1969	F	CA	92804	CIGNA Health Plan HMO
02/28/1968	F	CA	92707	CIGNA Health Plan HMO
01/08/1977	M	CA	92707	CIGNA Health Plan HMO
10/16/1962	F	CA	92867	CIGNA Health Plan HMO
03/26/1969	F	CA	92704	CIGNA Health Plan HMO
04/15/1966	M	CA	92865	CIGNA Health Plan HMO
08/18/1965	M	CA	927997933	CIGNA Health Plan HMO
05/03/1960	F	CA	92677	CIGNA Health Plan HMO
11/06/1973	M	CA	92688	CIGNA Health Plan HMO
01/13/1949	F	CA	92677	CIGNA Health Plan HMO
04/24/1981	M	CA	90680	CIGNA Health Plan HMO
10/26/1980	F	CA	90620	CIGNA Health Plan HMO

03/26/1964	M	CA	92856	CIGNA Health Plan HMO
05/10/1981	M	CA	92691	CIGNA Health Plan HMO
04/22/1967	M	CA	92843	CIGNA Health Plan HMO
11/18/1973	M	CA	92840	CIGNA Health Plan HMO
11/08/1968	M	CA	92841	CIGNA Health Plan HMO
05/14/1963	F	CA	91752	CIGNA Health Plan HMO
02/03/1969	M	CA	92802	CIGNA Health Plan HMO
03/01/1972	M	CA	92683	CIGNA Health Plan HMO
04/18/1977	F	CA	92869	CIGNA Health Plan HMO
12/01/1951	F	CA	92780	CIGNA Health Plan HMO
07/11/1969	F	CA	92677	CIGNA Health Plan HMO
02/28/1972	M	CA	92673	CIGNA Health Plan HMO
05/27/1963	F	CA	92626	CIGNA Health Plan HMO
01/06/1964	F	CA	92703	CIGNA Health Plan HMO
10/15/1956	F	CA	92705	CIGNA Health Plan HMO
08/24/1965	M	CA	92807	CIGNA Health Plan HMO
05/14/1975	F	CA	90623	CIGNA Health Plan HMO
11/20/1963	M	CA	92620	CIGNA Health Plan HMO
02/19/1965	F	CA	90806	CIGNA Health Plan HMO
05/09/1971	M	CA	92701	CIGNA Health Plan HMO
10/11/1978	M	CA	92806	CIGNA Health Plan HMO
07/07/1958	M	CA	92886	CIGNA Health Plan HMO
11/24/1973	M	CA	92688	CIGNA Health Plan HMO
05/07/1964	M	CA	92870	CIGNA Health Plan HMO
04/20/1978	F	CA	91709	CIGNA Health Plan HMO
08/28/1973	F	CA	92870	CIGNA Health Plan HMO
10/04/1967	F	CA	92656	CIGNA Health Plan HMO
09/05/1951	F	CA	92804	CIGNA Health Plan HMO
09/21/1963	F	CA	92806	CIGNA Health Plan HMO
04/21/1972	M	CA	92807	CIGNA Health Plan HMO
03/13/1965	M	CA	92653	CIGNA Health Plan HMO
05/10/1963	M	CA	92870	CIGNA Health Plan HMO
08/20/1970	M	CA	92782	CIGNA Health Plan HMO
10/18/1964	M	CA	92806	CIGNA Health Plan HMO
08/24/1959	M	CA	92821	CIGNA Health Plan HMO
06/07/1972	F	CA	90638	CIGNA Health Plan HMO
12/14/1970	M	CA	92336	CIGNA Health Plan HMO
01/12/1966	M	CA	92705	CIGNA Health Plan HMO
05/06/1965	F	CA	92807	CIGNA Health Plan HMO
08/06/1968	M	CA	92530	CIGNA Health Plan HMO
11/22/1972	M	CA	92804	CIGNA Health Plan HMO
12/29/1967	M	CA	92626	CIGNA Health Plan HMO
12/26/1959	M	CA	92870	CIGNA Health Plan HMO
11/13/1953	M	CA	92780	CIGNA Health Plan HMO
02/19/1975	M	CA	92656	CIGNA Health Plan HMO
01/18/1971	M	CA	91745	CIGNA Health Plan HMO
01/03/1969	M	CA	92870	CIGNA Health Plan HMO
12/13/1966	F	CA	90808	CIGNA Health Plan HMO
11/03/1980	F	CA	92880	CIGNA Health Plan HMO
03/22/1977	M	CA	90713	CIGNA Health Plan HMO
07/06/1971	M	CA	92882	CIGNA Health Plan HMO
12/09/1979	M	CA	92840	CIGNA Health Plan HMO

09/15/1977	M	CA	90603	CIGNA Health Plan HMO
08/19/1968	M	CA	92805	CIGNA Health Plan HMO
11/15/1963	F	CA	92870	CIGNA Health Plan HMO
12/02/1959	F	CA	92647	CIGNA Health Plan HMO
07/29/1974	M	CA	92703	CIGNA Health Plan HMO
08/14/1963	F	CA	92804	CIGNA Health Plan HMO
09/11/1964	F	CA	92886	CIGNA Health Plan HMO
07/02/1970	F	CA	92704	CIGNA Health Plan HMO
09/07/1960	M	CA	92707	CIGNA Health Plan HMO
08/17/1956	M	CA	92802	CIGNA Health Plan HMO
06/01/1973	M	CA	92595	CIGNA Health Plan HMO
08/18/1947	M	CA	92805	CIGNA Health Plan HMO
08/17/1974	M	CA	92845	CIGNA Health Plan HMO
12/25/1970	M	CA	90713	CIGNA Health Plan HMO
07/15/1970	F	CA	92886	CIGNA Health Plan HMO
01/07/1955	M	CA	92620	CIGNA Health Plan HMO
04/25/1968	F	CA	92503	CIGNA Health Plan HMO
05/09/1956	M	CA	92704	CIGNA Health Plan HMO
05/18/1965	M	CA	92807	CIGNA Health Plan HMO
04/09/1971	F	CA	92679	CIGNA Health Plan HMO
10/19/1959	F	CA	92703	CIGNA Health Plan HMO
02/16/1957	M	CA	90621	CIGNA Health Plan HMO
02/27/1958	M	CA	92656	CIGNA Health Plan HMO
03/08/1962	F	CA	92802	CIGNA Health Plan HMO
05/26/1972	M	CA	92804	CIGNA Health Plan HMO
10/13/1963	F	CA	92708	CIGNA Health Plan HMO
12/01/1971	M	CA	92656	CIGNA Health Plan HMO
07/07/1956	F	CA	92610	CIGNA Health Plan HMO
02/09/1968	F	CA	92705	CIGNA Health Plan HMO
01/22/1958	M	CA	92821	CIGNA Health Plan HMO
10/29/1975	F	CA	92805	CIGNA Health Plan HMO
09/18/1956	F	CA	92677	CIGNA Health Plan HMO
02/02/1966	F	CA	90601	CIGNA Health Plan HMO
04/21/1969	M	CA	92867	CIGNA Health Plan HMO
05/21/1966	M	CA	92805	CIGNA Health Plan HMO
03/17/1968	M	CA	92882	CIGNA Health Plan HMO
06/21/1965	M	CA	92707	CIGNA Health Plan HMO
12/04/1972	M	CA	92843	CIGNA Health Plan HMO
08/26/1969	F	CA	91710	CIGNA Health Plan HMO
09/29/1966	M	CA	92675	CIGNA Health Plan HMO
01/27/1960	M	CA	92656	CIGNA Health Plan HMO
06/20/1961	M	CA	907132502	CIGNA Health Plan HMO
03/02/1970	M	CA	92869	CIGNA Health Plan HMO
07/14/1978	M	CA	92880	CIGNA Health Plan HMO
12/14/1963	M	CA	92604	CIGNA Health Plan HMO
12/02/1954	M	CA	92683	CIGNA Health Plan HMO
06/18/1985	M	CA	92880	CIGNA Health Plan HMO
05/31/1977	F	CA	91765	CIGNA Health Plan HMO
09/27/1973	F	CA	90013	CIGNA Health Plan HMO
05/01/1971	M	CA	92694	CIGNA Health Plan HMO
04/03/1972	F	CA	92865	CIGNA Health Plan HMO
04/11/1982	F	CA	90802	CIGNA Health Plan HMO

09/09/1976	F	CA	90045	CIGNA Health Plan HMO
08/30/1979	F	CA	92606	CIGNA Health Plan HMO
08/28/1948	M	CA	92612	CIGNA Health Plan HMO
07/26/1961	M	CA	92677	CIGNA Health Plan HMO
01/07/1978	M	CA	92586	CIGNA Health Plan HMO
08/05/1971	M	CA	92010	CIGNA Health Plan HMO
06/14/1953	M	CA	92886	CIGNA Health Plan HMO
02/24/1962	F	CA	92705	CIGNA Health Plan HMO
03/27/1946	M	CA	92620	CIGNA Health Plan HMO
04/28/1951	M	CA	92128	CIGNA Health Plan HMO
04/21/1957	M	CA	92673	CIGNA Health Plan HMO
12/26/1975	F	CA	92630	CIGNA Health Plan HMO
06/28/1971	M	CA	92688	CIGNA Health Plan HMO
04/22/1970	F	CA	92887	CIGNA Health Plan HMO
09/23/1972	F	CA	92870	CIGNA Health Plan HMO
01/08/1976	M	CA	92661	CIGNA Health Plan HMO
01/26/1980	F	CA	91741	CIGNA Health Plan HMO
09/03/1964	F	CA	92808	CIGNA Health Plan HMO
09/27/1960	F	CA	92691	CIGNA Health Plan HMO
10/21/1971	F	CA	92708	CIGNA Health Plan HMO
05/15/1956	F	CA	92648	CIGNA Health Plan HMO
10/02/1967	F	CA	92833	CIGNA Health Plan HMO
07/30/1951	F	CA	92808	CIGNA Health Plan HMO
10/12/1959	F	CA	90620	CIGNA Health Plan HMO
07/22/1963	F	CA	91761	CIGNA Health Plan HMO
01/02/1960	F	CA	92780	CIGNA Health Plan HMO
07/04/1953	F	CA	92701	CIGNA Health Plan HMO
01/13/1973	F	CA	92865	CIGNA Health Plan HMO
09/19/1965	F	CA	90630	CIGNA Health Plan HMO
06/17/1959	F	CA	92868	CIGNA Health Plan HMO
01/30/1959	F	CA	92683	CIGNA Health Plan HMO
03/05/1961	F	CA	92843	CIGNA Health Plan HMO
06/15/1968	F	CA	92649	CIGNA Health Plan HMO
09/28/1952	F	CA	92804	CIGNA Health Plan HMO
07/02/1968	F	CA	92677	CIGNA Health Plan HMO
12/28/1968	F	CA	92859	CIGNA Health Plan HMO
05/28/1955	F	CA	92656	CIGNA Health Plan HMO
09/12/1966	F	CA	92570	CIGNA Health Plan HMO
12/17/1972	M	CA	91205	CIGNA Health Plan HMO
05/27/1959	F	CA	92866	CIGNA Health Plan HMO
05/04/1944	F	CA	92703	CIGNA Health Plan HMO
04/29/1975	F	CA	91744	CIGNA Health Plan HMO
12/17/1981	F	CA	90620	CIGNA Health Plan HMO
05/28/1981	F	CA	92806	CIGNA Health Plan HMO
06/08/1981	F	CA	92840	CIGNA Health Plan HMO
02/26/1983	M	CA	92703	CIGNA Health Plan HMO
04/02/1979	F	CA	92688	CIGNA Health Plan HMO
11/30/1946	M	CA	92653	CIGNA Health Plan HMO
09/07/1959	M	CA	91709	CIGNA Health Plan HMO
07/07/1957	M	CA	926921015	CIGNA Health Plan HMO
09/13/1968	F	CA	90638	CIGNA Health Plan HMO
04/29/1957	M	CA	92708	CIGNA Health Plan HMO

08/02/1962	F	CA	92677	CIGNA Health Plan HMO
10/02/1960	F	CA	92802	CIGNA Health Plan HMO
10/26/1949	F	CA	92780	CIGNA Health Plan HMO
02/21/1952	F	CA	92606	CIGNA Health Plan HMO
02/25/1977	F	CA	92677	CIGNA Health Plan HMO
06/19/1960	F	CA	91748	CIGNA Health Plan HMO
01/14/1949	F	CA	92653	CIGNA Health Plan HMO
11/25/1963	F	CA	90630	CIGNA Health Plan HMO
11/13/1960	F	CA	92604	CIGNA Health Plan HMO
06/02/1961	F	CA	92868	CIGNA Health Plan HMO
01/04/1943	F	CA	92679	CIGNA Health Plan HMO
06/10/1943	F	CA	92886	CIGNA Health Plan HMO
08/24/1949	F	CA	92867	CIGNA Health Plan HMO
01/26/1946	M	CA	92683	CIGNA Health Plan HMO
09/24/1947	F	CA	92782	CIGNA Health Plan HMO
03/08/1949	F	CA	92711	CIGNA Health Plan HMO
02/01/1942	F	CA	90622	CIGNA Health Plan HMO
07/29/1951	F	CA	90620	CIGNA Health Plan HMO
05/28/1951	M	CA	92655	CIGNA Health Plan HMO
11/30/1949	F	CA	92841	CIGNA Health Plan HMO
10/20/1971	F	CA	92865	CIGNA Health Plan HMO
12/19/1960	F	CA	92801	CIGNA Health Plan HMO
06/16/1948	F	CA	92865	CIGNA Health Plan HMO
03/28/1941	M	CA	92708	CIGNA Health Plan HMO
08/12/1945	F	CA	91748	CIGNA Health Plan HMO
02/14/1967	M	CA	92647	CIGNA Health Plan HMO
10/25/1980	F	CA	92704	CIGNA Health Plan HMO
08/29/1966	M	CA	90240	CIGNA Health Plan HMO
07/11/1973	F	CA	92882	CIGNA Health Plan HMO
05/14/1953	F	CA	91709	CIGNA Health Plan HMO
02/10/1955	M	CA	92841	CIGNA Health Plan HMO
11/26/1953	F	CA	92833	CIGNA Health Plan HMO
06/12/1971	F	CA	92806	CIGNA Health Plan HMO
11/22/1951	M	CA	92804	CIGNA Health Plan HMO
11/05/1981	F	CA	91752	CIGNA Health Plan HMO
12/01/1967	F	CA	91789	CIGNA Health Plan HMO
03/30/1963	M	CA	92840	CIGNA Health Plan HMO
07/31/1986	F	CA	92840	CIGNA Health Plan HMO
02/14/1936	M	CA	90631	CIGNA Health Plan HMO
12/21/1958	F	CA	92869	CIGNA Health Plan HMO
03/20/1960	F	CA	92595	CIGNA Health Plan HMO
08/31/1957	F	CA	92647	CIGNA Health Plan HMO
02/18/1963	F	CA	92780	CIGNA Health Plan HMO
10/26/1952	F	CA	92677	CIGNA Health Plan HMO
10/15/1959	F	CA	92867	CIGNA Health Plan HMO
06/23/1962	F	CA	92832	CIGNA Health Plan HMO
03/06/1978	F	CA	92840	CIGNA Health Plan HMO
10/16/1945	F	CA	92707	CIGNA Health Plan HMO
09/18/1970	F	CA	92869	CIGNA Health Plan HMO
06/02/1958	F	CA	90680	CIGNA Health Plan HMO
08/01/1959	F	CA	92865	CIGNA Health Plan HMO
12/04/1970	F	CA	90631	CIGNA Health Plan HMO

07/04/1950	F	CA	92782	CIGNA Health Plan HMO
10/22/1981	F	CA	90680	CIGNA Health Plan HMO
03/25/1960	F	CA	92832	CIGNA Health Plan HMO
11/28/1959	F	CA	92703	CIGNA Health Plan HMO
11/01/1964	F	CA	92780	CIGNA Health Plan HMO
09/11/1985	F	CA	92706	CIGNA Health Plan HMO
03/23/1982	F	CA	92867	CIGNA Health Plan HMO
02/10/1954	F	CA	92705	CIGNA Health Plan HMO
05/27/1967	F	CA	92703	CIGNA Health Plan HMO
12/12/1974	F	CA	92703	CIGNA Health Plan HMO
08/21/1983	F	CA	92802	CIGNA Health Plan HMO
08/14/1952	F	CA	92647	CIGNA Health Plan HMO
03/06/1955	F	CA	92704	CIGNA Health Plan HMO
07/11/1958	F	CA	92663	CIGNA Health Plan HMO
05/28/1957	M	CA	92704	CIGNA Health Plan HMO
02/27/1987	F	CA	927057029	CIGNA Health Plan HMO
09/08/1957	F	CA	92606	CIGNA Health Plan HMO
10/01/1953	F	CA	92683	CIGNA Health Plan HMO
11/03/1963	F	CA	90808	CIGNA Health Plan HMO
05/10/1943	M	CA	928672922	CIGNA Health Plan HMO
05/05/1950	F	CA	92806	CIGNA Health Plan HMO
01/09/1968	F	CA	92630	CIGNA Health Plan HMO
08/30/1962	F	CA	92804	CIGNA Health Plan HMO
04/08/1953	F	CA	92821	CIGNA Health Plan HMO
12/13/1964	M	CA	92801	CIGNA Health Plan HMO
05/09/1956	F	CA	92802	CIGNA Health Plan HMO
03/30/1969	F	CA	92840	CIGNA Health Plan HMO
12/10/1957	F	CA	926754422	CIGNA Health Plan HMO
03/17/1980	F	CA	92780	CIGNA Health Plan HMO
12/05/1981	F	CA	92707	CIGNA Health Plan HMO
03/14/1950	F	CA	92677	CIGNA Health Plan HMO
03/26/1987	F	CA	92804	CIGNA Health Plan HMO
09/27/1979	F	CA	90631	CIGNA Health Plan HMO
12/28/1968	F	CA	92840	CIGNA Health Plan HMO
12/22/1955	F	CA	92624	CIGNA Health Plan HMO
08/19/1981	F	CA	90638	CIGNA Health Plan HMO
03/12/1953	F	CA	92831	CIGNA Health Plan HMO
08/25/1956	M	CA	928695859	CIGNA Health Plan HMO
11/18/1981	F	CA	92879	CIGNA Health Plan HMO
08/20/1974	F	CA	92704	CIGNA Health Plan HMO
05/02/1966	M	CA	92701	CIGNA Health Plan HMO
02/11/1950	F	CA	90720	CIGNA Health Plan HMO
12/05/1960	F	CA	92886	CIGNA Health Plan HMO
01/20/1967	F	CA	90813	CIGNA Health Plan HMO
10/18/1956	F	CA	92804	CIGNA Health Plan HMO
03/28/1983	F	CA	92707	CIGNA Health Plan HMO
07/20/1956	F	CA	92870	CIGNA Health Plan HMO
03/23/1966	F	CA	92780	CIGNA Health Plan HMO
07/22/1969	F	CA	92841	CIGNA Health Plan HMO
06/25/1953	F	CA	90631	CIGNA Health Plan HMO
11/05/1982	F	CA	92683	CIGNA Health Plan HMO
08/10/1978	F	CA	92886	CIGNA Health Plan HMO

07/13/1985	M	CA	92833	CIGNA Health Plan HMO
12/22/1980	F	CA	92881	CIGNA Health Plan HMO
11/09/1978	F	CA	92706	CIGNA Health Plan HMO
01/26/1966	F	CA	92866	CIGNA Health Plan HMO
09/19/1982	F	CA	92832	CIGNA Health Plan HMO
07/21/1951	F	CA	90680	CIGNA Health Plan HMO
09/12/1980	F	CA	92870	CIGNA Health Plan HMO
08/29/1949	F	CA	92630	CIGNA Health Plan HMO
04/12/1966	M	CA	91792	CIGNA Health Plan HMO
07/22/1983	F	CA	92704	CIGNA Health Plan HMO
07/07/1954	F	CA	92656	CIGNA Health Plan HMO
10/25/1966	F	CA	92781	CIGNA Health Plan HMO
07/18/1950	F	CA	92869	CIGNA Health Plan HMO
09/19/1961	F	CA	92886	CIGNA Health Plan HMO
11/13/1968	F	CA	92410	CIGNA Health Plan HMO
07/15/1976	F	CA	92882	CIGNA Health Plan HMO
08/05/1964	F	CA	92704	CIGNA Health Plan HMO
04/29/1980	F	CA	92703	CIGNA Health Plan HMO
03/30/1969	M	CA	92866	CIGNA Health Plan HMO
04/24/1969	F	CA	92868	CIGNA Health Plan HMO
01/05/1971	F	CA	91732	CIGNA Health Plan HMO
04/16/1954	F	CA	92804	CIGNA Health Plan HMO
11/08/1960	F	CA	92843	CIGNA Health Plan HMO
06/14/1960	F	CA	92708	CIGNA Health Plan HMO
11/04/1941	F	CA	92629	CIGNA Health Plan HMO
01/29/1981	F	CA	92802	CIGNA Health Plan HMO
07/05/1985	F	CA	92707	CIGNA Health Plan HMO
01/10/1970	F	CA	92627	CIGNA Health Plan HMO
01/25/1985	M	CA	92706	CIGNA Health Plan HMO
02/08/1980	M	CA	92707	CIGNA Health Plan HMO
10/12/1962	F	CA	92703	CIGNA Health Plan HMO
11/14/1943	F	CA	91789	CIGNA Health Plan HMO
04/01/1944	M	CA	928177413	CIGNA Health Plan HMO
10/14/1969	F	CA	90262	CIGNA Health Plan HMO
01/24/1973	F	CA	92840	CIGNA Health Plan HMO
08/10/1954	F	CA	90638	CIGNA Health Plan HMO
02/25/1963	F	CA	92882	CIGNA Health Plan HMO
09/26/1978	F	CA	91030	CIGNA Health Plan HMO
12/07/1950	F	CA	92707	CIGNA Health Plan HMO
09/14/1951	F	CA	92706	CIGNA Health Plan HMO
07/05/1954	F	CA	92704	CIGNA Health Plan HMO
08/22/1949	M	CA	92833	CIGNA Health Plan HMO
06/03/1986	F	CA	92701	CIGNA Health Plan HMO
07/08/1986	F	CA	92869	CIGNA Health Plan HMO
08/31/1960	F	CA	92691	CIGNA Health Plan HMO
03/18/1978	F	CA	92626	CIGNA Health Plan HMO
02/05/1980	F	CA	92780	CIGNA Health Plan HMO
08/13/1967	F	CA	90715	CIGNA Health Plan HMO
05/15/1957	F	CA	928333943	CIGNA Health Plan HMO
10/07/1947	F	CA	92683	CIGNA Health Plan HMO
09/09/1977	F	CA	92704	CIGNA Health Plan HMO
12/23/1951	F	CA	92646	CIGNA Health Plan HMO

06/19/1963	F	CA	92868	CIGNA Health Plan HMO
08/24/1979	F	CA	92869	CIGNA Health Plan HMO
01/28/1946	F	CA	92637	CIGNA Health Plan HMO
06/20/1951	F	CA	92865	CIGNA Health Plan HMO
08/18/1973	F	CA	92704	CIGNA Health Plan HMO
06/05/1959	F	CA	91765	CIGNA Health Plan HMO
08/26/1958	F	CA	92868	CIGNA Health Plan HMO
12/01/1960	F	CA	92805	CIGNA Health Plan HMO
03/20/1968	F	CA	91786	CIGNA Health Plan HMO
08/07/1940	F	CA	927806136	CIGNA Health Plan HMO
07/20/1982	F	CA	92703	CIGNA Health Plan HMO
01/31/1983	F	CA	92701	CIGNA Health Plan HMO
10/31/1955	F	CA	92805	CIGNA Health Plan HMO
09/14/1956	F	CA	92865	CIGNA Health Plan HMO
10/13/1963	F	CA	92707	CIGNA Health Plan HMO
03/10/1949	F	CA	92868	CIGNA Health Plan HMO
12/29/1948	F	CA	92706	CIGNA Health Plan HMO
11/03/1953	F	CA	92706	CIGNA Health Plan HMO
11/08/1952	F	CA	92606	CIGNA Health Plan HMO
02/03/1956	F	CA	92870	CIGNA Health Plan HMO
09/24/1950	F	CA	92629	CIGNA Health Plan HMO
06/26/1963	F	CA	92685	CIGNA Health Plan HMO
12/29/1947	F	CA	92683	CIGNA Health Plan HMO
02/12/1979	F	CA	92557	CIGNA Health Plan HMO
02/03/1984	F	CA	92706	CIGNA Health Plan HMO
08/17/1973	F	CA	928710982	CIGNA Health Plan HMO
03/01/1940	M	CA	92683	CIGNA Health Plan HMO
09/03/1967	F	CA	92804	CIGNA Health Plan HMO
02/24/1986	F	CA	92704	CIGNA Health Plan HMO
10/14/1977	F	CA	91770	CIGNA Health Plan HMO
10/26/1955	F	CA	92802	CIGNA Health Plan HMO
10/25/1978	F	CA	90042	CIGNA Health Plan HMO
02/11/1965	F	CA	92683	CIGNA Health Plan HMO
06/17/1980	F	CA	92870	CIGNA Health Plan HMO
01/22/1982	M	CA	92833	CIGNA Health Plan HMO
12/29/1977	F	CA	92503	CIGNA Health Plan HMO
10/04/1977	F	CA	92704	CIGNA Health Plan HMO
01/02/1985	F	CA	92879	CIGNA Health Plan HMO
08/26/1978	F	CA	92841	CIGNA Health Plan HMO
01/07/1978	F	CA	92703	CIGNA Health Plan HMO
10/30/1970	F	CA	92805	CIGNA Health Plan HMO
11/15/1979	F	CA	92701	CIGNA Health Plan HMO
10/29/1970	F	CA	92805	CIGNA Health Plan HMO
07/22/1983	M	CA	92707	CIGNA Health Plan HMO
04/30/1987	F	CA	92870	CIGNA Health Plan HMO
03/16/1954	F	CA	92843	CIGNA Health Plan HMO
08/22/1981	F	CA	92703	CIGNA Health Plan HMO
09/11/1952	M	CA	92833	CIGNA Health Plan HMO
06/28/1977	M	CA	91710	CIGNA Health Plan HMO
04/23/1967	F	CA	92802	CIGNA Health Plan HMO
04/15/1974	M	CA	92841	CIGNA Health Plan HMO
04/02/1986	M	CA	92704	CIGNA Health Plan HMO

09/30/1976	M	CA	90621	CIGNA Health Plan HMO
05/20/1975	F	CA	91352	CIGNA Health Plan HMO
12/14/1975	M	CA	92831	CIGNA Health Plan HMO
07/25/1963	M	CA	92880	CIGNA Health Plan HMO
09/21/1985	M	CA	90680	CIGNA Health Plan HMO
10/24/1985	M	CA	92705	CIGNA Health Plan HMO
05/12/1958	F	CA	92683	CIGNA Health Plan HMO
09/27/1976	F	CA	92701	CIGNA Health Plan HMO
08/13/1973	F	CA	90631	CIGNA Health Plan HMO
07/05/1953	M	CA	90621	CIGNA Health Plan HMO
07/13/1981	F	CA	92503	CIGNA Health Plan HMO
09/11/1981	F	CA	92780	CIGNA Health Plan HMO
08/08/1968	F	CA	92883	CIGNA Health Plan HMO
04/14/1964	F	CA	90712	CIGNA Health Plan HMO
09/20/1961	F	CA	92868	CIGNA Health Plan HMO
04/20/1966	F	CA	92706	CIGNA Health Plan HMO
05/09/1965	F	CA	92843	CIGNA Health Plan HMO
08/19/1970	F	CA	92804	CIGNA Health Plan HMO
01/29/1988	F	CA	92840	CIGNA Health Plan HMO
12/14/1960	F	CA	92866	CIGNA Health Plan HMO
01/24/1983	F	CA	90807	CIGNA Health Plan HMO
11/15/1979	M	CA	92704	CIGNA Health Plan HMO
02/10/1956	F	CA	92840	CIGNA Health Plan HMO
05/12/1950	M	CA	92691	CIGNA Health Plan HMO
08/12/1958	M	CA	92530	CIGNA Health Plan HMO
06/14/1960	M	CA	92860	CIGNA Health Plan HMO
09/07/1951	M	CA	92782	CIGNA Health Plan HMO
10/17/1952	M	CA	92570	CIGNA Health Plan HMO
04/06/1974	M	CA	90602	CIGNA Health Plan HMO
08/20/1960	M	CA	92706	CIGNA Health Plan HMO
08/09/1947	M	CA	92503	CIGNA Health Plan HMO
07/01/1960	M	CA	92595	CIGNA Health Plan HMO
05/06/1946	M	CA	91765	CIGNA Health Plan HMO
03/18/1962	M	CA	92586	CIGNA Health Plan HMO
05/05/1971	M	CA	92866	CIGNA Health Plan HMO
11/19/1962	M	CA	92780	CIGNA Health Plan HMO
08/17/1956	M	CA	92806	CIGNA Health Plan HMO
07/24/1951	M	CA	92867	CIGNA Health Plan HMO
08/15/1962	M	CA	92845	CIGNA Health Plan HMO
06/30/1950	M	CA	92653	CIGNA Health Plan HMO
11/29/1972	F	CA	92832	CIGNA Health Plan HMO
11/28/1974	F	CA	92688	CIGNA Health Plan HMO
08/25/1981	F	CA	92870	CIGNA Health Plan HMO
07/05/1976	F	CA	92688	CIGNA Health Plan HMO
06/05/1953	F	CA	92804	CIGNA Health Plan HMO
03/15/1955	F	CA	92657	CIGNA Health Plan HMO
03/05/1950	F	CA	92728	CIGNA Health Plan HMO
08/06/1958	F	CA	90804	CIGNA Health Plan HMO
03/20/1950	F	CA	92629	CIGNA Health Plan HMO
09/18/1957	F	CA	92886	CIGNA Health Plan HMO
02/27/1951	F	CA	92675	CIGNA Health Plan HMO
02/02/1954	F	CA	92805	CIGNA Health Plan HMO

04/09/1949	M	CA	90621	CIGNA Health Plan HMO
05/09/1968	F	CA	92607	CIGNA Health Plan HMO
01/24/1975	M	CA	92802	CIGNA Health Plan HMO
01/23/1981	F	CA	92673	CIGNA Health Plan HMO
07/29/1951	M	CA	92705	CIGNA Health Plan HMO
12/09/1960	F	CA	92630	CIGNA Health Plan HMO
05/17/1964	F	CA	92673	CIGNA Health Plan HMO
06/29/1955	F	CA	92865	CIGNA Health Plan HMO
08/28/1955	F	CA	90620	CIGNA Health Plan HMO
07/01/1946	F	CA	92832	CIGNA Health Plan HMO
11/03/1971	M	CA	92867	CIGNA Health Plan HMO
10/28/1973	F	CA	92780	CIGNA Health Plan HMO
08/01/1960	F	CA	92886	CIGNA Health Plan HMO
07/12/1969	F	CA	92840	CIGNA Health Plan HMO
04/28/1978	F	CA	92627	CIGNA Health Plan HMO
06/16/1983	F	CA	90815	CIGNA Health Plan HMO
08/23/1977	F	CA	92807	CIGNA Health Plan HMO
12/02/1973	F	CA	90740	CIGNA Health Plan HMO
05/10/1975	F	CA	92805	CIGNA Health Plan HMO
08/26/1964	F	CA	92701	CIGNA Health Plan HMO
07/19/1974	F	CA	90650	CIGNA Health Plan HMO
12/06/1965	F	CA	92614	CIGNA Health Plan HMO
07/24/1975	F	CA	92612	CIGNA Health Plan HMO
06/24/1954	F	CA	92705	CIGNA Health Plan HMO
06/28/1960	M	CA	92627	CIGNA Health Plan HMO
11/16/1968	F	CA	92705	CIGNA Health Plan HMO
02/19/1966	F	CA	92646	CIGNA Health Plan HMO
03/05/1969	F	CA	92840	CIGNA Health Plan HMO
06/24/1954	F	CA	92705	CIGNA Health Plan HMO
09/05/1977	F	CA	92868	CIGNA Health Plan HMO
05/26/1961	F	CA	92626	CIGNA Health Plan HMO
10/22/1954	F	CA	92806	CIGNA Health Plan HMO
11/15/1963	M	CA	92592	CIGNA Health Plan HMO
04/28/1981	F	CA	92625	CIGNA Health Plan HMO
12/22/1969	F	CA	92057	CIGNA Health Plan HMO
10/19/1960	F	CA	92705	CIGNA Health Plan HMO
12/03/1970	F	CA	92780	CIGNA Health Plan HMO
03/06/1969	F	CA	92705	CIGNA Health Plan HMO
06/21/1957	M	CA	92703	CIGNA Health Plan HMO
10/31/1965	F	CA	92869	CIGNA Health Plan HMO
09/27/1960	F	CA	92805	CIGNA Health Plan HMO
12/07/1939	M	CA	92677	CIGNA Health Plan HMO
01/17/1969	F	CA	927051700	CIGNA Health Plan HMO
05/17/1973	F	CA	92708	CIGNA Health Plan HMO
06/09/1954	M	CA	92707	CIGNA Health Plan HMO
09/30/1972	F	CA	92805	CIGNA Health Plan HMO
08/01/1947	F	CA	92614	CIGNA Health Plan HMO
06/10/1977	F	CA	92808	CIGNA Health Plan HMO
09/15/1954	F	CA	92646	CIGNA Health Plan HMO
11/06/1974	F	CA	92879	CIGNA Health Plan HMO
04/21/1960	F	CA	91701	CIGNA Health Plan HMO
12/25/1981	F	CA	92805	CIGNA Health Plan HMO

01/28/1948	F	CA	92804	CIGNA Health Plan HMO
10/21/1974	F	CA	90804	CIGNA Health Plan HMO
08/12/1954	F	CA	92656	CIGNA Health Plan HMO
07/22/1953	F	CA	92604	CIGNA Health Plan HMO
04/20/1969	F	CA	92677	CIGNA Health Plan HMO
09/13/1964	F	CA	90605	CIGNA Health Plan HMO
11/16/1954	F	CA	91765	CIGNA Health Plan HMO
08/12/1978	F	CA	90680	CIGNA Health Plan HMO
11/12/1977	F	CA	92867	CIGNA Health Plan HMO
09/15/1979	F	CA	90680	CIGNA Health Plan HMO
12/15/1958	F	CA	92844	CIGNA Health Plan HMO
04/21/1972	F	CA	90814	CIGNA Health Plan HMO
09/23/1981	F	CA	92646	CIGNA Health Plan HMO
02/01/1979	F	CA	92821	CIGNA Health Plan HMO
10/14/1958	F	CA	92806	CIGNA Health Plan HMO
10/08/1969	F	CA	92688	CIGNA Health Plan HMO
04/05/1957	F	CA	91710	CIGNA Health Plan HMO
02/15/1947	M	CA	92705	CIGNA Health Plan HMO
03/21/1954	M	CA	92663	CIGNA Health Plan HMO
11/09/1959	F	CA	92869	CIGNA Health Plan HMO
01/11/1971	M	CA	92869	CIGNA Health Plan HMO
07/25/1953	F	CA	92869	CIGNA Health Plan HMO
10/13/1974	M	CA	92802	CIGNA Health Plan HMO
05/01/1976	F	CA	92841	CIGNA Health Plan HMO
04/21/1944	M	CA	92702	CIGNA Health Plan HMO
05/19/1965	M	CA	92706	CIGNA Health Plan HMO
02/02/1956	F	CA	92672	CIGNA Health Plan HMO
12/13/1954	M	CA	92866	CIGNA Health Plan HMO
04/06/1936	M	CA	92861	CIGNA Health Plan HMO
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03/31/1956	F	CA	92337	CIGNA Health Plan HMO
11/18/1976	F	CA	92801	CIGNA Health Plan HMO
07/21/1966	M	CA	92806	CIGNA Health Plan HMO
04/27/1970	F	CA	90620	CIGNA Health Plan HMO
08/10/1948	M	CA	92801	CIGNA Health Plan HMO
06/27/1983	F	CA	92870	CIGNA Health Plan HMO
03/05/1945	M	CA	92843	CIGNA Health Plan HMO
10/05/1953	F	CA	92843	CIGNA Health Plan HMO
05/27/1973	F	CA	92782	CIGNA Health Plan HMO
07/14/1973	F	CA	92802	CIGNA Health Plan HMO
05/19/1969	F	CA	92606	CIGNA Health Plan HMO
04/20/1938	M	CA	92705	CIGNA Health Plan HMO
01/09/1954	F	CA	92840	CIGNA Health Plan HMO
04/30/1938	M	CA	92871	CIGNA Health Plan HMO
12/14/1954	F	CA	92706	CIGNA Health Plan HMO
06/27/1978	F	CA	92705	CIGNA Health Plan HMO
06/02/1943	M	CA	92683	CIGNA Health Plan HMO
07/24/1946	F	CA	92509	CIGNA Health Plan HMO
10/14/1969	F	CA	92707	CIGNA Health Plan HMO
01/18/1967	F	CA	92805	CIGNA Health Plan HMO
07/08/1957	F	CA	92804	CIGNA Health Plan HMO
04/12/1983	F	CA	92801	CIGNA Health Plan HMO

08/08/1949	F	CA	90670	CIGNA Health Plan HMO
10/13/1973	M	CA	92707	CIGNA Health Plan HMO
10/07/1971	F	CA	92707	CIGNA Health Plan HMO
08/16/1956	F	CA	92883	CIGNA Health Plan HMO
09/28/1956	F	CA	90630	CIGNA Health Plan HMO
05/16/1969	F	CA	92703	CIGNA Health Plan HMO
12/14/1957	F	CA	90715	CIGNA Health Plan HMO
12/22/1976	M	CA	92882	CIGNA Health Plan HMO
01/18/1942	F	CA	92705	CIGNA Health Plan HMO
05/21/1967	F	CA	92804	CIGNA Health Plan HMO
11/29/1945	F	CA	92604	CIGNA Health Plan HMO
08/10/1980	F	CA	92801	CIGNA Health Plan HMO
07/28/1948	F	CA	92868	CIGNA Health Plan HMO
12/08/1968	M	CA	92683	CIGNA Health Plan HMO
05/20/1982	F	CA	92504	CIGNA Health Plan HMO
07/24/1967	F	CA	90716	CIGNA Health Plan HMO
05/19/1970	F	CA	92707	CIGNA Health Plan HMO
04/19/1982	F	CA	92630	CIGNA Health Plan HMO
04/05/1955	F	CA	92843	CIGNA Health Plan HMO
10/10/1976	F	CA	92832	CIGNA Health Plan HMO
08/19/1956	F	CA	92703	CIGNA Health Plan HMO
04/02/1959	M	CA	92886	CIGNA Health Plan HMO
12/24/1970	F	CA	92711	CIGNA Health Plan HMO
05/08/1965	F	CA	90805	CIGNA Health Plan HMO
04/27/1977	F	CA	90806	CIGNA Health Plan HMO
06/15/1972	F	CA	92841	CIGNA Health Plan HMO
10/06/1977	F	CA	92805	CIGNA Health Plan HMO
08/27/1978	F	CA	92707	CIGNA Health Plan HMO
11/22/1972	F	CA	92832	CIGNA Health Plan HMO
04/28/1971	F	CA	92707	CIGNA Health Plan HMO
10/22/1949	M	CA	92707	CIGNA Health Plan HMO
05/27/1974	F	CA	92704	CIGNA Health Plan HMO
11/28/1972	F	CA	92780	CIGNA Health Plan HMO
04/10/1952	F	CA	92614	CIGNA Health Plan HMO
01/03/1948	F	CA	92869	CIGNA Health Plan HMO
01/08/1966	F	CA	92130	CIGNA Health Plan HMO
02/11/1970	F	CA	92223	CIGNA Health Plan HMO
02/09/1952	M	CA	92704	CIGNA Health Plan HMO
08/30/1962	F	CA	92833	CIGNA Health Plan HMO
07/07/1972	F	CA	92802	CIGNA Health Plan HMO
11/14/1973	F	CA	92626	CIGNA Health Plan HMO
11/20/1957	F	CA	92706	CIGNA Health Plan HMO
10/18/1980	F	CA	92704	CIGNA Health Plan HMO
07/01/1953	F	CA	92869	CIGNA Health Plan HMO
09/19/1957	F	CA	90715	CIGNA Health Plan HMO
02/17/1975	F	CA	90745	CIGNA Health Plan HMO
06/01/1941	M	CA	92677	CIGNA Health Plan HMO
08/20/1950	F	CA	92703	CIGNA Health Plan HMO
01/12/1960	M	CA	92683	CIGNA Health Plan HMO
11/29/1952	M	CA	92867	CIGNA Health Plan HMO
02/05/1951	F	CA	92683	CIGNA Health Plan HMO
04/20/1969	F	CA	91709	CIGNA Health Plan HMO

04/04/1972	F	CA	92675	CIGNA Health Plan HMO
12/05/1951	F	CA	92886	CIGNA Health Plan HMO
01/05/1963	M	CA	92804	CIGNA Health Plan HMO
03/15/1978	M	CA	92806	CIGNA Health Plan HMO
10/31/1980	F	CA	92346	CIGNA Health Plan HMO
11/05/1982	M	CA	90650	CIGNA Health Plan HMO
09/26/1984	F	CA	90731	CIGNA Health Plan HMO
03/06/1976	M	CA	92708	CIGNA Health Plan HMO
03/22/1948	M	CA	92844	CIGNA Health Plan HMO
12/12/1938	M	CA	92708	CIGNA Health Plan HMO
04/30/1947	M	CA	92843	CIGNA Health Plan HMO
12/25/1977	F	CA	92805	CIGNA Health Plan HMO
02/08/1963	F	CA	92863	CIGNA Health Plan HMO
06/08/1968	F	CA	90623	CIGNA Health Plan HMO
03/02/1986	F	CA	92704	CIGNA Health Plan HMO
08/02/1973	F	CA	92691	CIGNA Health Plan HMO
01/02/1954	M	CA	92868	CIGNA Health Plan HMO
06/18/1954	F	CA	92802	CIGNA Health Plan HMO
01/31/1958	M	CA	90005	CIGNA Health Plan HMO
08/19/1963	F	CA	92683	CIGNA Health Plan HMO
08/18/1955	F	CA	92688	CIGNA Health Plan HMO
07/25/1947	F	CA	92604	CIGNA Health Plan HMO
11/15/1950	M	CA	925636230	CIGNA Health Plan HMO
04/08/1981	F	CA	90680	CIGNA Health Plan HMO
04/17/1966	M	CA	92844	CIGNA Health Plan HMO
10/27/1958	F	CA	92570	CIGNA Health Plan HMO
10/07/1944	M	CA	92886	CIGNA Health Plan HMO
07/19/1941	M	CA	91748	CIGNA Health Plan HMO
12/21/1955	F	CA	92677	CIGNA Health Plan HMO
05/07/1945	M	CA	928402954	CIGNA Health Plan HMO
02/26/1953	F	CA	92606	CIGNA Health Plan HMO
08/22/1976	F	CA	91748	CIGNA Health Plan HMO
06/28/1950	M	CA	92604	CIGNA Health Plan HMO
12/30/1960	F	CA	90045	CIGNA Health Plan HMO
05/08/1981	F	CA	92620	CIGNA Health Plan HMO
07/04/1967	M	CA	92833	CIGNA Health Plan HMO
02/03/1948	F	CA	92692	CIGNA Health Plan HMO
12/15/1948	M	CA	92688	CIGNA Health Plan HMO
07/17/1971	F	CA	92602	CIGNA Health Plan HMO
08/06/1954	M	CA	90620	CIGNA Health Plan HMO
09/16/1943	M	CA	92886	CIGNA Health Plan HMO
07/27/1961	M	CA	90680	CIGNA Health Plan HMO
06/28/1947	F	CA	92677	CIGNA Health Plan HMO
03/02/1963	F	CA	92780	CIGNA Health Plan HMO
09/10/1981	M	CA	90621	CIGNA Health Plan HMO
05/08/1980	F	CA	92627	CIGNA Health Plan HMO
03/21/1971	F	CA	92672	CIGNA Health Plan HMO
02/21/1946	M	CA	92780	CIGNA Health Plan HMO
01/19/1981	F	CA	92706	CIGNA Health Plan HMO
06/24/1976	F	CA	92868	CIGNA Health Plan HMO
09/15/1953	M	CA	92868	CIGNA Health Plan HMO
08/01/1946	M	CA	90660	CIGNA Health Plan HMO

04/25/1945	F	CA	92870	CIGNA Health Plan HMO
10/05/1949	F	CA	92057	CIGNA Health Plan HMO
01/19/1960	M	CA	92630	CIGNA Health Plan HMO
04/22/1967	M	CA	92604	CIGNA Health Plan HMO
05/07/1944	F	CA	90621	CIGNA Health Plan HMO
09/09/1977	M	CA	92626	CIGNA Health Plan HMO
09/07/1956	M	CA	92881	CIGNA Health Plan HMO
08/09/1954	M	CA	92503	CIGNA Health Plan HMO
03/24/1967	M	CA	92584	CIGNA Health Plan HMO
05/22/1949	F	CA	92620	CIGNA Health Plan HMO
06/12/1951	M	CA	92688	CIGNA Health Plan HMO
04/29/1938	M	CA	927821052	CIGNA Health Plan HMO
07/26/1974	F	CA	926778809	CIGNA Health Plan HMO
04/24/1941	F	CA	92806	CIGNA Health Plan HMO
10/18/1955	F	CA	92870	CIGNA Health Plan HMO
05/25/1961	F	CA	92866	CIGNA Health Plan HMO
11/07/1941	F	CA	92841	CIGNA Health Plan HMO
11/14/1980	F	CA	92804	CIGNA Health Plan HMO
04/29/1952	M	CA	92584	CIGNA Health Plan HMO
07/08/1950	F	CA	92869	CIGNA Health Plan HMO
10/26/1968	M	CA	92647	CIGNA Health Plan HMO
09/20/1959	M	CA	92707	CIGNA Health Plan HMO
07/22/1961	F	CA	92887	CIGNA Health Plan HMO
05/07/1961	F	CA	92706	CIGNA Health Plan HMO
10/01/1979	F	CA	91737	CIGNA Health Plan HMO
01/30/1979	M	CA	92780	CIGNA Health Plan HMO
09/17/1980	F	CA	92868	CIGNA Health Plan HMO
07/14/1968	F	CA	92831	CIGNA Health Plan HMO
09/28/1977	F	CA	92865	CIGNA Health Plan HMO
10/21/1964	F	CA	92804	CIGNA Health Plan HMO
04/25/1962	F	CA	927280708	CIGNA Health Plan HMO
08/14/1967	M	CA	92869	CIGNA Health Plan HMO
02/20/1983	F	CA	92707	CIGNA Health Plan HMO
06/24/1951	M	CA	92869	CIGNA Health Plan HMO
05/22/1984	F	CA	92504	CIGNA Health Plan HMO
06/05/1954	F	CA	90745	CIGNA Health Plan HMO
03/14/1962	M	CA	92691	CIGNA Health Plan HMO
06/25/1957	M	CA	92054	CIGNA Health Plan HMO
09/30/1952	M	CA	92870	CIGNA Health Plan HMO
09/26/1951	M	CA	92706	CIGNA Health Plan HMO
03/10/1971	M	CA	92707	CIGNA Health Plan HMO
08/10/1963	M	CA	92704	CIGNA Health Plan HMO
06/21/1965	F	CA	90650	CIGNA Health Plan HMO
08/21/1980	F	CA	92704	CIGNA Health Plan HMO
04/28/1946	M	CA	92707	CIGNA Health Plan HMO
06/19/1952	F	CA	92801	CIGNA Health Plan HMO
12/21/1969	F	CA	92780	CIGNA Health Plan HMO
08/04/1977	M	CA	91773	CIGNA Health Plan HMO
01/10/1949	F	CA	92683	CIGNA Health Plan HMO
09/08/1960	F	CA	92804	CIGNA Health Plan HMO
09/09/1968	M	CA	92706	CIGNA Health Plan HMO
03/28/1952	F	CA	92692	CIGNA Health Plan HMO

04/28/1971	F	CA	92866	CIGNA Health Plan HMO
05/08/1968	M	CA	92866	CIGNA Health Plan HMO
12/02/1955	F	CA	92833	CIGNA Health Plan HMO
12/15/1960	F	CA	92701	CIGNA Health Plan HMO
12/25/1973	F	CA	92677	CIGNA Health Plan HMO
03/12/1972	F	CA	92704	CIGNA Health Plan HMO
01/08/1971	F	CA	92647	CIGNA Health Plan HMO
01/11/1963	F	CA	92882	CIGNA Health Plan HMO
07/28/1974	M	CA	90505	CIGNA Health Plan HMO
11/20/1972	M	CA	92801	CIGNA Health Plan HMO
04/06/1974	F	CA	92653	CIGNA Health Plan HMO
08/23/1952	F	CA	92688	CIGNA Health Plan HMO
03/01/1980	F	CA	92606	CIGNA Health Plan HMO
09/25/1962	M	CA	92701	CIGNA Health Plan HMO
10/17/1959	M	CA	92867	CIGNA Health Plan HMO
09/03/1937	M	CA	92869	CIGNA Health Plan HMO
09/07/1976	F	CA	92701	CIGNA Health Plan HMO
09/02/1964	M	CA	92805	CIGNA Health Plan HMO
06/06/1979	F	CA	91709	CIGNA Health Plan HMO
08/05/1960	M	CA	92683	CIGNA Health Plan HMO
10/13/1965	M	CA	92656	CIGNA Health Plan HMO
09/17/1973	M	CA	92867	CIGNA Health Plan HMO
08/12/1982	F	CA	92683	CIGNA Health Plan HMO
09/17/1953	F	CA	92844	CIGNA Health Plan HMO
08/30/1976	F	CA	92802	CIGNA Health Plan HMO
10/20/1955	F	CA	92028	CIGNA Health Plan HMO
06/28/1957	M	CA	90807	CIGNA Health Plan HMO
07/01/1956	F	CA	92867	CIGNA Health Plan HMO
12/07/1982	M	CA	90605	CIGNA Health Plan HMO
06/03/1982	F	CA	92604	CIGNA Health Plan HMO
09/20/1953	M	CA	92838	CIGNA Health Plan HMO
03/30/1976	M	CA	92620	CIGNA Health Plan HMO
04/07/1977	F	CA	92509	CIGNA Health Plan HMO
10/03/1941	M	CA	92780	CIGNA Health Plan HMO
12/09/1973	F	CA	92705	CIGNA Health Plan HMO
08/31/1948	M	CA	92692	CIGNA Health Plan HMO
10/08/1950	F	CA	90620	CIGNA Health Plan HMO
04/03/1958	F	CA	92805	CIGNA Health Plan HMO
03/28/1961	F	CA	92656	CIGNA Health Plan HMO
08/16/1960	F	CA	92866	CIGNA Health Plan HMO
11/19/1958	F	CA	92649	CIGNA Health Plan HMO
10/01/1974	F	CA	92610	CIGNA Health Plan HMO
09/06/1960	F	CA	92264	CIGNA Health Plan HMO
02/28/1977	F	CA	92704	CIGNA Health Plan HMO
03/30/1967	F	CA	92708	CIGNA Health Plan HMO
08/06/1969	F	CA	92708	CIGNA Health Plan HMO
06/24/1949	F	CA	92801	CIGNA Health Plan HMO
11/13/1964	M	CA	92703	CIGNA Health Plan HMO
06/13/1961	M	CA	92683	CIGNA Health Plan HMO
02/10/1966	F	CA	92867	CIGNA Health Plan HMO
11/07/1959	F	CA	92706	CIGNA Health Plan HMO
09/06/1965	F	CA	92840	CIGNA Health Plan HMO

07/04/1947	F	CA	92656	CIGNA Health Plan HMO
03/05/1983	F	CA	92656	CIGNA Health Plan HMO
07/07/1971	F	CA	92879	CIGNA Health Plan HMO
08/29/1974	F	CA	92882	CIGNA Health Plan HMO
10/19/1961	M	CA	92646	CIGNA Health Plan HMO
01/06/1948	M	CA	92627	CIGNA Health Plan HMO
02/08/1974	F	CA	90805	CIGNA Health Plan HMO
07/06/1967	M	CA	90630	CIGNA Health Plan HMO
11/24/1971	F	CA	92704	CIGNA Health Plan HMO
02/08/1959	F	CA	92806	CIGNA Health Plan HMO
09/08/1958	M	CA	92840	CIGNA Health Plan HMO
10/20/1960	F	CA	928420871	CIGNA Health Plan HMO
01/03/1961	M	CA	92843	CIGNA Health Plan HMO
04/19/1963	F	CA	90605	CIGNA Health Plan HMO
01/26/1951	F	CA	90706	CIGNA Health Plan HMO
07/26/1953	M	CA	92655	CIGNA Health Plan HMO
09/08/1954	M	CA	91730	CIGNA Health Plan HMO
04/11/1981	F	CA	92863	CIGNA Health Plan HMO
05/06/1952	F	CA	92806	CIGNA Health Plan HMO
01/01/1968	M	CA	92648	CIGNA Health Plan HMO
01/30/1950	F	CA	92869	CIGNA Health Plan HMO
02/02/1951	F	CA	92675	CIGNA Health Plan HMO
07/14/1947	F	CA	92706	CIGNA Health Plan HMO
07/27/1977	F	CA	92802	CIGNA Health Plan HMO
10/01/1954	F	CA	92673	CIGNA Health Plan HMO
02/16/1969	F	CA	90631	CIGNA Health Plan HMO
08/22/1945	M	CA	92673	CIGNA Health Plan HMO
12/06/1971	F	CA	92703	CIGNA Health Plan HMO
09/16/1973	M	CA	92780	CIGNA Health Plan HMO
07/24/1973	F	CA	90712	CIGNA Health Plan HMO
04/03/1964	F	CA	92805	CIGNA Health Plan HMO
10/20/1961	M	CA	90630	CIGNA Health Plan HMO
01/05/1960	F	CA	92843	CIGNA Health Plan HMO
09/12/1980	F	CA	92701	CIGNA Health Plan HMO
02/05/1956	F	CA	92570	CIGNA Health Plan HMO
12/21/1955	F	CA	92867	CIGNA Health Plan HMO
05/06/1961	F	CA	92867	CIGNA Health Plan HMO
01/11/1961	F	CA	92675	CIGNA Health Plan HMO
04/22/1974	F	CA	92869	CIGNA Health Plan HMO
06/24/1968	M	CA	92867	CIGNA Health Plan HMO
02/02/1957	M	CA	92683	CIGNA Health Plan HMO
09/25/1965	M	CA	92860	CIGNA Health Plan HMO
01/06/1970	F	CA	92532	CIGNA Health Plan HMO
11/10/1948	M	CA	92807	CIGNA Health Plan HMO
11/20/1948	M	CA	92880	CIGNA Health Plan HMO
07/23/1974	F	CA	92879	CIGNA Health Plan HMO
09/18/1954	F	CA	92869	CIGNA Health Plan HMO
07/12/1950	M	CA	91768	CIGNA Health Plan HMO
12/18/1953	F	CA	92804	CIGNA Health Plan HMO
05/21/1946	F	CA	90810	CIGNA Health Plan HMO
07/08/1953	M	CA	92842	CIGNA Health Plan HMO
08/12/1959	F	CA	92646	CIGNA Health Plan HMO

05/15/1962	M	CA	92586	CIGNA Health Plan HMO
08/16/1986	F	CA	92782	CIGNA Health Plan HMO
12/09/1974	F	CA	92706	CIGNA Health Plan HMO
01/18/1953	F	CA	92692	CIGNA Health Plan HMO
12/11/1943	M	CA	92844	CIGNA Health Plan HMO
03/22/1952	M	CA	92802	CIGNA Health Plan HMO
04/02/1980	F	CA	92530	CIGNA Health Plan HMO
10/26/1983	F	CA	92780	CIGNA Health Plan HMO
07/07/1970	F	CA	91769	CIGNA Health Plan HMO
01/22/1974	F	CA	92780	CIGNA Health Plan HMO
02/25/1963	F	CA	92841	CIGNA Health Plan HMO
01/06/1957	F	CA	92130	CIGNA Health Plan HMO
05/14/1952	F	CA	92868	CIGNA Health Plan HMO
04/01/1966	M	CA	92802	CIGNA Health Plan HMO
08/14/1961	M	CA	91770	CIGNA Health Plan HMO
12/09/1967	M	CA	92683	CIGNA Health Plan HMO
08/14/1976	M	CA	92807	CIGNA Health Plan HMO
02/20/1950	F	CA	92614	CIGNA Health Plan HMO
12/29/1969	F	CA	92620	CIGNA Health Plan HMO
11/22/1961	F	CA	92802	CIGNA Health Plan HMO
03/14/1964	F	CA	92702	CIGNA Health Plan HMO
03/20/1967	M	CA	92683	CIGNA Health Plan HMO
03/29/1955	M	CA	90621	CIGNA Health Plan HMO
03/06/1973	F	CA	92705	CIGNA Health Plan HMO
07/04/1974	F	CA	92780	CIGNA Health Plan HMO
11/01/1950	M	CA	92688	CIGNA Health Plan HMO
01/20/1968	F	CA	92780	CIGNA Health Plan HMO
07/28/1967	F	CA	92869	CIGNA Health Plan HMO
09/30/1974	M	CA	92832	CIGNA Health Plan HMO
11/08/1977	F	CA	92503	CIGNA Health Plan HMO
01/08/1965	F	CA	92870	CIGNA Health Plan HMO
01/20/1979	F	CA	92509	CIGNA Health Plan HMO
08/14/1957	M	CA	92626	CIGNA Health Plan HMO
02/08/1980	F	CA	92867	CIGNA Health Plan HMO
11/23/1974	F	CA	92868	CIGNA Health Plan HMO
08/26/1948	M	CA	92683	CIGNA Health Plan HMO
02/01/1977	M	CA	92530	CIGNA Health Plan HMO
09/04/1955	F	CA	90701	CIGNA Health Plan HMO
11/12/1979	F	CA	92688	CIGNA Health Plan HMO
11/01/1967	F	CA	90712	CIGNA Health Plan HMO
04/03/1975	F	CA	92653	CIGNA Health Plan HMO
09/26/1982	F	CA	92706	CIGNA Health Plan HMO
02/20/1974	F	CA	92870	CIGNA Health Plan HMO
02/27/1975	F	CA	92702	CIGNA Health Plan HMO
12/07/1968	M	CA	92780	CIGNA Health Plan HMO
08/28/1983	M	CA	92840	CIGNA Health Plan HMO
02/04/1973	F	CA	92647	CIGNA Health Plan HMO
01/15/1948	M	CA	92844	CIGNA Health Plan HMO
06/13/1976	F	CA	92626	CIGNA Health Plan HMO
12/18/1958	M	CA	92865	CIGNA Health Plan HMO
06/02/1947	M	CA	92703	CIGNA Health Plan HMO
11/30/1953	M	CA	92780	CIGNA Health Plan HMO

01/06/1966	F	CA	92683	CIGNA Health Plan HMO
03/03/1978	F	CA	92707	CIGNA Health Plan HMO
12/31/1976	F	CA	90638	CIGNA Health Plan HMO
03/21/1985	F	CA	92706	CIGNA Health Plan HMO
07/07/1980	M	CA	92707	CIGNA Health Plan HMO
12/31/1985	F	CA	92805	CIGNA Health Plan HMO
04/13/1955	F	CA	92708	CIGNA Health Plan HMO
04/02/1977	M	CA	92630	CIGNA Health Plan HMO
03/01/1972	F	CA	92780	CIGNA Health Plan HMO
04/28/1952	F	CA	92804	CIGNA Health Plan HMO
08/28/1945	M	CA	92802	CIGNA Health Plan HMO
07/28/1965	F	CA	92821	CIGNA Health Plan HMO
10/15/1971	F	CA	91006	CIGNA Health Plan HMO
04/28/1976	F	CA	92867	CIGNA Health Plan HMO
04/29/1974	F	CA	92780	CIGNA Health Plan HMO
08/07/1985	F	CA	90620	CIGNA Health Plan HMO
06/10/1951	M	CA	90720	CIGNA Health Plan HMO
04/29/1967	F	CA	928081223	CIGNA Health Plan HMO
12/01/1940	F	CA	92708	CIGNA Health Plan HMO
03/13/1961	F	CA	92859	CIGNA Health Plan HMO
07/02/1955	F	CA	92604	CIGNA Health Plan HMO
07/03/1941	M	CA	90631	CIGNA Health Plan HMO
09/09/1956	F	CA	92612	CIGNA Health Plan HMO
08/31/1975	F	CA	92602	CIGNA Health Plan HMO
06/14/1959	F	CA	928838470	CIGNA Health Plan HMO
06/19/1942	F	CA	92646	CIGNA Health Plan HMO
10/29/1957	F	CA	92802	CIGNA Health Plan HMO
11/05/1951	F	CA	92131	CIGNA Health Plan HMO
09/29/1947	F	CA	92801	CIGNA Health Plan HMO
07/18/1961	M	CA	92630	CIGNA Health Plan HMO
06/29/1929	M	CA	90241	CIGNA Health Plan HMO
06/25/1942	M	CA	92637	CIGNA Health Plan HMO
10/05/1946	F	CA	92627	CIGNA Health Plan HMO
07/16/1981	F	CA	91770	CIGNA Health Plan HMO
04/25/1984	F	CA	92833	CIGNA Health Plan HMO
02/09/1982	F	CA	92683	CIGNA Health Plan HMO
08/23/1982	F	CA	90805	CIGNA Health Plan HMO
06/01/1949	F	CA	92656	CIGNA Health Plan HMO
09/06/1947	F	CA	92649	CIGNA Health Plan HMO
01/09/1977	F	CA	92780	CIGNA Health Plan HMO
12/02/1949	F	CA	92867	CIGNA Health Plan HMO
10/12/1961	F	CA	92627	CIGNA Health Plan HMO
01/17/1970	F	CA	91709	CIGNA Health Plan HMO
05/29/1968	M	CA	92692	CIGNA Health Plan HMO
07/20/1962	F	CA	92629	CIGNA Health Plan HMO
12/19/1945	F	CA	92630	CIGNA Health Plan HMO
06/02/1950	M	CA	92780	CIGNA Health Plan HMO
08/31/1956	F	CA	92673	CIGNA Health Plan HMO
02/08/1950	F	CA	90631	CIGNA Health Plan HMO
10/23/1977	F	CA	90808	CIGNA Health Plan HMO
08/31/1970	F	CA	92612	CIGNA Health Plan HMO
04/22/1954	F	CA	92624	CIGNA Health Plan HMO

09/07/1958	F	CA	92627	CIGNA Health Plan HMO
03/20/1970	F	CA	92844	CIGNA Health Plan HMO
06/26/1972	F	CA	92683	CIGNA Health Plan HMO
03/28/1960	M	CA	92704	CIGNA Health Plan HMO
09/15/1945	F	CA	92861	CIGNA Health Plan HMO
12/29/1966	M	CA	92648	CIGNA Health Plan HMO
11/11/1984	M	CA	92868	CIGNA Health Plan HMO
11/19/1958	F	CA	926777528	CIGNA Health Plan HMO
04/04/1947	M	CA	92620	CIGNA Health Plan HMO
02/12/1958	F	CA	92620	CIGNA Health Plan HMO
10/22/1949	F	CA	92677	CIGNA Health Plan HMO
05/17/1978	F	CA	92866	CIGNA Health Plan HMO
05/17/1970	F	CA	90808	CIGNA Health Plan HMO
07/27/1980	F	CA	92870	CIGNA Health Plan HMO
03/24/1980	F	CA	92866	CIGNA Health Plan HMO
07/31/1964	F	CA	92833	CIGNA Health Plan HMO
06/09/1965	F	CA	91745	CIGNA Health Plan HMO
07/07/1972	F	CA	92835	CIGNA Health Plan HMO
02/03/1980	F	CA	92624	CIGNA Health Plan HMO
09/07/1981	F	CA	92870	CIGNA Health Plan HMO
01/12/1956	F	CA	92867	CIGNA Health Plan HMO
08/19/1979	F	CA	90623	CIGNA Health Plan HMO
01/04/1958	F	CA	92592	CIGNA Health Plan HMO
04/19/1959	F	CA	92677	CIGNA Health Plan HMO
03/12/1951	F	CA	92840	CIGNA Health Plan HMO
08/15/1981	M	CA	92649	CIGNA Health Plan HMO
07/21/1969	F	CA	92677	CIGNA Health Plan HMO
04/15/1975	F	CA	92691	CIGNA Health Plan HMO
10/30/1959	F	CA	927034940	CIGNA Health Plan HMO
01/09/1975	F	CA	92831	CIGNA Health Plan HMO
04/14/1964	F	CA	92672	CIGNA Health Plan HMO
01/16/1962	F	CA	92691	CIGNA Health Plan HMO
09/15/1979	F	CA	92692	CIGNA Health Plan HMO
04/13/1966	F	CA	90505	CIGNA Health Plan HMO
10/14/1958	F	CA	92677	CIGNA Health Plan HMO
03/12/1950	F	CA	90803	CIGNA Health Plan HMO
01/07/1949	F	CA	92688	CIGNA Health Plan HMO
04/03/1950	M	CA	92656	CIGNA Health Plan HMO
09/27/1955	M	CA	92677	CIGNA Health Plan HMO
12/23/1963	F	CA	92630	CIGNA Health Plan HMO
06/04/1955	F	CA	92659	CIGNA Health Plan HMO
05/14/1977	F	CA	92702	CIGNA Health Plan HMO
01/01/1963	F	CA	92708	CIGNA Health Plan HMO
02/10/1964	M	CA	926184419	CIGNA Health Plan HMO
09/16/1956	F	CA	92620	CIGNA Health Plan HMO
10/18/1953	M	CA	92807	CIGNA Health Plan HMO
05/26/1948	M	CA	92866	CIGNA Health Plan HMO
04/14/1979	F	CA	92603	CIGNA Health Plan HMO
10/15/1962	M	CA	92692	CIGNA Health Plan HMO
04/10/1970	M	CA	92886	CIGNA Health Plan HMO
08/19/1954	F	CA	92806	CIGNA Health Plan HMO
12/11/1956	M	CA	90620	CIGNA Health Plan HMO

10/28/1953	F	CA	92604	CIGNA Health Plan HMO
07/18/1954	F	CA	92870	CIGNA Health Plan HMO
11/10/1967	M	CA	92688	CIGNA Health Plan HMO
08/23/1957	F	CA	92691	CIGNA Health Plan HMO
11/11/1962	F	CA	92782	CIGNA Health Plan HMO
12/22/1970	M	CA	92845	CIGNA Health Plan HMO
01/28/1950	M	CA	92705	CIGNA Health Plan HMO
12/20/1956	F	CA	92808	CIGNA Health Plan HMO
07/04/1952	M	CA	92706	CIGNA Health Plan HMO
11/29/1969	F	CA	92692	CIGNA Health Plan HMO
02/25/1952	F	CA	92833	CIGNA Health Plan HMO
12/17/1959	F	CA	92705	CIGNA Health Plan HMO
11/27/1959	F	CA	90631	CIGNA Health Plan HMO
08/17/1975	F	CA	90703	CIGNA Health Plan HMO
07/12/1949	M	CA	92821	CIGNA Health Plan HMO
06/30/1949	M	CA	92708	CIGNA Health Plan HMO
09/03/1954	F	CA	92880	CIGNA Health Plan HMO
03/19/1958	M	CA	92056	CIGNA Health Plan HMO
12/25/1968	F	CA	92708	CIGNA Health Plan HMO
11/08/1947	M	CA	92677	CIGNA Health Plan HMO
10/06/1964	F	CA	92801	CIGNA Health Plan HMO
01/16/1972	F	CA	92691	CIGNA Health Plan HMO
05/04/1970	F	CA	92887	CIGNA Health Plan HMO
11/11/1972	F	CA	92831	CIGNA Health Plan HMO
01/20/1962	M	CA	92807	CIGNA Health Plan HMO
02/28/1966	F	CA	92870	CIGNA Health Plan HMO
10/19/1967	M	CA	926881358	CIGNA Health Plan HMO
12/26/1956	F	CA	92869	CIGNA Health Plan HMO
10/13/1954	M	CA	92509	CIGNA Health Plan HMO
04/18/1959	F	CA	92782	CIGNA Health Plan HMO
07/15/1967	F	CA	92868	CIGNA Health Plan HMO
08/15/1974	F	CA	92806	CIGNA Health Plan HMO
06/02/1970	F	CA	92831	CIGNA Health Plan HMO
04/02/1966	F	CA	92780	CIGNA Health Plan HMO
05/27/1948	M	CA	92807	CIGNA Health Plan HMO
05/18/1954	F	CA	92694	CIGNA Health Plan HMO
10/09/1963	M	CA	90630	CIGNA Health Plan HMO
12/01/1960	F	CA	92821	CIGNA Health Plan HMO
03/14/1975	M	CA	90815	CIGNA Health Plan HMO
09/18/1955	F	CA	92868	CIGNA Health Plan HMO
04/20/1960	F	CA	90630	CIGNA Health Plan HMO
02/21/1957	F	CA	92646	CIGNA Health Plan HMO
12/13/1958	F	CA	92867	CIGNA Health Plan HMO
02/19/1960	M	CA	92624	CIGNA Health Plan HMO
07/14/1955	F	CA	92705	CIGNA Health Plan HMO
01/25/1969	M	CA	92801	CIGNA Health Plan HMO
10/28/1976	M	CA	92562	CIGNA Health Plan HMO
05/25/1962	F	CA	92604	CIGNA Health Plan HMO
09/19/1972	F	CA	92867	CIGNA Health Plan HMO
04/27/1973	F	CA	92802	CIGNA Health Plan HMO
07/26/1942	M	CA	91710	CIGNA Health Plan HMO
07/30/1972	F	CA	92808	CIGNA Health Plan HMO

09/29/1970	F	CA	92007	CIGNA Health Plan HMO
06/19/1974	M	CA	91739	CIGNA Health Plan HMO
01/08/1970	F	CA	92701	CIGNA Health Plan HMO
11/26/1946	M	CA	92843	CIGNA Health Plan HMO
04/10/1987	F	CA	92618	CIGNA Health Plan HMO
05/23/1945	F	CA	92708	CIGNA Health Plan HMO
04/18/1956	M	CA	92626	CIGNA Health Plan HMO
12/06/1959	M	CA	90805	CIGNA Health Plan HMO
07/27/1943	M	CA	92804	CIGNA Health Plan HMO
01/31/1971	M	CA	92505	CIGNA Health Plan HMO
05/30/1951	M	CA	92626	CIGNA Health Plan HMO
07/30/1956	M	CA	92840	CIGNA Health Plan HMO
06/17/1955	M	CA	92802	CIGNA Health Plan HMO
03/29/1960	F	CA	92683	CIGNA Health Plan HMO
01/11/1949	M	CA	92567	CIGNA Health Plan HMO
01/21/1944	M	CA	92704	CIGNA Health Plan HMO
04/15/1956	M	CA	92672	CIGNA Health Plan HMO
08/11/1954	M	CA	92646	CIGNA Health Plan HMO
10/12/1962	M	CA	92867	CIGNA Health Plan HMO
12/30/1968	M	CA	92805	CIGNA Health Plan HMO
12/04/1982	F	CA	90813	CIGNA Health Plan HMO
03/15/1967	M	CA	92648	CIGNA Health Plan HMO
03/19/1977	M	CA	92647	CIGNA Health Plan HMO
03/22/1962	M	CA	92840	CIGNA Health Plan HMO
09/20/1980	M	CA	92870	CIGNA Health Plan HMO
07/11/1971	M	CA	92887	CIGNA Health Plan HMO
01/06/1956	M	CA	92543	CIGNA Health Plan HMO
04/04/1966	M	CA	92703	CIGNA Health Plan HMO
10/12/1972	M	CA	92705	CIGNA Health Plan HMO
01/30/1958	M	CA	90680	CIGNA Health Plan HMO
11/09/1982	M	CA	92840	CIGNA Health Plan HMO
01/01/1967	M	CA	92691	CIGNA Health Plan HMO
01/06/1961	M	CA	90604	CIGNA Health Plan HMO
09/26/1968	M	CA	92832	CIGNA Health Plan HMO
03/10/1955	M	CA	92503	CIGNA Health Plan HMO
10/30/1971	M	CA	92656	CIGNA Health Plan HMO
06/19/1957	M	CA	92804	CIGNA Health Plan HMO
05/19/1949	M	CA	92679	CIGNA Health Plan HMO
02/21/1952	M	CA	90620	CIGNA Health Plan HMO
11/19/1944	M	CA	92844	CIGNA Health Plan HMO
11/01/1982	F	CA	92704	CIGNA Health Plan HMO
03/01/1959	M	CA	92646	CIGNA Health Plan HMO
12/15/1947	M	CA	92840	CIGNA Health Plan HMO
12/02/1967	M	CA	92530	CIGNA Health Plan HMO
05/03/1988	M	CA	92879	CIGNA Health Plan HMO
12/01/1951	M	CA	92880	CIGNA Health Plan HMO
09/13/1964	M	CA	92630	CIGNA Health Plan HMO
05/18/1955	M	CA	92530	CIGNA Health Plan HMO
05/22/1973	M	CA	92870	CIGNA Health Plan HMO
07/10/1954	F	CA	92627	CIGNA Health Plan HMO
06/28/1979	F	CA	91701	CIGNA Health Plan HMO
05/19/1983	M	CA	91730	CIGNA Health Plan HMO

05/24/1953	F	CA	92563	CIGNA Health Plan HMO
05/08/1957	M	CA	92677	CIGNA Health Plan HMO
10/21/1948	F	CA	90631	CIGNA Health Plan HMO
09/20/1978	M	CA	92804	CIGNA Health Plan HMO
09/24/1956	F	CA	92647	CIGNA Health Plan HMO
05/12/1975	F	CA	90650	CIGNA Health Plan HMO
11/02/1967	F	CA	92706	CIGNA Health Plan HMO
06/06/1972	M	CA	90604	CIGNA Health Plan HMO
07/26/1979	M	CA	92530	CIGNA Health Plan HMO
02/13/1976	F	CA	90621	CIGNA Health Plan HMO
05/16/1978	M	CA	92870	CIGNA Health Plan HMO
03/21/1974	M	CA	92707	CIGNA Health Plan HMO
11/11/1978	M	CA	90280	CIGNA Health Plan HMO
10/21/1969	M	CA	90605	CIGNA Health Plan HMO
08/05/1977	F	CA	91768	CIGNA Health Plan HMO
06/05/1977	F	CA	90710	CIGNA Health Plan HMO
03/09/1971	M	CA	92626	CIGNA Health Plan HMO
05/12/1982	M	CA	92563	CIGNA Health Plan HMO
01/07/1955	F	CA	92821	CIGNA Health Plan HMO
09/29/1955	F	CA	92344	CIGNA Health Plan HMO
07/14/1975	F	CA	92782	CIGNA Health Plan HMO
10/16/1966	F	CA	90260	CIGNA Health Plan HMO
04/25/1966	M	CA	90021	CIGNA Health Plan HMO
05/08/1975	F	CA	92629	CIGNA Health Plan HMO
05/14/1969	M	CA	92867	CIGNA Health Plan HMO
02/06/1979	M	CA	90002	CIGNA Health Plan HMO
08/07/1980	F	CA	90631	CIGNA Health Plan HMO
03/31/1961	F	CA	92604	CIGNA Health Plan HMO
12/12/1968	F	CA	92880	CIGNA Health Plan HMO
02/20/1977	F	CA	91343	CIGNA Health Plan HMO
01/02/1959	F	CA	92869	CIGNA Health Plan HMO
02/08/1967	F	CA	91754	CIGNA Health Plan HMO
08/21/1970	F	CA	92868	CIGNA Health Plan HMO
09/13/1974	M	CA	92532	CIGNA Health Plan HMO
07/09/1955	M	CA	92586	CIGNA Health Plan HMO
01/04/1961	F	CA	92866	CIGNA Health Plan HMO
10/19/1977	F	CA	91710	CIGNA Health Plan HMO
10/19/1980	M	CA	92805	CIGNA Health Plan HMO
12/12/1979	F	CA	92585	CIGNA Health Plan HMO
11/10/1981	F	CA	91766	CIGNA Health Plan HMO
09/08/1973	F	CA	92656	CIGNA Health Plan HMO
02/02/1973	M	CA	92868	CIGNA Health Plan HMO
11/01/1972	F	CA	92823	CIGNA Health Plan HMO
02/11/1978	M	CA	92879	CIGNA Health Plan HMO
03/08/1976	F	CA	92563	CIGNA Health Plan HMO
08/07/1947	F	CA	90630	CIGNA Health Plan HMO
08/13/1951	F	CA	90740	CIGNA Health Plan HMO
09/19/1976	M	CA	92804	CIGNA Health Plan HMO
05/29/1959	M	CA	92701	CIGNA Health Plan HMO
06/23/1960	F	CA	92806	CIGNA Health Plan HMO
08/06/1949	F	CA	92868	CIGNA Health Plan HMO
04/05/1953	F	CA	92869	CIGNA Health Plan HMO

10/19/1973	M	CA	92801	CIGNA Health Plan HMO
08/17/1973	F	CA	92530	CIGNA Health Plan HMO
05/14/1955	F	CA	92802	CIGNA Health Plan HMO
11/19/1949	M	CA	92706	CIGNA Health Plan HMO
07/18/1965	F	CA	91740	CIGNA Health Plan HMO
03/31/1957	F	CA	92691	CIGNA Health Plan HMO
07/04/1979	F	CA	92503	CIGNA Health Plan HMO
06/21/1971	F	CA	92780	CIGNA Health Plan HMO
07/15/1968	F	CA	92843	CIGNA Health Plan HMO
11/02/1951	F	CA	92706	CIGNA Health Plan HMO
10/10/1952	F	CA	92683	CIGNA Health Plan HMO
04/13/1974	F	CA	92683	CIGNA Health Plan HMO
11/01/1951	M	CA	92845	CIGNA Health Plan HMO
02/10/1958	F	CA	92801	CIGNA Health Plan HMO
03/15/1957	M	CA	92869	CIGNA Health Plan HMO
09/29/1970	F	CA	91710	CIGNA Health Plan HMO
07/01/1960	F	CA	92821	CIGNA Health Plan HMO
03/11/1966	F	CA	90805	CIGNA Health Plan HMO
11/04/1981	F	CA	92867	CIGNA Health Plan HMO
02/23/1977	M	CA	92701	CIGNA Health Plan HMO
04/09/1968	F	CA	92677	CIGNA Health Plan HMO
01/29/1961	F	CA	92656	CIGNA Health Plan HMO
07/16/1964	M	CA	92868	CIGNA Health Plan HMO
06/14/1954	F	CA	92870	CIGNA Health Plan HMO
06/26/1978	F	CA	92801	CIGNA Health Plan HMO
09/11/1961	F	CA	92706	CIGNA Health Plan HMO
10/15/1957	F	CA	91709	CIGNA Health Plan HMO
08/14/1964	F	CA	92866	CIGNA Health Plan HMO
06/05/1955	F	CA	928451220	CIGNA Health Plan HMO
11/28/1969	F	CA	90746	CIGNA Health Plan HMO
03/22/1956	F	CA	92704	CIGNA Health Plan HMO
04/29/1983	F	CA	92843	CIGNA Health Plan HMO
05/19/1961	F	CA	92677	CIGNA Health Plan HMO
02/16/1970	M	CA	92867	CIGNA Health Plan HMO
08/30/1960	F	CA	92704	CIGNA Health Plan HMO
09/15/1976	F	CA	92841	CIGNA Health Plan HMO
09/25/1975	F	CA	90620	CIGNA Health Plan HMO
01/29/1962	F	CA	92647	CIGNA Health Plan HMO
09/02/1959	F	CA	92869	CIGNA Health Plan HMO
12/11/1954	F	CA	92869	CIGNA Health Plan HMO
03/20/1976	M	CA	92870	CIGNA Health Plan HMO
06/18/1957	F	CA	92807	CIGNA Health Plan HMO
02/24/1961	F	CA	92804	CIGNA Health Plan HMO
11/13/1961	M	CA	92501	CIGNA Health Plan HMO
11/04/1975	F	CA	92679	CIGNA Health Plan HMO
11/19/1946	F	CA	92683	CIGNA Health Plan HMO
08/17/1956	F	CA	90631	CIGNA Health Plan HMO
07/28/1960	F	CA	92703	CIGNA Health Plan HMO
05/17/1950	F	CA	92833	CIGNA Health Plan HMO
06/10/1965	F	CA	92806	CIGNA Health Plan HMO
07/05/1959	F	CA	92677	CIGNA Health Plan HMO
03/07/1965	F	CA	91762	CIGNA Health Plan HMO

07/21/1978	F	CA	92880	CIGNA Health Plan HMO
08/15/1962	F	CA	90630	CIGNA Health Plan HMO
07/17/1949	F	CA	92692	CIGNA Health Plan HMO
02/03/1965	F	CA	92704	CIGNA Health Plan HMO
10/25/1950	F	CA	91761	CIGNA Health Plan HMO
08/21/1980	M	CA	91744	CIGNA Health Plan HMO
01/01/1976	M	CA	92887	CIGNA Health Plan HMO
05/30/1968	F	CA	92704	CIGNA Health Plan HMO
07/20/1964	F	CA	92648	CIGNA Health Plan HMO
01/09/1986	M	CA	92705	CIGNA Health Plan HMO
04/03/1961	F	CA	92627	CIGNA Health Plan HMO
12/22/1981	M	CA	92808	CIGNA Health Plan HMO
12/19/1979	F	CA	92780	CIGNA Health Plan HMO
06/22/1987	M	CA	92706	CIGNA Health Plan HMO
06/02/1978	M	CA	92703	CIGNA Health Plan HMO
02/18/1973	F	CA	92844	CIGNA Health Plan HMO
08/19/1972	M	CA	91744	CIGNA Health Plan HMO
10/11/1975	F	CA	92614	CIGNA Health Plan HMO
06/28/1963	F	CA	92626	CIGNA Health Plan HMO
06/23/1975	F	CA	92656	CIGNA Health Plan HMO
08/06/1954	M	CA	92683	CIGNA Health Plan HMO
11/15/1982	F	CA	92804	CIGNA Health Plan HMO
02/13/1982	F	CA	92628	CIGNA Health Plan HMO
10/20/1979	F	CA	92704	CIGNA Health Plan HMO
02/25/1946	M	CA	92844	CIGNA Health Plan HMO
08/15/1978	F	CA	92630	CIGNA Health Plan HMO
03/12/1957	F	CA	92705	CIGNA Health Plan HMO
05/09/1981	M	CA	92707	CIGNA Health Plan HMO
03/28/1953	M	CA	92691	CIGNA Health Plan HMO
02/17/1952	F	CA	92708	CIGNA Health Plan HMO
06/14/1948	F	CA	92647	CIGNA Health Plan HMO
05/16/1953	F	CA	92648	CIGNA Health Plan HMO
06/25/1956	M	CA	92647	CIGNA Health Plan HMO
11/15/1971	F	CA	91709	CIGNA Health Plan HMO
01/14/1949	F	CA	92706	CIGNA Health Plan HMO
01/27/1948	F	CA	92629	CIGNA Health Plan HMO
07/18/1951	F	CA	92614	CIGNA Health Plan HMO
11/15/1954	M	CA	92647	CIGNA Health Plan HMO
10/09/1948	M	CA	92627	CIGNA Health Plan HMO
06/12/1962	F	CA	92843	CIGNA Health Plan HMO
03/11/1951	F	CA	92869	CIGNA Health Plan HMO
09/29/1975	M	CA	92694	CIGNA Health Plan HMO
07/04/1938	M	CA	92692	CIGNA Health Plan HMO
05/25/1958	M	CA	92626	CIGNA Health Plan HMO
03/10/1978	F	CA	92604	CIGNA Health Plan HMO
06/13/1971	M	CA	92688	CIGNA Health Plan HMO
08/18/1955	F	CA	92881	CIGNA Health Plan HMO
03/23/1946	F	CA	92503	CIGNA Health Plan HMO
03/02/1944	M	CA	92606	CIGNA Health Plan HMO
04/29/1951	F	CA	92649	CIGNA Health Plan HMO
12/06/1942	M	CA	92627	CIGNA Health Plan HMO
11/14/1969	F	CA	92676	CIGNA Health Plan HMO

07/17/1949	M	CA	92707	CIGNA Health Plan HMO
03/23/1956	F	CA	92860	CIGNA Health Plan HMO
09/11/1973	F	CA	92886	CIGNA Health Plan HMO
07/18/1951	F	CA	92602	CIGNA Health Plan HMO
03/09/1955	M	CA	92840	CIGNA Health Plan HMO
02/25/1951	F	CA	92627	CIGNA Health Plan HMO
11/09/1978	F	CA	90631	CIGNA Health Plan HMO
01/21/1949	M	CA	926922400	CIGNA Health Plan HMO
06/21/1950	F	CA	92606	CIGNA Health Plan HMO
09/12/1944	M	CA	92604	CIGNA Health Plan HMO
12/31/1977	M	CA	92708	CIGNA Health Plan HMO
01/04/1970	F	CA	92701	CIGNA Health Plan HMO
02/03/1951	F	CA	92804	CIGNA Health Plan HMO
10/17/1960	F	CA	92627	CIGNA Health Plan HMO
07/06/1950	M	CA	92807	CIGNA Health Plan HMO
01/31/1954	M	CA	92881	CIGNA Health Plan HMO
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11/24/1976	F	CA	92881	CIGNA Health Plan HMO
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06/19/1960	M	CA	92780	CIGNA Health Plan HMO
04/09/1950	M	CA	91761	CIGNA Health Plan HMO
03/29/1957	F	CA	92649	CIGNA Health Plan HMO
07/26/1961	M	CA	92705	CIGNA Health Plan HMO
06/25/1974	M	CA	92868	CIGNA Health Plan HMO
02/01/1960	F	CA	92807	CIGNA Health Plan HMO
07/22/1962	M	CA	90720	CIGNA Health Plan HMO
04/27/1946	M	CA	92677	CIGNA Health Plan HMO
05/18/1955	F	CA	90703	CIGNA Health Plan HMO
06/12/1966	M	CA	92841	CIGNA Health Plan HMO
01/10/1949	F	CA	92675	CIGNA Health Plan HMO
03/30/1979	M	CA	90715	CIGNA Health Plan HMO
06/09/1941	M	CA	92675	CIGNA Health Plan HMO
05/26/1969	M	CA	927071842	CIGNA Health Plan HMO
01/19/1969	F	CA	92630	CIGNA Health Plan HMO
02/01/1957	M	CA	92647	CIGNA Health Plan HMO
08/19/1954	F	CA	92780	CIGNA Health Plan HMO
07/09/1955	M	CA	92630	CIGNA Health Plan HMO
02/08/1949	F	CA	92672	CIGNA Health Plan HMO
03/17/1948	M	CA	926777401	CIGNA Health Plan HMO
08/08/1961	M	CA	92653	CIGNA Health Plan HMO
07/14/1957	M	CA	92867	CIGNA Health Plan HMO
10/30/1973	M	CA	92703	CIGNA Health Plan HMO
08/05/1967	F	CA	92840	CIGNA Health Plan HMO
07/23/1957	F	CA	92840	CIGNA Health Plan HMO
02/09/1960	F	CA	92870	CIGNA Health Plan HMO
10/21/1960	F	CA	92807	CIGNA Health Plan HMO
07/16/1948	M	CA	92648	CIGNA Health Plan HMO
09/09/1957	F	CA	92706	CIGNA Health Plan HMO
12/26/1972	M	CA	92630	CIGNA Health Plan HMO

02/04/1961	F	CA	92801	CIGNA Health Plan HMO
11/23/1968	M	CA	92675	CIGNA Health Plan HMO
08/08/1954	M	CA	928782452	CIGNA Health Plan HMO
04/24/1960	F	CA	92867	CIGNA Health Plan HMO
03/21/1980	F	CA	92627	CIGNA Health Plan HMO
03/27/1971	F	CA	92844	CIGNA Health Plan HMO
01/15/1964	F	CA	92683	CIGNA Health Plan HMO
04/06/1971	F	CA	90803	CIGNA Health Plan HMO
03/13/1946	M	CA	92807	CIGNA Health Plan HMO
11/26/1966	F	CA	92821	CIGNA Health Plan HMO
05/12/1947	F	CA	92886	CIGNA Health Plan HMO
06/03/1956	F	CA	92705	CIGNA Health Plan HMO
02/08/1961	M	CA	92688	CIGNA Health Plan HMO
04/02/1981	F	CA	92653	CIGNA Health Plan HMO
07/01/1964	M	CA	92868	CIGNA Health Plan HMO
08/30/1961	F	CA	92869	CIGNA Health Plan HMO
10/16/1935	M	CA	90808	CIGNA Health Plan HMO
09/13/1967	F	CA	92675	CIGNA Health Plan HMO
01/15/1971	F	CA	90604	CIGNA Health Plan HMO
06/01/1958	M	CA	92868	CIGNA Health Plan HMO
10/29/1947	M	CA	90631	CIGNA Health Plan HMO
02/06/1968	F	CA	92677	CIGNA Health Plan HMO
03/04/1953	M	CA	92833	CIGNA Health Plan HMO
08/24/1972	F	CA	92880	CIGNA Health Plan HMO
06/21/1967	M	CA	92703	CIGNA Health Plan HMO
12/09/1943	F	CA	92870	CIGNA Health Plan HMO
07/09/1958	M	CA	92688	CIGNA Health Plan HMO
06/28/1958	M	CA	92672	CIGNA Health Plan HMO
07/12/1961	M	CA	92870	CIGNA Health Plan HMO
12/01/1977	M	CA	91710	CIGNA Health Plan HMO
08/24/1942	M	CA	92865	CIGNA Health Plan HMO
01/20/1973	F	CA	92880	CIGNA Health Plan HMO
10/11/1975	F	CA	91744	CIGNA Health Plan HMO
10/15/1960	F	CA	90631	CIGNA Health Plan HMO
12/20/1969	F	CA	92821	CIGNA Health Plan HMO
06/05/1975	F	CA	92808	CIGNA Health Plan HMO
05/04/1957	M	CA	92683	CIGNA Health Plan HMO
05/24/1955	F	CA	92708	CIGNA Health Plan HMO
04/24/1950	M	CA	92706	CIGNA Health Plan HMO
04/07/1954	F	CA	90638	CIGNA Health Plan HMO
10/13/1972	F	CA	92841	CIGNA Health Plan HMO
01/13/1952	F	CA	92867	CIGNA Health Plan HMO
12/21/1974	F	CA	92704	CIGNA Health Plan HMO
08/23/1966	F	CA	92804	CIGNA Health Plan HMO
06/19/1957	F	CA	92688	CIGNA Health Plan HMO
10/26/1973	F	CA	91765	CIGNA Health Plan HMO
09/16/1976	F	CA	92841	CIGNA Health Plan HMO
01/15/1968	F	CA	92677	CIGNA Health Plan HMO
11/11/1970	F	CA	92707	CIGNA Health Plan HMO
03/05/1961	F	CA	92707	CIGNA Health Plan HMO
01/13/1968	F	CA	90745	CIGNA Health Plan HMO
05/25/1977	M	CA	92705	CIGNA Health Plan HMO

08/18/1978	M	CA	92882	CIGNA Health Plan HMO
01/08/1944	M	CA	92704	CIGNA Health Plan HMO
12/25/1974	M	CA	92702	CIGNA Health Plan HMO
05/14/1983	M	CA	91710	CIGNA Health Plan HMO
01/12/1977	M	CA	92866	CIGNA Health Plan HMO
11/20/1967	F	CA	92626	CIGNA Health Plan HMO
08/15/1975	F	CA	92705	CIGNA Health Plan HMO
06/23/1972	F	CA	92707	CIGNA Health Plan HMO
05/19/1982	M	CA	92508	CIGNA Health Plan HMO
05/10/1958	M	CA	92782	CIGNA Health Plan HMO
07/10/1963	M	CA	92562	CIGNA Health Plan HMO
01/20/1964	M	CA	92610	CIGNA Health Plan HMO
06/26/1955	M	CA	92870	CIGNA Health Plan HMO
06/10/1958	M	CA	92880	CIGNA Health Plan HMO
09/30/1943	M	CA	90631	CIGNA Health Plan HMO
07/04/1976	M	CA	92610	CIGNA Health Plan HMO
02/25/1966	F	CA	92867	CIGNA Health Plan HMO
06/12/1975	F	CA	92780	CIGNA Health Plan HMO
02/18/1965	F	CA	92831	CIGNA Health Plan HMO
06/24/1967	M	CA	92868	CIGNA Health Plan HMO
11/16/1969	F	CA	92886	CIGNA Health Plan HMO
08/02/1971	M	CA	90808	CIGNA Health Plan HMO
11/02/1985	M	CA	92683	CIGNA Health Plan HMO
06/23/1959	M	CA	92880	CIGNA Health Plan HMO
11/24/1962	F	CA	92832	CIGNA Health Plan HMO
08/29/1960	M	CA	92648	CIGNA Health Plan HMO
07/01/1969	F	CA	92646	CIGNA Health Plan HMO
09/21/1974	M	CA	92868	CIGNA Health Plan HMO
12/05/1970	M	CA	92505	CIGNA Health Plan HMO
07/09/1980	M	CA	90640	CIGNA Health Plan HMO
09/07/1983	M	WA	98056	CIGNA Health Plan HMO
10/27/1972	F	CA	92886	CIGNA Health Plan HMO
02/07/1983	M	CA	92647	CIGNA Health Plan HMO
07/12/1972	M	CA	92868	CIGNA Health Plan HMO
09/21/1980	M	CA	92805	CIGNA Health Plan HMO
09/13/1972	F	CA	92867	CIGNA Health Plan HMO
11/12/1963	M	CA	92808	CIGNA Health Plan HMO
11/03/1955	F	CA	92867	CIGNA Health Plan HMO
08/04/1958	F	CA	92630	CIGNA Health Plan HMO
05/01/1957	F	CA	92869	CIGNA Health Plan HMO
10/04/1955	F	CA	92656	CIGNA Health Plan HMO
11/22/1955	M	CA	92801	CIGNA Health Plan HMO
10/10/1958	F	CA	92843	CIGNA Health Plan HMO
04/02/1963	F	CA	92703	CIGNA Health Plan HMO
12/24/1981	M	CA	92706	CIGNA Health Plan HMO
05/18/1950	F	CA	92841	CIGNA Health Plan HMO
08/09/1966	F	CA	92688	CIGNA Health Plan HMO
06/03/1955	M	CA	92840	CIGNA Health Plan HMO
05/13/1971	M	CA	92694	CIGNA Health Plan HMO
04/23/1974	M	CA	90803	CIGNA Health Plan HMO
12/30/1960	M	CA	90713	CIGNA Health Plan HMO
06/13/1958	F	CA	92660	CIGNA Health Plan HMO

01/06/1972	F	CA	92692	CIGNA Health Plan HMO
01/14/1973	F	CA	92683	CIGNA Health Plan HMO
12/07/1967	F	CA	92677	CIGNA Health Plan HMO
05/03/1973	F	CA	92705	CIGNA Health Plan HMO
08/09/1965	M	CA	92009	CIGNA Health Plan HMO
04/17/1980	M	CA	92694	CIGNA Health Plan HMO
08/21/1971	M	CA	926725021	CIGNA Health Plan HMO
01/04/1965	F	CA	90631	CIGNA Health Plan HMO
08/15/1967	M	CA	92646	CIGNA Health Plan HMO
09/03/1978	F	CA	92603	CIGNA Health Plan HMO
11/17/1960	M	CA	92886	CIGNA Health Plan HMO
04/19/1965	M	CA	92630	CIGNA Health Plan HMO
12/16/1971	M	CA	92677	CIGNA Health Plan HMO
04/22/1970	F	CA	92869	CIGNA Health Plan HMO
07/27/1973	F	CA	92691	CIGNA Health Plan HMO
09/01/1964	M	CA	92679	CIGNA Health Plan HMO
11/24/1969	M	CA	90803	CIGNA Health Plan HMO
01/29/1968	F	CA	92869	CIGNA Health Plan HMO
11/30/1963	F	CA	92705	CIGNA Health Plan HMO
11/13/1963	F	CA	92886	CIGNA Health Plan HMO
01/17/1972	F	CA	92672	CIGNA Health Plan HMO
07/31/1952	M	CA	92646	CIGNA Health Plan HMO
03/07/1963	M	CA	92673	CIGNA Health Plan HMO
07/02/1969	M	CA	92673	CIGNA Health Plan HMO
09/20/1957	M	CA	92612	CIGNA Health Plan HMO
07/13/1975	M	CA	91710	CIGNA Health Plan HMO
05/12/1971	M	CA	92881	CIGNA Health Plan HMO
06/10/1975	F	CA	92694	CIGNA Health Plan HMO
05/16/1970	F	CA	92673	CIGNA Health Plan HMO
08/12/1959	M	CA	92694	CIGNA Health Plan HMO
11/16/1969	F	CA	92630	CIGNA Health Plan HMO
07/06/1978	F	CA	92673	CIGNA Health Plan HMO
09/06/1974	F	CA	91709	CIGNA Health Plan HMO
04/21/1970	F	CA	92656	CIGNA Health Plan HMO
03/09/1968	F	CA	92691	CIGNA Health Plan HMO
01/01/1971	M	CA	92656	CIGNA Health Plan HMO
03/29/1951	M	CA	92646	CIGNA Health Plan HMO
04/11/1963	F	CA	92677	CIGNA Health Plan HMO
07/16/1963	M	CA	90740	CIGNA Health Plan HMO
06/29/1959	F	CA	92823	CIGNA Health Plan HMO
08/28/1970	F	CA	90808	CIGNA Health Plan HMO
10/06/1969	M	CA	92688	CIGNA Health Plan HMO
04/30/1965	F	CA	92867	CIGNA Health Plan HMO
05/04/1953	M	CA	92649	CIGNA Health Plan HMO
05/19/1961	M	CA	92782	CIGNA Health Plan HMO
09/04/1973	M	CA	90807	CIGNA Health Plan HMO
09/26/1966	M	CA	92648	CIGNA Health Plan HMO
01/29/1976	F	CA	92782	CIGNA Health Plan HMO
01/25/1973	M	CA	92620	CIGNA Health Plan HMO
05/21/1951	F	CA	92610	CIGNA Health Plan HMO
09/18/1971	F	CA	92705	CIGNA Health Plan HMO
07/06/1967	F	CA	92658	CIGNA Health Plan HMO

09/18/1964	M	CA	92630	CIGNA Health Plan HMO
10/05/1964	M	CA	92692	CIGNA Health Plan HMO
09/25/1963	M	CA	92870	CIGNA Health Plan HMO
05/21/1976	F	CA	92691	CIGNA Health Plan HMO
10/12/1967	M	CA	92673	CIGNA Health Plan HMO
01/28/1964	M	CA	92780	CIGNA Health Plan HMO
07/29/1970	F	CA	92602	CIGNA Health Plan HMO
10/18/1979	F	CA	92620	CIGNA Health Plan HMO
11/17/1970	M	CA	92694	CIGNA Health Plan HMO
01/22/1965	M	CA	92606	CIGNA Health Plan HMO
06/09/1968	M	CA	92694	CIGNA Health Plan HMO
06/22/1970	M	CA	92692	CIGNA Health Plan HMO
07/25/1967	M	CA	92860	CIGNA Health Plan HMO
07/25/1967	M	CA	92870	CIGNA Health Plan HMO
03/25/1971	F	CA	92620	CIGNA Health Plan HMO
02/25/1972	M	CA	92833	CIGNA Health Plan HMO
05/27/1973	M	CA	92833	CIGNA Health Plan HMO
05/14/1970	M	CA	92646	CIGNA Health Plan HMO
06/12/1973	F	CA	92694	CIGNA Health Plan HMO
10/05/1972	F	CA	92675	CIGNA Health Plan HMO
04/29/1969	M	CA	92688	CIGNA Health Plan HMO
02/23/1962	F	CA	92629	CIGNA Health Plan HMO
05/08/1963	F	CA	92886	CIGNA Health Plan HMO
01/24/1977	F	CA	92880	CIGNA Health Plan HMO
07/23/1977	M	CA	91708	CIGNA Health Plan HMO
06/29/1954	F	CA	92630	CIGNA Health Plan HMO
09/19/1977	M	CA	92620	CIGNA Health Plan HMO
07/15/1957	F	CA	92865	CIGNA Health Plan HMO
01/26/1970	F	CA	92646	CIGNA Health Plan HMO
11/03/1963	F	CA	92805	CIGNA Health Plan HMO
03/23/1979	F	CA	92823	CIGNA Health Plan HMO
04/03/1966	F	CA	92704	CIGNA Health Plan HMO
06/10/1975	F	CA	92707	CIGNA Health Plan HMO
03/22/1965	M	CA	92688	CIGNA Health Plan HMO
04/13/1970	F	CA	92869	CIGNA Health Plan HMO
12/28/1966	M	CA	92652	CIGNA Health Plan HMO
11/04/1972	M	CA	92780	CIGNA Health Plan HMO
11/15/1969	F	CA	92683	CIGNA Health Plan HMO
05/09/1966	F	CA	92704	CIGNA Health Plan HMO
02/15/1968	F	CA	92805	CIGNA Health Plan HMO
03/06/1961	F	CA	92602	CIGNA Health Plan HMO
06/15/1957	F	CA	92627	CIGNA Health Plan HMO
09/28/1968	F	CA	92870	CIGNA Health Plan HMO
09/12/1957	F	CA	92806	CIGNA Health Plan HMO
05/21/1967	F	CA	92780	CIGNA Health Plan HMO
11/03/1967	F	CA	92646	CIGNA Health Plan HMO
07/28/1960	F	CA	92870	CIGNA Health Plan HMO
05/08/1962	F	CA	91709	CIGNA Health Plan HMO
05/19/1970	F	CA	92821	CIGNA Health Plan HMO
04/01/1973	F	CA	92886	CIGNA Health Plan HMO
10/09/1969	F	CA	90680	CIGNA Health Plan HMO
01/31/1976	F	CA	92831	CIGNA Health Plan HMO

08/23/1965	F	CA	92647	CIGNA Health Plan HMO
03/28/1964	M	CA	92646	CIGNA Health Plan HMO
04/29/1969	F	CA	90680	CIGNA Health Plan HMO
05/27/1978	F	CA	92804	CIGNA Health Plan HMO
07/03/1981	F	CA	92781	CIGNA Health Plan HMO
10/08/1973	F	CA	92833	CIGNA Health Plan HMO
12/09/1969	F	CA	92630	CIGNA Health Plan HMO
06/19/1974	F	CA	92596	CIGNA Health Plan HMO
07/10/1964	M	CA	92870	CIGNA Health Plan HMO
07/08/1963	M	CA	92799	CIGNA Health Plan HMO
11/04/1975	F	CA	92781	CIGNA Health Plan HMO
06/07/1979	F	CA	91762	CIGNA Health Plan HMO
06/20/1957	F	CA	92843	CIGNA Health Plan HMO
07/22/1970	F	CA	92860	CIGNA Health Plan HMO
02/11/1972	F	CA	92705	CIGNA Health Plan HMO
07/03/1972	F	CA	92841	CIGNA Health Plan HMO
11/22/1965	F	CA	92679	CIGNA Health Plan HMO
01/24/1962	F	CA	92691	CIGNA Health Plan HMO
04/14/1959	F	CA	91765	CIGNA Health Plan HMO
12/02/1966	F	CA	92831	CIGNA Health Plan HMO
05/02/1967	F	CA	92823	CIGNA Health Plan HMO
02/02/1954	M	CA	92614	CIGNA Health Plan HMO
01/01/1970	F	CA	92683	CIGNA Health Plan HMO
07/28/1969	F	CA	92782	CIGNA Health Plan HMO
01/28/1973	F	CA	92845	CIGNA Health Plan HMO
11/06/1960	F	CA	90621	CIGNA Health Plan HMO
02/15/1967	F	CA	92683	CIGNA Health Plan HMO
03/22/1967	F	CA	92882	CIGNA Health Plan HMO
09/20/1968	F	CA	90621	CIGNA Health Plan HMO
08/12/1965	F	CA	92865	CIGNA Health Plan HMO
12/30/1956	F	CA	92691	CIGNA Health Plan HMO
06/24/1962	F	CA	92804	CIGNA Health Plan HMO
08/06/1954	F	CA	92679	CIGNA Health Plan HMO
05/13/1974	F	CA	90623	CIGNA Health Plan HMO
04/05/1971	F	CA	92845	CIGNA Health Plan HMO
01/08/1959	F	CA	92703	CIGNA Health Plan HMO
02/22/1963	F	CA	92683	CIGNA Health Plan HMO
04/20/1965	M	CA	92683	CIGNA Health Plan HMO
03/13/1971	F	CA	92707	CIGNA Health Plan HMO
09/18/1969	F	CA	92707	CIGNA Health Plan HMO
01/26/1975	F	CA	92708	CIGNA Health Plan HMO
05/06/1978	F	CA	92707	CIGNA Health Plan HMO
07/02/1965	M	CA	92832	CIGNA Health Plan HMO
12/09/1968	F	CA	92627	CIGNA Health Plan HMO
12/16/1954	F	CA	92703	CIGNA Health Plan HMO
08/07/1951	F	CA	92704	CIGNA Health Plan HMO
01/30/1966	F	CA	92801	CIGNA Health Plan HMO
07/23/1961	F	CA	92707	CIGNA Health Plan HMO
09/03/1975	F	CA	92865	CIGNA Health Plan HMO
03/29/1980	F	CA	90715	CIGNA Health Plan HMO
09/21/1982	M	CA	92801	CIGNA Health Plan HMO
11/05/1955	F	CA	92675	CIGNA Health Plan HMO

07/06/1974	F	CA	92804	CIGNA Health Plan HMO
06/06/1978	F	CA	90815	CIGNA Health Plan HMO
01/12/1965	F	CA	92532	CIGNA Health Plan HMO
08/19/1966	F	CA	92887	CIGNA Health Plan HMO
10/30/1977	F	CA	92882	CIGNA Health Plan HMO
04/17/1969	F	CA	90620	CIGNA Health Plan HMO
03/25/1969	F	CA	92707	CIGNA Health Plan HMO
02/27/1975	F	CA	92707	CIGNA Health Plan HMO
10/07/1952	F	CA	92653	CIGNA Health Plan HMO
01/18/1976	M	CA	92840	CIGNA Health Plan HMO
05/11/1970	F	CA	92841	CIGNA Health Plan HMO
04/28/1978	M	CA	92867	CIGNA Health Plan HMO
01/02/1975	F	CA	92706	CIGNA Health Plan HMO
01/29/1959	F	CA	92870	CIGNA Health Plan HMO
06/28/1968	M	CA	92630	CIGNA Health Plan HMO
05/11/1971	M	CA	92863	CIGNA Health Plan HMO
09/11/1968	F	CA	90680	CIGNA Health Plan HMO
11/09/1963	F	CA	92882	CIGNA Health Plan HMO
11/02/1975	M	CA	92867	CIGNA Health Plan HMO
05/27/1974	F	CA	92706	CIGNA Health Plan HMO
08/18/1977	F	CA	92703	CIGNA Health Plan HMO
12/16/1964	F	CA	92678	CIGNA Health Plan HMO
08/29/1969	F	CA	92683	CIGNA Health Plan HMO
02/28/1968	F	CA	92683	CIGNA Health Plan HMO
12/09/1949	F	CA	92646	CIGNA Health Plan HMO
04/29/1981	F	CA	92647	CIGNA Health Plan HMO
11/30/1953	F	CA	92646	CIGNA Health Plan HMO
12/23/1973	F	CA	92780	CIGNA Health Plan HMO
12/18/1958	F	CA	92840	CIGNA Health Plan HMO
07/15/1959	F	CA	92869	CIGNA Health Plan HMO
05/05/1975	F	CA	92706	CIGNA Health Plan HMO
01/10/1979	F	CA	90248	CIGNA Health Plan HMO
11/18/1979	F	CA	92704	CIGNA Health Plan HMO
04/21/1975	F	CA	92782	CIGNA Health Plan HMO
01/19/1970	F	CA	92801	CIGNA Health Plan HMO
09/29/1973	M	CA	92701	CIGNA Health Plan HMO
01/17/1983	F	CA	92707	CIGNA Health Plan HMO
07/11/1958	M	CA	928068930	CIGNA Health Plan HMO
02/18/1966	F	CA	92868	CIGNA Health Plan HMO
03/09/1976	M	CA	92833	CIGNA Health Plan HMO
10/03/1967	F	CA	92840	CIGNA Health Plan HMO
06/29/1965	F	CA	92880	CIGNA Health Plan HMO
07/06/1975	F	CA	92880	CIGNA Health Plan HMO
05/16/1963	F	CA	92801	CIGNA Health Plan HMO
08/25/1973	F	CA	92707	CIGNA Health Plan HMO
11/26/1981	F	CA	92844	CIGNA Health Plan HMO
12/11/1970	F	CA	90813	CIGNA Health Plan HMO
04/16/1979	F	CA	92626	CIGNA Health Plan HMO
01/04/1970	F	CA	92865	CIGNA Health Plan HMO
10/24/1966	F	CA	92843	CIGNA Health Plan HMO
07/17/1965	F	CA	92706	CIGNA Health Plan HMO
09/14/1964	F	CA	92675	CIGNA Health Plan HMO

09/14/1974	F	CA	92867	CIGNA Health Plan HMO
01/06/1951	F	CA	92706	CIGNA Health Plan HMO
01/28/1966	F	CA	92869	CIGNA Health Plan HMO
10/05/1975	F	CA	92780	CIGNA Health Plan HMO
02/22/1965	F	CA	92807	CIGNA Health Plan HMO
08/02/1969	F	CA	92841	CIGNA Health Plan HMO
07/18/1977	F	CA	92806	CIGNA Health Plan HMO
01/30/1957	F	CA	92804	CIGNA Health Plan HMO
09/14/1973	M	CA	90638	CIGNA Health Plan HMO
03/06/1966	F	CA	92844	CIGNA Health Plan HMO
10/01/1957	F	CA	92780	CIGNA Health Plan HMO
11/12/1969	F	CA	92844	CIGNA Health Plan HMO
11/26/1965	F	CA	92881	CIGNA Health Plan HMO
07/29/1978	F	CA	92683	CIGNA Health Plan HMO
12/29/1983	F	CA	92805	CIGNA Health Plan HMO
12/29/1974	F	CA	92801	CIGNA Health Plan HMO
06/15/1970	F	CA	92832	CIGNA Health Plan HMO
11/12/1960	F	CA	92833	CIGNA Health Plan HMO
08/26/1962	F	CA	92706	CIGNA Health Plan HMO
12/29/1969	F	CA	92706	CIGNA Health Plan HMO
10/11/1981	F	CA	92701	CIGNA Health Plan HMO
08/29/1982	F	CA	92706	CIGNA Health Plan HMO
05/04/1977	M	CA	92701	CIGNA Health Plan HMO
10/14/1971	F	CA	92882	CIGNA Health Plan HMO
10/21/1961	F	CA	92805	CIGNA Health Plan HMO
06/06/1970	F	CA	92704	CIGNA Health Plan HMO
12/14/1969	F	CA	92656	CIGNA Health Plan HMO
06/10/1967	F	CA	90630	CIGNA Health Plan HMO
01/15/1965	M	CA	92825	CIGNA Health Plan HMO
09/09/1974	M	CA	92703	CIGNA Health Plan HMO
03/11/1976	F	CA	92703	CIGNA Health Plan HMO
12/14/1968	F	CA	92870	CIGNA Health Plan HMO
02/04/1980	F	CA	92704	CIGNA Health Plan HMO
12/09/1984	F	CA	92691	CIGNA Health Plan HMO
01/16/1983	F	CA	90650	CIGNA Health Plan HMO
08/09/1971	F	CA	92805	CIGNA Health Plan HMO
12/18/1972	F	CA	92801	CIGNA Health Plan HMO
09/13/1976	F	CA	92704	CIGNA Health Plan HMO
03/23/1967	F	CA	92866	CIGNA Health Plan HMO
12/09/1958	F	CA	92842	CIGNA Health Plan HMO
03/31/1964	M	CA	91709	CIGNA Health Plan HMO
11/14/1967	M	CA	92866	CIGNA Health Plan HMO
02/17/1971	F	CA	92701	CIGNA Health Plan HMO
03/23/1970	F	CA	92840	CIGNA Health Plan HMO
10/10/1980	F	CA	92868	CIGNA Health Plan HMO
01/10/1981	F	CA	90621	CIGNA Health Plan HMO
05/11/1981	M	CA	91740	CIGNA Health Plan HMO
12/27/1978	M	CA	92626	CIGNA Health Plan HMO
07/11/1975	F	CA	92705	CIGNA Health Plan HMO
04/05/1975	F	CA	92866	CIGNA Health Plan HMO
08/15/1981	F	CA	92707	CIGNA Health Plan HMO
12/23/1955	F	CA	92832	CIGNA Health Plan HMO

01/18/1965	F	CA	92704	CIGNA Health Plan HMO
11/12/1955	F	CA	92867	CIGNA Health Plan HMO
08/24/1958	F	CA	92780	CIGNA Health Plan HMO
02/27/1959	M	CA	92691	CIGNA Health Plan HMO
09/11/1976	F	CA	90680	CIGNA Health Plan HMO
12/12/1967	F	CA	92866	CIGNA Health Plan HMO
06/14/1985	F	CA	92806	CIGNA Health Plan HMO
09/17/1978	F	CA	92706	CIGNA Health Plan HMO
01/12/1972	F	CA	92704	CIGNA Health Plan HMO
09/26/1976	F	CA	92707	CIGNA Health Plan HMO
09/09/1978	F	CA	92706	CIGNA Health Plan HMO
12/18/1956	F	CA	90808	CIGNA Health Plan HMO
06/15/1970	M	CA	92840	CIGNA Health Plan HMO
01/05/1970	F	CA	92706	CIGNA Health Plan HMO
08/26/1964	F	CA	92707	CIGNA Health Plan HMO
09/02/1964	F	CA	92883	CIGNA Health Plan HMO
09/14/1959	F	CA	92833	CIGNA Health Plan HMO
05/10/1970	F	CA	92869	CIGNA Health Plan HMO
12/07/1963	M	CA	92805	CIGNA Health Plan HMO
02/16/1956	F	CA	92614	CIGNA Health Plan HMO
10/06/1979	F	CA	928022234	CIGNA Health Plan HMO
09/10/1970	F	CA	92704	CIGNA Health Plan HMO
04/03/1958	F	CA	92867	CIGNA Health Plan HMO
08/28/1975	M	CA	92707	CIGNA Health Plan HMO
07/21/1980	F	CA	90680	CIGNA Health Plan HMO
05/26/1962	F	CA	92677	CIGNA Health Plan HMO
05/16/1962	F	CA	92868	CIGNA Health Plan HMO
09/07/1969	F	CA	92870	CIGNA Health Plan HMO
08/09/1962	F	CA	928636794	CIGNA Health Plan HMO
11/02/1968	F	CA	92801	CIGNA Health Plan HMO
02/28/1964	F	CA	92866	CIGNA Health Plan HMO
10/01/1972	F	CA	92704	CIGNA Health Plan HMO
12/07/1963	F	CA	92647	CIGNA Health Plan HMO
10/03/1979	F	CA	91761	CIGNA Health Plan HMO
07/31/1976	F	CA	92683	CIGNA Health Plan HMO
07/07/1978	F	CA	92832	CIGNA Health Plan HMO
04/05/1972	F	CA	92843	CIGNA Health Plan HMO
08/01/1964	F	CA	92780	CIGNA Health Plan HMO
06/16/1962	F	CA	92703	CIGNA Health Plan HMO
12/03/1983	F	CA	92841	CIGNA Health Plan HMO
12/21/1970	F	CA	90680	CIGNA Health Plan HMO
02/09/1960	F	CA	92840	CIGNA Health Plan HMO
11/20/1973	F	CA	92806	CIGNA Health Plan HMO
05/19/1975	F	CA	92868	CIGNA Health Plan HMO
10/28/1969	F	CA	92707	CIGNA Health Plan HMO
09/02/1980	F	CA	92704	CIGNA Health Plan HMO
01/28/1967	F	CA	92705	CIGNA Health Plan HMO
06/22/1974	F	CA	928014102	CIGNA Health Plan HMO
06/08/1979	F	CA	92866	CIGNA Health Plan HMO
05/19/1976	F	CA	90620	CIGNA Health Plan HMO
08/17/1950	F	CA	92704	CIGNA Health Plan HMO
06/28/1980	F	CA	92843	CIGNA Health Plan HMO

10/19/1971	F	CA	92804	CIGNA Health Plan HMO
04/20/1975	F	CA	92840	CIGNA Health Plan HMO
06/07/1978	F	CA	92840	CIGNA Health Plan HMO
03/09/1984	F	CA	90621	CIGNA Health Plan HMO
09/06/1976	M	CA	92703	CIGNA Health Plan HMO
01/15/1961	F	CA	92867	CIGNA Health Plan HMO
10/09/1969	F	CA	92683	CIGNA Health Plan HMO
01/01/1961	F	CA	92647	CIGNA Health Plan HMO
01/01/1969	F	CA	92843	CIGNA Health Plan HMO
08/25/1961	F	CA	92865	CIGNA Health Plan HMO
10/20/1951	F	CA	92805	CIGNA Health Plan HMO
11/08/1970	F	CA	92806	CIGNA Health Plan HMO
09/14/1958	F	CA	92648	CIGNA Health Plan HMO
12/14/1973	F	CA	92620	CIGNA Health Plan HMO
02/10/1963	F	CA	90680	CIGNA Health Plan HMO
08/12/1961	F	CA	92708	CIGNA Health Plan HMO
01/22/1955	F	CA	92842	CIGNA Health Plan HMO
09/06/1959	F	CA	92867	CIGNA Health Plan HMO
05/09/1965	F	CA	92844	CIGNA Health Plan HMO
10/10/1985	F	CA	92708	CIGNA Health Plan HMO
01/05/1959	F	CA	92620	CIGNA Health Plan HMO
08/02/1965	M	CA	92801	CIGNA Health Plan HMO
04/01/1963	F	CA	92647	CIGNA Health Plan HMO
11/18/1972	F	CA	92804	CIGNA Health Plan HMO
09/28/1967	M	CA	90703	CIGNA Health Plan HMO
11/12/1970	F	CA	92602	CIGNA Health Plan HMO
08/27/1971	M	CA	92704	CIGNA Health Plan HMO
06/20/1962	F	CA	92656	CIGNA Health Plan HMO
07/24/1962	F	CA	92683	CIGNA Health Plan HMO
10/12/1980	F	CA	92840	CIGNA Health Plan HMO
01/04/1949	F	CA	92683	CIGNA Health Plan HMO
11/19/1969	F	CA	92804	CIGNA Health Plan HMO
09/08/1978	F	CA	92701	CIGNA Health Plan HMO
09/20/1975	F	CA	91765	CIGNA Health Plan HMO
01/24/1983	F	CA	92707	CIGNA Health Plan HMO
12/26/1976	F	CA	92843	CIGNA Health Plan HMO
01/05/1959	F	CA	92656	CIGNA Health Plan HMO
06/06/1962	F	CA	92703	CIGNA Health Plan HMO
12/01/1969	F	CA	92704	CIGNA Health Plan HMO
11/03/1965	F	CA	92806	CIGNA Health Plan HMO
01/12/1987	F	CA	92780	CIGNA Health Plan HMO
07/24/1970	M	CA	91709	CIGNA Health Plan HMO
04/25/1977	F	CA	90706	CIGNA Health Plan HMO
01/02/1968	F	CA	92656	CIGNA Health Plan HMO
06/07/1963	F	CA	90630	CIGNA Health Plan HMO
11/15/1976	F	CA	92843	CIGNA Health Plan HMO
03/29/1978	F	CA	92804	CIGNA Health Plan HMO
03/26/1962	M	CA	92704	CIGNA Health Plan HMO
06/17/1971	F	CA	92821	CIGNA Health Plan HMO
04/20/1984	F	CA	92707	CIGNA Health Plan HMO
11/10/1981	M	CA	92840	CIGNA Health Plan HMO
12/03/1982	F	CA	92844	CIGNA Health Plan HMO

10/31/1963	F	CA	92708	CIGNA Health Plan HMO
09/27/1979	F	CA	92866	CIGNA Health Plan HMO
07/03/1982	F	CA	92630	CIGNA Health Plan HMO
02/27/1981	F	CA	92865	CIGNA Health Plan HMO
10/31/1980	F	CA	92503	CIGNA Health Plan HMO
06/01/1958	M	CA	92840	CIGNA Health Plan HMO
05/28/1964	M	CA	92707	CIGNA Health Plan HMO
07/27/1979	M	CA	92703	CIGNA Health Plan HMO
05/28/1970	F	CA	90631	CIGNA Health Plan HMO
09/12/1964	F	CA	90638	CIGNA Health Plan HMO
07/10/1971	F	CA	928411045	CIGNA Health Plan HMO
06/05/1977	F	CA	92801	CIGNA Health Plan HMO
01/01/1974	F	CA	92870	CIGNA Health Plan HMO
12/13/1982	F	CA	92841	CIGNA Health Plan HMO
05/04/1976	M	CA	92882	CIGNA Health Plan HMO
11/16/1968	F	CA	92653	CIGNA Health Plan HMO
12/16/1974	F	CA	92865	CIGNA Health Plan HMO
05/20/1971	M	CA	92841	CIGNA Health Plan HMO
07/26/1974	F	CA	92843	CIGNA Health Plan HMO
06/17/1973	F	CA	92840	CIGNA Health Plan HMO
04/30/1971	F	CA	92705	CIGNA Health Plan HMO
05/14/1966	M	CA	92602	CIGNA Health Plan HMO
07/05/1974	F	CA	90807	CIGNA Health Plan HMO
03/15/1977	F	CA	92805	CIGNA Health Plan HMO
09/06/1960	F	CA	92840	CIGNA Health Plan HMO
04/28/1972	M	CA	92603	CIGNA Health Plan HMO
12/05/1973	F	CA	92703	CIGNA Health Plan HMO
10/28/1965	F	CA	92843	CIGNA Health Plan HMO
08/28/1971	F	CA	90650	CIGNA Health Plan HMO
02/18/1969	F	CA	92870	CIGNA Health Plan HMO
04/15/1975	F	CA	92688	CIGNA Health Plan HMO
07/28/1978	F	CA	92704	CIGNA Health Plan HMO
01/11/1972	F	CA	92706	CIGNA Health Plan HMO
01/01/1971	F	CA	91765	CIGNA Health Plan HMO
09/27/1960	F	CA	92780	CIGNA Health Plan HMO
02/08/1970	F	CA	90745	CIGNA Health Plan HMO
12/15/1970	F	CA	92866	CIGNA Health Plan HMO
05/18/1974	F	CA	92630	CIGNA Health Plan HMO
05/27/1952	F	CA	92630	CIGNA Health Plan HMO
04/02/1975	F	CA	92706	CIGNA Health Plan HMO
08/21/1979	F	CA	90630	CIGNA Health Plan HMO
10/18/1947	M	CA	92620	CIGNA Health Plan HMO
11/21/1972	F	CA	92683	CIGNA Health Plan HMO
09/29/1980	F	CA	92704	CIGNA Health Plan HMO
09/19/1981	F	CA	92705	CIGNA Health Plan HMO
09/23/1963	F	CA	92648	CIGNA Health Plan HMO
12/24/1956	M	CA	92683	CIGNA Health Plan HMO
06/30/1955	M	CA	92840	CIGNA Health Plan HMO
07/30/1960	M	CA	92630	CIGNA Health Plan HMO
12/30/1972	M	CA	91750	CIGNA Health Plan HMO
01/16/1957	M	CA	92870	CIGNA Health Plan HMO
08/13/1970	M	CA	90630	CIGNA Health Plan HMO

07/10/1963	M	CA	92840	CIGNA Health Plan HMO
10/27/1964	M	CA	92886	CIGNA Health Plan HMO
02/16/1962	M	CA	92802	CIGNA Health Plan HMO
08/21/1967	M	CA	92691	CIGNA Health Plan HMO
05/10/1966	M	CA	92656	CIGNA Health Plan HMO
03/18/1959	M	CA	92688	CIGNA Health Plan HMO
10/31/1958	M	CA	92840	CIGNA Health Plan HMO
04/16/1967	M	CA	90280	CIGNA Health Plan HMO
10/18/1971	M	CA	90630	CIGNA Health Plan HMO
05/02/1971	M	CA	92707	CIGNA Health Plan HMO
01/22/1958	M	CA	92692	CIGNA Health Plan HMO
12/15/1980	M	CA	92840	CIGNA Health Plan HMO
08/28/1960	M	CA	92647	CIGNA Health Plan HMO
03/22/1966	M	CA	90638	CIGNA Health Plan HMO
01/06/1942	M	CA	92706	CIGNA Health Plan HMO
07/25/1962	M	CA	92843	CIGNA Health Plan HMO
07/31/1956	M	CA	92867	CIGNA Health Plan HMO
02/17/1960	M	CA	92606	CIGNA Health Plan HMO
10/31/1959	M	CA	92683	CIGNA Health Plan HMO
08/10/1971	M	CA	92683	CIGNA Health Plan HMO
08/27/1967	F	CA	92592	CIGNA Health Plan HMO
06/25/1971	F	CA	92841	CIGNA Health Plan HMO
01/04/1953	M	CA	92868	CIGNA Health Plan HMO
05/27/1971	F	CA	91741	CIGNA Health Plan HMO
04/29/1963	F	CA	90815	CIGNA Health Plan HMO
01/02/1957	F	CA	92807	CIGNA Health Plan HMO
09/16/1967	M	CA	92870	CIGNA Health Plan HMO
06/25/1961	F	CA	90260	CIGNA Health Plan HMO
01/04/1959	M	CA	90755	CIGNA Health Plan HMO
11/06/1950	M	CA	92677	CIGNA Health Plan HMO
03/18/1961	F	CA	92704	CIGNA Health Plan HMO
01/10/1972	F	CA	92704	CIGNA Health Plan HMO
08/29/1960	M	CA	90712	CIGNA Health Plan HMO
04/27/1972	F	CA	92840	CIGNA Health Plan HMO
02/15/1958	F	CA	92881	CIGNA Health Plan HMO
11/02/1934	M	CA	92653	CIGNA Health Plan HMO
03/25/1957	F	CA	92883	CIGNA Health Plan HMO
02/25/1975	F	CA	90630	CIGNA Health Plan HMO
07/11/1963	M	CA	92806	CIGNA Health Plan HMO
02/28/1963	F	CA	92886	CIGNA Health Plan HMO
06/11/1968	F	CA	92886	CIGNA Health Plan HMO
05/15/1968	M	CA	92620	CIGNA Health Plan HMO
06/06/1969	M	CA	90806	CIGNA Health Plan HMO
12/27/1972	F	CA	92626	CIGNA Health Plan HMO
08/26/1965	F	CA	90631	CIGNA Health Plan HMO
12/07/1964	F	CA	92805	CIGNA Health Plan HMO
05/05/1975	F	CA	92867	CIGNA Health Plan HMO
01/27/1973	F	CA	92683	CIGNA Health Plan HMO
08/04/1956	F	CA	92867	CIGNA Health Plan HMO
06/06/1967	F	CA	92843	CIGNA Health Plan HMO
06/21/1969	M	CA	92708	CIGNA Health Plan HMO
03/04/1971	F	CA	91786	CIGNA Health Plan HMO

05/17/1957	M	CA	91709	CIGNA Health Plan HMO
08/31/1971	F	CA	92841	CIGNA Health Plan HMO
05/24/1968	F	CA	92866	CIGNA Health Plan HMO
10/02/1962	F	CA	92705	CIGNA Health Plan HMO
08/19/1953	F	CA	92708	CIGNA Health Plan HMO
10/10/1969	F	CA	92655	CIGNA Health Plan HMO
04/08/1980	F	CA	92688	CIGNA Health Plan HMO
09/30/1976	F	CA	92804	CIGNA Health Plan HMO
09/17/1967	M	CA	92683	CIGNA Health Plan HMO
09/12/1966	F	CA	92833	CIGNA Health Plan HMO
03/13/1979	F	CA	92626	CIGNA Health Plan HMO
07/30/1972	F	CA	92336	CIGNA Health Plan HMO
03/19/1958	F	CA	92706	CIGNA Health Plan HMO
11/16/1962	F	CA	92782	CIGNA Health Plan HMO
08/25/1966	M	CA	92879	CIGNA Health Plan HMO
09/24/1968	F	CA	92869	CIGNA Health Plan HMO
02/28/1970	F	CA	92530	CIGNA Health Plan HMO
09/22/1969	F	CA	92694	CIGNA Health Plan HMO
08/12/1977	F	CA	90241	CIGNA Health Plan HMO
08/24/1959	F	CA	92806	CIGNA Health Plan HMO
07/17/1956	F	CA	92653	CIGNA Health Plan HMO
02/15/1964	F	CA	92708	CIGNA Health Plan HMO
02/16/1973	F	CA	92683	CIGNA Health Plan HMO
01/04/1976	M	CA	92708	CIGNA Health Plan HMO
08/01/1976	F	CA	92683	CIGNA Health Plan HMO
11/11/1972	F	CA	92880	CIGNA Health Plan HMO
12/20/1970	F	CA	92867	CIGNA Health Plan HMO
04/14/1964	F	CA	92630	CIGNA Health Plan HMO
07/20/1969	F	CA	92630	CIGNA Health Plan HMO
12/18/1965	F	CA	91710	CIGNA Health Plan HMO
05/17/1959	F	CA	92683	CIGNA Health Plan HMO
08/11/1959	F	CA	92692	CIGNA Health Plan HMO
02/24/1965	F	CA	92674	CIGNA Health Plan HMO
10/28/1963	F	CA	92780	CIGNA Health Plan HMO
12/08/1971	F	CA	92707	CIGNA Health Plan HMO
10/22/1978	F	CA	92707	CIGNA Health Plan HMO
05/13/1973	F	CA	92701	CIGNA Health Plan HMO
09/07/1952	M	CA	92705	CIGNA Health Plan HMO
04/24/1959	F	CA	92630	CIGNA Health Plan HMO
07/08/1978	F	CA	91784	CIGNA Health Plan HMO
02/01/1977	M	CA	92840	CIGNA Health Plan HMO
04/29/1977	F	CA	92801	CIGNA Health Plan HMO
09/20/1959	F	CA	92808	CIGNA Health Plan HMO
08/05/1970	F	CA	90720	CIGNA Health Plan HMO
09/14/1949	M	CA	92688	CIGNA Health Plan HMO
08/06/1969	M	CA	92843	CIGNA Health Plan HMO
10/01/1958	F	CA	92663	CIGNA Health Plan HMO
02/01/1965	F	CA	92647	CIGNA Health Plan HMO
01/06/1978	M	CA	92688	CIGNA Health Plan HMO
07/27/1972	F	CA	92708	CIGNA Health Plan HMO
06/12/1971	F	CA	92377	CIGNA Health Plan HMO
09/18/1967	F	CA	92782	CIGNA Health Plan HMO

12/12/1964	M	CA	92879	CIGNA Health Plan HMO
05/29/1962	F	CA	92570	CIGNA Health Plan HMO
09/01/1975	F	CA	92336	CIGNA Health Plan HMO
09/11/1972	F	CA	92880	CIGNA Health Plan HMO
11/15/1958	F	CA	92508	CIGNA Health Plan HMO
03/27/1961	F	CA	92868	CIGNA Health Plan HMO
07/17/1967	F	CA	92872	CIGNA Health Plan HMO
07/01/1961	F	CA	92801	CIGNA Health Plan HMO
07/19/1971	M	CA	92683	CIGNA Health Plan HMO
10/21/1974	M	CA	92870	CIGNA Health Plan HMO
05/04/1960	F	CA	928826435	CIGNA Health Plan HMO
04/16/1954	F	CA	92651	CIGNA Health Plan HMO
07/06/1961	F	CA	92691	CIGNA Health Plan HMO
05/17/1972	M	CA	90602	CIGNA Health Plan HMO
09/09/1966	M	CA	92705	CIGNA Health Plan HMO
11/10/1969	F	CA	92683	CIGNA Health Plan HMO
07/31/1957	F	CA	92656	CIGNA Health Plan HMO
09/29/1960	F	CA	92708	CIGNA Health Plan HMO
01/22/1962	F	CA	92692	CIGNA Health Plan HMO
06/07/1968	F	CA	92604	CIGNA Health Plan HMO
01/20/1963	F	CA	92844	CIGNA Health Plan HMO
11/10/1971	F	CA	92823	CIGNA Health Plan HMO
07/16/1965	F	CA	92780	CIGNA Health Plan HMO
04/27/1964	F	CA	92822	CIGNA Health Plan HMO
11/04/1978	F	CA	90638	CIGNA Health Plan HMO
11/26/1947	F	CA	92708	CIGNA Health Plan HMO
06/21/1971	F	CA	90680	CIGNA Health Plan HMO
10/08/1969	F	CA	92867	CIGNA Health Plan HMO
03/22/1969	F	CA	92882	CIGNA Health Plan HMO
10/23/1963	M	CA	92869	CIGNA Health Plan HMO
11/11/1966	F	CA	92703	CIGNA Health Plan HMO
08/20/1969	M	CA	92844	CIGNA Health Plan HMO
07/16/1974	F	CA	92806	CIGNA Health Plan HMO
04/27/1971	F	CA	92688	CIGNA Health Plan HMO
03/25/1970	F	CA	92868	CIGNA Health Plan HMO
12/13/1969	F	CA	92688	CIGNA Health Plan HMO
04/26/1960	F	CA	92841	CIGNA Health Plan HMO
03/15/1957	F	CA	90620	CIGNA Health Plan HMO
11/03/1970	F	CA	92591	CIGNA Health Plan HMO
07/14/1970	M	CA	90240	CIGNA Health Plan HMO
03/15/1965	F	CA	90630	CIGNA Health Plan HMO
05/10/1975	F	CA	92840	CIGNA Health Plan HMO
06/11/1970	F	CA	91792	CIGNA Health Plan HMO
01/15/1967	F	CA	92831	CIGNA Health Plan HMO
05/20/1968	M	CA	92807	CIGNA Health Plan HMO
10/13/1974	F	CA	92646	CIGNA Health Plan HMO
01/20/1972	F	CA	92881	CIGNA Health Plan HMO
01/18/1982	F	CA	92646	CIGNA Health Plan HMO
04/02/1962	M	CA	90638	CIGNA Health Plan HMO
10/28/1977	M	CA	92782	CIGNA Health Plan HMO
03/18/1972	F	CA	90808	CIGNA Health Plan HMO
02/10/1951	F	CA	92627	CIGNA Health Plan HMO

09/28/1952	M	CA	91701	CIGNA Health Plan HMO
11/28/1972	F	CA	92882	CIGNA Health Plan HMO
11/08/1968	M	CA	92610	CIGNA Health Plan HMO
01/02/1974	M	CA	92707	CIGNA Health Plan HMO
10/06/1969	F	CA	92602	CIGNA Health Plan HMO
11/28/1953	F	CA	92704	CIGNA Health Plan HMO
04/26/1968	F	CA	92675	CIGNA Health Plan HMO
07/15/1960	F	CA	92683	CIGNA Health Plan HMO
03/28/1955	F	CA	92802	CIGNA Health Plan HMO
10/24/1966	F	CA	92708	CIGNA Health Plan HMO
07/23/1952	M	CA	92840	CIGNA Health Plan HMO
10/21/1973	F	CA	92843	CIGNA Health Plan HMO
07/28/1970	M	CA	92844	CIGNA Health Plan HMO
10/24/1969	F	CA	92887	CIGNA Health Plan HMO
12/21/1973	F	CA	92692	CIGNA Health Plan HMO
02/25/1968	M	CA	92869	CIGNA Health Plan HMO
10/05/1975	M	CA	92604	CIGNA Health Plan HMO
04/30/1972	F	CA	92706	CIGNA Health Plan HMO
09/19/1973	F	CA	92880	CIGNA Health Plan HMO
02/19/1953	M	CA	92802	CIGNA Health Plan HMO
01/01/1961	M	CA	90680	CIGNA Health Plan HMO
12/16/1966	F	CA	92337	CIGNA Health Plan HMO
09/23/1976	M	CA	92707	CIGNA Health Plan HMO
09/20/1959	F	CA	91761	CIGNA Health Plan HMO
11/07/1964	F	CA	92672	CIGNA Health Plan HMO
06/23/1958	F	CA	92708	CIGNA Health Plan HMO
11/03/1970	F	CA	92806	CIGNA Health Plan HMO
10/14/1972	M	CA	92841	CIGNA Health Plan HMO
11/02/1978	F	CA	92706	CIGNA Health Plan HMO
09/02/1973	F	CA	92691	CIGNA Health Plan HMO
08/24/1961	F	CA	92843	CIGNA Health Plan HMO
09/24/1981	F	CA	90604	CIGNA Health Plan HMO
08/01/1972	F	CA	92620	CIGNA Health Plan HMO
08/24/1975	F	CA	92869	CIGNA Health Plan HMO
10/11/1974	F	CA	92868	CIGNA Health Plan HMO
03/05/1975	M	CA	92840	CIGNA Health Plan HMO
08/06/1971	F	CA	92655	CIGNA Health Plan HMO
07/03/1978	F	CA	90650	CIGNA Health Plan HMO
08/19/1967	F	CA	92801	CIGNA Health Plan HMO
02/10/1975	M	CA	91710	CIGNA Health Plan HMO
09/03/1945	M	CA	92614	CIGNA Health Plan HMO
09/24/1970	F	CA	92708	CIGNA Health Plan HMO
05/27/1978	F	CA	906203725	CIGNA Health Plan HMO
05/29/1964	F	CA	92879	CIGNA Health Plan HMO
11/26/1968	M	CA	90242	CIGNA Health Plan HMO
04/16/1962	M	CA	91765	CIGNA Health Plan HMO
03/17/1956	F	CA	92626	CIGNA Health Plan HMO
12/24/1969	F	CA	92867	CIGNA Health Plan HMO
04/28/1972	M	CA	92704	CIGNA Health Plan HMO
08/30/1962	F	CA	92708	CIGNA Health Plan HMO
07/28/1962	M	CA	92630	CIGNA Health Plan HMO
07/01/1964	F	CA	91709	CIGNA Health Plan HMO

07/27/1972	F	CA	92881	CIGNA Health Plan HMO
09/09/1964	F	CA	92870	CIGNA Health Plan HMO
11/25/1953	M	CA	92610	CIGNA Health Plan HMO
11/24/1952	M	CA	91711	CIGNA Health Plan HMO
07/06/1966	F	CA	92610	CIGNA Health Plan HMO
05/08/1969	M	CA	92694	CIGNA Health Plan HMO
12/15/1958	F	CA	90803	CIGNA Health Plan HMO
08/16/1958	M	CA	92886	CIGNA Health Plan HMO
01/04/1963	M	CA	92886	CIGNA Health Plan HMO
01/10/1960	M	CA	92630	CIGNA Health Plan HMO
11/03/1958	M	CA	92707	CIGNA Health Plan HMO
08/23/1963	F	CA	92630	CIGNA Health Plan HMO
10/16/1963	M	CA	92688	CIGNA Health Plan HMO
09/15/1966	M	CA	92626	CIGNA Health Plan HMO
12/27/1972	F	CA	926203644	CIGNA Health Plan HMO
02/06/1952	F	CA	92683	CIGNA Health Plan HMO
10/01/1943	F	CA	92804	CIGNA Health Plan HMO
04/17/1983	F	CA	92801	CIGNA Health Plan HMO
08/16/1974	F	CA	92801	CIGNA Health Plan HMO
04/10/1961	M	CA	92886	CIGNA Health Plan HMO
04/29/1969	M	CA	90680	CIGNA Health Plan HMO
12/09/1950	M	CA	92683	CIGNA Health Plan HMO
07/23/1967	F	CA	92683	CIGNA Health Plan HMO
08/06/1950	M	CA	92683	CIGNA Health Plan HMO
03/06/1969	F	CA	92807	CIGNA Health Plan HMO
06/04/1966	F	CA	92630	CIGNA Health Plan HMO
10/03/1957	F	CA	92647	CIGNA Health Plan HMO
05/13/1971	F	CA	92703	CIGNA Health Plan HMO
10/31/1968	F	CA	90713	CIGNA Health Plan HMO
04/10/1967	F	CA	92707	CIGNA Health Plan HMO
02/27/1969	F	CA	92703	CIGNA Health Plan HMO
03/09/1974	M	CA	92865	CIGNA Health Plan HMO
11/27/1971	F	CA	92614	CIGNA Health Plan HMO
02/04/1954	F	CA	92835	CIGNA Health Plan HMO
08/31/1971	F	CA	92801	CIGNA Health Plan HMO
11/21/1954	F	CA	92707	CIGNA Health Plan HMO
04/28/1961	F	CA	92630	CIGNA Health Plan HMO
10/15/1968	F	CA	90706	CIGNA Health Plan HMO
10/16/1960	F	CA	92703	CIGNA Health Plan HMO
07/03/1970	F	CA	92688	CIGNA Health Plan HMO
05/10/1963	F	CA	92781	CIGNA Health Plan HMO
01/09/1969	F	CA	92801	CIGNA Health Plan HMO
02/23/1958	M	CA	90680	CIGNA Health Plan HMO
11/29/1973	F	CA	91790	CIGNA Health Plan HMO
07/27/1973	F	CA	92705	CIGNA Health Plan HMO
01/21/1975	F	CA	92707	CIGNA Health Plan HMO
09/02/1978	F	CA	92703	CIGNA Health Plan HMO
12/10/1977	F	CA	92870	CIGNA Health Plan HMO
05/27/1957	F	CA	92703	CIGNA Health Plan HMO
09/07/1974	F	CA	92551	CIGNA Health Plan HMO
10/05/1969	F	CA	92704	CIGNA Health Plan HMO
11/19/1968	M	CA	90680	CIGNA Health Plan HMO

09/20/1967	M	CA	92705	CIGNA Health Plan HMO
08/29/1968	F	CA	92869	CIGNA Health Plan HMO
03/08/1955	F	CA	92683	CIGNA Health Plan HMO
08/16/1973	F	CA	92610	CIGNA Health Plan HMO
05/13/1968	F	CA	92833	CIGNA Health Plan HMO
10/19/1961	F	CA	92701	CIGNA Health Plan HMO
12/25/1970	F	CA	92503	CIGNA Health Plan HMO
07/04/1972	F	CA	92845	CIGNA Health Plan HMO
11/30/1957	F	CA	92870	CIGNA Health Plan HMO
02/01/1974	F	CA	92843	CIGNA Health Plan HMO
11/07/1966	F	CA	92704	CIGNA Health Plan HMO
12/23/1966	F	CA	92708	CIGNA Health Plan HMO
04/28/1974	F	CA	92869	CIGNA Health Plan HMO
01/07/1980	F	CA	92805	CIGNA Health Plan HMO
08/26/1959	F	CA	92706	CIGNA Health Plan HMO
10/30/1962	F	CA	92703	CIGNA Health Plan HMO
12/08/1969	F	CA	92703	CIGNA Health Plan HMO
10/31/1961	F	CA	92707	CIGNA Health Plan HMO
03/23/1977	F	CA	90806	CIGNA Health Plan HMO
11/28/1978	F	CA	92879	CIGNA Health Plan HMO
04/05/1967	F	CA	92843	CIGNA Health Plan HMO
11/29/1964	F	CA	92805	CIGNA Health Plan HMO
11/02/1958	F	CA	92882	CIGNA Health Plan HMO
11/25/1960	F	CA	92780	CIGNA Health Plan HMO
04/08/1969	F	CA	90620	CIGNA Health Plan HMO
04/30/1965	F	CA	92843	CIGNA Health Plan HMO
07/23/1970	F	CA	90620	CIGNA Health Plan HMO
10/16/1968	M	CA	92802	CIGNA Health Plan HMO
08/07/1970	F	CA	92630	CIGNA Health Plan HMO
07/07/1972	F	CA	92624	CIGNA Health Plan HMO
01/17/1977	F	CA	92840	CIGNA Health Plan HMO
11/19/1956	F	CA	92780	CIGNA Health Plan HMO
12/05/1980	F	CA	92707	CIGNA Health Plan HMO
01/23/1973	F	CA	92703	CIGNA Health Plan HMO
07/08/1966	F	CA	90630	CIGNA Health Plan HMO
07/08/1958	M	CA	92677	CIGNA Health Plan HMO
08/26/1962	F	CA	92705	CIGNA Health Plan HMO
05/18/1980	F	CA	92703	CIGNA Health Plan HMO
08/06/1955	F	CA	92870	CIGNA Health Plan HMO
09/20/1952	F	CA	92703	CIGNA Health Plan HMO
04/18/1979	F	CA	92704	CIGNA Health Plan HMO
10/17/1969	F	CA	92868	CIGNA Health Plan HMO
11/30/1970	F	CA	92706	CIGNA Health Plan HMO
05/15/1985	F	CA	92707	CIGNA Health Plan HMO
01/06/1963	F	CA	926914302	CIGNA Health Plan HMO
12/01/1977	F	CA	92831	CIGNA Health Plan HMO
09/09/1976	F	CA	90650	CIGNA Health Plan HMO
08/31/1977	M	CA	92867	CIGNA Health Plan HMO
09/22/1979	F	CA	92506	CIGNA Health Plan HMO
06/10/1964	M	CA	92655	CIGNA Health Plan HMO
11/25/1963	M	CA	92705	CIGNA Health Plan HMO
12/23/1970	F	CA	92840	CIGNA Health Plan HMO

10/11/1971	F	CA	92704	CIGNA Health Plan HMO
07/01/1959	F	CA	92084	CIGNA Health Plan HMO
04/07/1979	F	CA	92879	CIGNA Health Plan HMO
06/15/1957	F	CA	92833	CIGNA Health Plan HMO
08/09/1959	F	CA	92707	CIGNA Health Plan HMO
09/27/1970	F	CA	92882	CIGNA Health Plan HMO
12/02/1968	F	CA	92706	CIGNA Health Plan HMO
06/18/1974	F	CA	92704	CIGNA Health Plan HMO
02/12/1947	F	CA	92840	CIGNA Health Plan HMO
02/12/1978	F	CA	92801	CIGNA Health Plan HMO
11/03/1966	F	CA	92840	CIGNA Health Plan HMO
01/24/1973	F	CA	92804	CIGNA Health Plan HMO
06/27/1971	F	CA	92703	CIGNA Health Plan HMO
04/21/1954	F	CA	92802	CIGNA Health Plan HMO
01/05/1961	M	CA	90804	CIGNA Health Plan HMO
01/19/1960	M	CA	92805	CIGNA Health Plan HMO
03/28/1960	F	CA	92704	CIGNA Health Plan HMO
01/01/1956	F	CA	92804	CIGNA Health Plan HMO
08/17/1980	M	CA	92705	CIGNA Health Plan HMO
08/29/1973	F	CA	92804	CIGNA Health Plan HMO
08/25/1970	F	CA	92705	CIGNA Health Plan HMO
03/12/1976	F	CA	92868	CIGNA Health Plan HMO
02/29/1976	F	CA	92782	CIGNA Health Plan HMO
01/20/1965	F	CA	92835	CIGNA Health Plan HMO
12/13/1950	M	CA	92844	CIGNA Health Plan HMO
04/07/1978	F	CA	92804	CIGNA Health Plan HMO
04/20/1969	F	CA	91709	CIGNA Health Plan HMO
12/25/1967	F	CA	91744	CIGNA Health Plan HMO
10/26/1949	F	CA	92655	CIGNA Health Plan HMO
11/29/1976	F	CA	90631	CIGNA Health Plan HMO
12/11/1975	F	CA	90706	CIGNA Health Plan HMO
08/01/1956	F	CA	90680	CIGNA Health Plan HMO
04/19/1981	F	CA	92870	CIGNA Health Plan HMO
12/14/1974	F	CA	92704	CIGNA Health Plan HMO
03/16/1953	F	CA	90706	CIGNA Health Plan HMO
04/26/1958	M	CA	92869	CIGNA Health Plan HMO
04/07/1979	F	CA	92804	CIGNA Health Plan HMO
12/23/1967	M	CA	92859	CIGNA Health Plan HMO
05/23/1976	M	CA	92706	CIGNA Health Plan HMO
05/10/1955	F	CA	92844	CIGNA Health Plan HMO
01/10/1977	F	CA	90621	CIGNA Health Plan HMO
08/20/1974	F	CA	92869	CIGNA Health Plan HMO
12/13/1960	F	CA	92705	CIGNA Health Plan HMO
09/12/1974	F	CA	92880	CIGNA Health Plan HMO
01/19/1968	F	CA	92656	CIGNA Health Plan HMO
03/05/1970	F	CA	92683	CIGNA Health Plan HMO
02/28/1971	F	CA	92708	CIGNA Health Plan HMO
03/14/1981	F	CA	92870	CIGNA Health Plan HMO
03/30/1975	F	CA	92705	CIGNA Health Plan HMO
03/07/1979	F	CA	928684850	CIGNA Health Plan HMO
09/10/1947	M	CA	92840	CIGNA Health Plan HMO
10/20/1976	F	CA	92782	CIGNA Health Plan HMO

10/08/1982	F	CA	92503	CIGNA Health Plan HMO
11/26/1965	F	CA	92679	CIGNA Health Plan HMO
11/10/1969	F	CA	92887	CIGNA Health Plan HMO
10/10/1974	M	CA	92704	CIGNA Health Plan HMO
06/14/1969	F	CA	92865	CIGNA Health Plan HMO
04/21/1951	F	CA	92677	CIGNA Health Plan HMO
06/12/1960	M	CA	90808	CIGNA Health Plan HMO
07/18/1956	M	CA	92882	CIGNA Health Plan HMO
05/01/1971	M	CA	92649	CIGNA Health Plan HMO
06/07/1955	M	CA	92880	CIGNA Health Plan HMO
01/05/1962	M	CA	90703	CIGNA Health Plan HMO
06/19/1967	M	CA	92610	CIGNA Health Plan HMO
02/05/1941	M	CA	920092217	CIGNA Health Plan HMO
07/20/1961	M	CA	92691	CIGNA Health Plan HMO
12/02/1957	M	CA	92780	CIGNA Health Plan HMO
01/06/1960	M	CA	92780	CIGNA Health Plan HMO
12/19/1958	M	CA	92530	CIGNA Health Plan HMO
09/18/1975	M	CA	90630	CIGNA Health Plan HMO
08/29/1972	M	CA	92865	CIGNA Health Plan HMO
10/29/1966	F	CA	92708	CIGNA Health Plan HMO
07/14/1959	F	CA	92630	CIGNA Health Plan HMO
03/17/1971	F	CA	90630	CIGNA Health Plan HMO
07/28/1954	M	CA	90631	CIGNA Health Plan HMO
11/16/1967	M	CA	92780	CIGNA Health Plan HMO
02/04/1959	M	CA	92694	CIGNA Health Plan HMO
01/16/1955	F	CA	92808	CIGNA Health Plan HMO
08/25/1978	F	CA	92833	CIGNA Health Plan HMO
10/21/1962	F	CA	92869	CIGNA Health Plan HMO
07/29/1953	M	CA	90631	CIGNA Health Plan HMO
08/26/1963	M	CA	92692	CIGNA Health Plan HMO
10/28/1948	M	CA	92843	CIGNA Health Plan HMO
01/28/1977	F	CA	92867	CIGNA Health Plan HMO
11/23/1962	M	CA	92688	CIGNA Health Plan HMO
03/13/1972	M	CA	92708	CIGNA Health Plan HMO
09/20/1960	M	CA	90720	CIGNA Health Plan HMO
03/26/1983	F	CA	92683	CIGNA Health Plan HMO
01/21/1956	M	CA	92660	CIGNA Health Plan HMO
06/23/1955	M	CA	92691	CIGNA Health Plan HMO
02/11/1976	F	CA	92801	CIGNA Health Plan HMO
01/08/1959	M	CA	92703	CIGNA Health Plan HMO
09/23/1956	M	CA	92808	CIGNA Health Plan HMO
02/13/1969	F	CA	90621	CIGNA Health Plan HMO
07/18/1964	F	CA	92708	CIGNA Health Plan HMO
01/25/1960	M	CA	91761	CIGNA Health Plan HMO
07/14/1965	M	CA	92660	CIGNA Health Plan HMO
01/11/1968	M	CA	90680	CIGNA Health Plan HMO
06/12/1961	M	CA	92683	CIGNA Health Plan HMO
06/13/1969	F	CA	90631	CIGNA Health Plan HMO
08/21/1965	F	CA	92866	CIGNA Health Plan HMO
03/16/1975	M	CA	92865	CIGNA Health Plan HMO
01/19/1952	M	CA	92653	CIGNA Health Plan HMO
03/25/1954	F	CA	92692	CIGNA Health Plan HMO

08/31/1960	M	CA	91710	CIGNA Health Plan HMO
08/08/1960	F	CA	92843	CIGNA Health Plan HMO
11/13/1961	M	CA	92806	CIGNA Health Plan HMO
06/10/1965	M	CA	92840	CIGNA Health Plan HMO
09/06/1963	M	CA	92612	CIGNA Health Plan HMO
08/14/1952	M	CA	92691	CIGNA Health Plan HMO
12/31/1976	M	CA	92801	CIGNA Health Plan HMO
01/16/1974	F	CA	92630	CIGNA Health Plan HMO
04/16/1960	M	CA	90621	CIGNA Health Plan HMO
01/19/1963	F	CA	92835	CIGNA Health Plan HMO
11/29/1969	F	CA	92701	CIGNA Health Plan HMO
07/02/1968	M	CA	92679	CIGNA Health Plan HMO
03/27/1970	F	CA	92703	CIGNA Health Plan HMO
11/24/1978	M	CA	90723	CIGNA Health Plan HMO
11/05/1969	F	CA	92868	CIGNA Health Plan HMO
02/15/1963	M	CA	92606	CIGNA Health Plan HMO
08/31/1956	M	CA	92571	CIGNA Health Plan HMO
07/10/1962	F	CA	92806	CIGNA Health Plan HMO
08/14/1968	M	CA	92706	CIGNA Health Plan HMO
11/09/1968	F	CA	90621	CIGNA Health Plan HMO
04/23/1968	F	CA	92840	CIGNA Health Plan HMO
06/15/1965	M	CA	92656	CIGNA Health Plan HMO
08/02/1956	F	CA	92869	CIGNA Health Plan HMO
05/07/1964	F	CA	92683	CIGNA Health Plan HMO
02/22/1961	M	CA	92614	CIGNA Health Plan HMO
08/10/1974	F	CA	92841	CIGNA Health Plan HMO
10/03/1968	F	CA	92707	CIGNA Health Plan HMO
03/27/1963	F	CA	92821	CIGNA Health Plan HMO
02/26/1963	F	CA	90605	CIGNA Health Plan HMO
12/24/1978	F	CA	92843	CIGNA Health Plan HMO
04/11/1964	M	CA	92704	CIGNA Health Plan HMO
11/21/1965	M	CA	91709	CIGNA Health Plan HMO
11/14/1966	M	CA	92612	CIGNA Health Plan HMO
07/24/1955	F	CA	92672	CIGNA Health Plan HMO
12/08/1955	M	CA	92708	CIGNA Health Plan HMO
11/05/1957	F	CA	92831	CIGNA Health Plan HMO
07/18/1973	F	CA	92804	CIGNA Health Plan HMO
03/26/1971	M	CA	92840	CIGNA Health Plan HMO
11/20/1968	F	CA	92879	CIGNA Health Plan HMO
07/10/1976	F	CA	90660	CIGNA Health Plan HMO
07/12/1965	M	CA	92694	CIGNA Health Plan HMO
08/18/1965	M	CA	92705	CIGNA Health Plan HMO
09/26/1979	M	CA	92780	CIGNA Health Plan HMO
02/22/1969	F	CA	92704	CIGNA Health Plan HMO
06/19/1965	M	CA	92630	CIGNA Health Plan HMO
12/29/1969	F	CA	92879	CIGNA Health Plan HMO
09/28/1983	M	CA	92867	CIGNA Health Plan HMO
04/30/1952	F	CA	92627	CIGNA Health Plan HMO
10/22/1962	F	CA	92869	CIGNA Health Plan HMO
05/21/1952	M	CA	92841	CIGNA Health Plan HMO
01/28/1962	M	CA	90033	CIGNA Health Plan HMO
06/16/1967	F	CA	92691	CIGNA Health Plan HMO

02/10/1969	M	CA	92841	CIGNA Health Plan HMO
01/23/1960	M	CA	90638	CIGNA Health Plan HMO
05/26/1961	M	CA	92503	CIGNA Health Plan HMO
08/28/1961	F	CA	927073351	CIGNA Health Plan HMO
12/28/1957	M	CA	92705	CIGNA Health Plan HMO
03/29/1967	F	CA	92807	CIGNA Health Plan HMO
11/01/1959	M	CA	92679	CIGNA Health Plan HMO
03/01/1969	M	CA	92835	CIGNA Health Plan HMO
11/02/1968	F	CA	92705	CIGNA Health Plan HMO
11/01/1972	F	CA	91724	CIGNA Health Plan HMO
02/07/1975	F	CA	92833	CIGNA Health Plan HMO
08/19/1954	M	CA	92620	CIGNA Health Plan HMO
01/07/1968	M	CA	92867	CIGNA Health Plan HMO
05/16/1961	M	CA	92707	CIGNA Health Plan HMO
09/17/1962	M	CA	92683	CIGNA Health Plan HMO
07/17/1972	F	CA	90631	CIGNA Health Plan HMO
08/10/1973	F	CA	90241	CIGNA Health Plan HMO
05/10/1971	F	CA	92841	CIGNA Health Plan HMO
10/28/1971	F	CA	92708	CIGNA Health Plan HMO
09/29/1959	F	CA	92679	CIGNA Health Plan HMO
02/07/1970	F	CA	92868	CIGNA Health Plan HMO
04/07/1978	M	CA	92802	CIGNA Health Plan HMO
02/18/1976	F	CA	92866	CIGNA Health Plan HMO
05/23/1977	F	CA	92707	CIGNA Health Plan HMO
12/21/1963	M	CA	90620	CIGNA Health Plan HMO
12/29/1954	M	CA	92804	CIGNA Health Plan HMO
02/03/1971	F	CA	92707	CIGNA Health Plan HMO
08/04/1956	M	CA	928353113	CIGNA Health Plan HMO
12/21/1971	M	CA	91792	CIGNA Health Plan HMO
03/31/1970	F	CA	91709	CIGNA Health Plan HMO
04/06/1971	M	CA	92705	CIGNA Health Plan HMO
03/04/1964	F	CA	92802	CIGNA Health Plan HMO
08/03/1969	F	CA	92646	CIGNA Health Plan HMO
05/31/1967	M	CA	92503	CIGNA Health Plan HMO
08/08/1965	F	CA	92804	CIGNA Health Plan HMO
05/09/1978	F	CA	92704	CIGNA Health Plan HMO
05/23/1983	F	CA	92705	CIGNA Health Plan HMO
09/15/1965	F	CA	92869	CIGNA Health Plan HMO
11/29/1960	M	CA	91010	CIGNA Health Plan HMO
05/29/1973	F	CA	92703	CIGNA Health Plan HMO
01/30/1967	M	CA	92675	CIGNA Health Plan HMO
10/08/1951	M	CA	92647	CIGNA Health Plan HMO
09/28/1967	M	CA	92880	CIGNA Health Plan HMO
05/03/1963	F	CA	92868	CIGNA Health Plan HMO
01/28/1964	F	CA	92056	CIGNA Health Plan HMO
10/05/1967	M	CA	92630	CIGNA Health Plan HMO
11/01/1971	F	CA	92703	CIGNA Health Plan HMO
09/17/1982	F	CA	92867	CIGNA Health Plan HMO
10/28/1969	F	CA	91767	CIGNA Health Plan HMO
10/31/1981	F	CA	926774725	CIGNA Health Plan HMO
05/03/1969	F	CA	90242	CIGNA Health Plan HMO
06/15/1972	F	CA	92705	CIGNA Health Plan HMO

09/25/1962	M	CA	92821	CIGNA Health Plan HMO
09/12/1958	M	CA	92653	CIGNA Health Plan HMO
08/29/1959	F	CA	92618	CIGNA Health Plan HMO
09/16/1960	M	CA	91768	CIGNA Health Plan HMO
07/28/1972	M	CA	91007	CIGNA Health Plan HMO
09/13/1967	F	CA	92806	CIGNA Health Plan HMO
09/27/1966	F	CA	92865	CIGNA Health Plan HMO
01/24/1970	M	CA	91775	CIGNA Health Plan HMO
01/20/1968	M	CA	91710	CIGNA Health Plan HMO
02/22/1976	M	CA	92867	CIGNA Health Plan HMO
10/08/1979	M	CA	92707	CIGNA Health Plan HMO
03/22/1963	M	CA	91784	CIGNA Health Plan HMO
01/11/1962	F	CA	92703	CIGNA Health Plan HMO
12/24/1961	F	CA	92708	CIGNA Health Plan HMO
09/26/1977	F	CA	92807	CIGNA Health Plan HMO
11/13/1976	F	CA	92869	CIGNA Health Plan HMO
04/02/1971	M	CA	92706	CIGNA Health Plan HMO
11/09/1967	M	CA	92630	CIGNA Health Plan HMO
05/05/1956	M	CA	92844	CIGNA Health Plan HMO
10/29/1975	F	CA	92626	CIGNA Health Plan HMO
03/26/1969	M	CA	92704	CIGNA Health Plan HMO
02/03/1957	F	CA	92704	CIGNA Health Plan HMO
07/09/1964	F	CA	92704	CIGNA Health Plan HMO
06/13/1963	M	CA	92675	CIGNA Health Plan HMO
10/30/1963	F	CA	92708	CIGNA Health Plan HMO
04/20/1969	F	CA	90650	CIGNA Health Plan HMO
01/16/1971	F	CA	92708	CIGNA Health Plan HMO
03/28/1977	F	CA	92683	CIGNA Health Plan HMO
09/07/1966	M	CA	92691	CIGNA Health Plan HMO
05/13/1966	M	CA	91762	CIGNA Health Plan HMO
08/28/1962	M	CA	92683	CIGNA Health Plan HMO
11/27/1959	M	CA	92866	CIGNA Health Plan HMO
06/04/1962	M	CA	92675	CIGNA Health Plan HMO
11/24/1965	M	CA	92562	CIGNA Health Plan HMO
05/21/1963	F	CA	92705	CIGNA Health Plan HMO
04/18/1968	F	CA	92683	CIGNA Health Plan HMO
08/11/1963	F	CA	92882	CIGNA Health Plan HMO
01/10/1946	M	CA	92655	CIGNA Health Plan HMO
05/31/1978	M	CA	90601	CIGNA Health Plan HMO
10/02/1974	F	CA	92843	CIGNA Health Plan HMO
04/26/1960	F	CA	92840	CIGNA Health Plan HMO
11/28/1973	F	CA	92833	CIGNA Health Plan HMO
04/10/1968	M	CA	92691	CIGNA Health Plan HMO
08/25/1972	F	CA	92703	CIGNA Health Plan HMO
06/18/1978	F	CA	92866	CIGNA Health Plan HMO
03/15/1971	F	CA	92683	CIGNA Health Plan HMO
10/01/1974	F	CA	92708	CIGNA Health Plan HMO
08/05/1974	M	CA	92703	CIGNA Health Plan HMO
03/09/1971	F	CA	90706	CIGNA Health Plan HMO
05/10/1972	F	CA	92655	CIGNA Health Plan HMO
08/24/1959	F	CA	92807	CIGNA Health Plan HMO
03/16/1972	M	CA	90715	CIGNA Health Plan HMO

05/07/1960	M	CA	92653	CIGNA Health Plan HMO
04/25/1962	M	CA	92887	CIGNA Health Plan HMO
01/31/1963	M	CA	91789	CIGNA Health Plan HMO
08/21/1974	F	CA	92683	CIGNA Health Plan HMO
12/21/1960	F	CA	92691	CIGNA Health Plan HMO
05/17/1980	M	CA	92584	CIGNA Health Plan HMO
08/19/1972	F	CA	92646	CIGNA Health Plan HMO
01/11/1951	M	CA	91741	CIGNA Health Plan HMO
09/22/1973	F	CA	92801	CIGNA Health Plan HMO
09/29/1977	F	CA	92545	CIGNA Health Plan HMO
11/02/1972	F	CA	90605	CIGNA Health Plan HMO
02/28/1975	F	CA	92649	CIGNA Health Plan HMO
10/14/1959	M	CA	92840	CIGNA Health Plan HMO
11/06/1967	M	CA	92708	CIGNA Health Plan HMO
04/24/1967	M	CA	92833	CIGNA Health Plan HMO
08/31/1949	M	CA	92630	CIGNA Health Plan HMO
06/28/1970	F	CA	92886	CIGNA Health Plan HMO
12/27/1964	M	CA	926266357	CIGNA Health Plan HMO
05/13/1975	F	CA	90712	CIGNA Health Plan HMO
01/25/1970	F	CA	92882	CIGNA Health Plan HMO
03/23/1970	M	CA	92673	CIGNA Health Plan HMO
02/23/1958	M	CA	92705	CIGNA Health Plan HMO
01/18/1962	F	CA	92677	CIGNA Health Plan HMO
11/24/1970	F	CA	92532	CIGNA Health Plan HMO
12/06/1957	F	CA	92886	CIGNA Health Plan HMO
12/17/1958	M	CA	92880	CIGNA Health Plan HMO
07/15/1971	M	CA	92866	CIGNA Health Plan HMO
09/07/1966	M	CA	925624521	CIGNA Health Plan HMO
12/04/1962	F	CA	92679	CIGNA Health Plan HMO
12/13/1966	F	CA	92705	CIGNA Health Plan HMO
01/24/1952	M	CA	92683	CIGNA Health Plan HMO
07/25/1951	M	CA	92679	CIGNA Health Plan HMO
07/03/1965	F	CA	90638	CIGNA Health Plan HMO
01/28/1961	M	CA	92656	CIGNA Health Plan HMO
01/04/1970	M	CA	92882	CIGNA Health Plan HMO
07/20/1973	M	CA	91702	CIGNA Health Plan HMO
01/14/1962	M	CA	92630	CIGNA Health Plan HMO
02/04/1970	M	CA	92706	CIGNA Health Plan HMO
01/20/1969	M	CA	92509	CIGNA Health Plan HMO
10/17/1961	F	CA	92648	CIGNA Health Plan HMO
08/01/1967	M	CA	90630	CIGNA Health Plan HMO
01/31/1979	F	CA	92706	CIGNA Health Plan HMO
01/25/1971	F	CA	92843	CIGNA Health Plan HMO
03/17/1968	M	CA	92867	CIGNA Health Plan HMO
02/21/1980	F	CA	92806	CIGNA Health Plan HMO
09/04/1976	M	CA	928441707	CIGNA Health Plan HMO
08/20/1956	M	CA	90638	CIGNA Health Plan HMO
10/28/1981	F	CA	92626	CIGNA Health Plan HMO
09/27/1980	M	CA	92841	CIGNA Health Plan HMO
11/17/1948	M	CA	92691	CIGNA Health Plan HMO
12/07/1972	F	CA	92704	CIGNA Health Plan HMO
09/19/1963	F	CA	92806	CIGNA Health Plan HMO

04/08/1974	F	CA	92880	CIGNA Health Plan HMO
08/24/1973	M	CA	92706	CIGNA Health Plan HMO
01/08/1978	F	CA	90621	CIGNA Health Plan HMO
02/17/1969	M	CA	92867	CIGNA Health Plan HMO
12/08/1974	F	CA	92505	CIGNA Health Plan HMO
11/13/1965	M	CA	92780	CIGNA Health Plan HMO
02/14/1962	F	CA	92704	CIGNA Health Plan HMO
08/10/1962	M	CA	92804	CIGNA Health Plan HMO
04/08/1963	M	CA	92703	CIGNA Health Plan HMO
03/29/1971	M	CA	90638	CIGNA Health Plan HMO
05/03/1965	F	CA	92865	CIGNA Health Plan HMO
12/18/1979	F	CA	92691	CIGNA Health Plan HMO
12/28/1970	F	CA	92879	CIGNA Health Plan HMO
07/19/1956	M	CA	92706	CIGNA Health Plan HMO
11/21/1971	F	CA	92706	CIGNA Health Plan HMO
10/25/1965	F	CA	90713	CIGNA Health Plan HMO
02/16/1966	F	CA	90631	CIGNA Health Plan HMO
09/01/1970	F	CA	90604	CIGNA Health Plan HMO
12/20/1966	F	CA	92867	CIGNA Health Plan HMO
05/25/1967	F	CA	92705	CIGNA Health Plan HMO
08/12/1974	F	CA	90621	CIGNA Health Plan HMO
07/01/1964	F	CA	92804	CIGNA Health Plan HMO
03/16/1959	M	CA	92336	CIGNA Health Plan HMO
02/19/1984	F	CA	92704	CIGNA Health Plan HMO
06/12/1970	M	CA	91791	CIGNA Health Plan HMO
05/15/1976	F	CA	91710	CIGNA Health Plan HMO
07/19/1967	F	CA	92620	CIGNA Health Plan HMO
09/04/1968	M	CA	92832	CIGNA Health Plan HMO
09/25/1963	F	CA	92869	CIGNA Health Plan HMO
03/05/1959	M	CA	90630	CIGNA Health Plan HMO
04/02/1965	M	CA	90814	CIGNA Health Plan HMO
07/08/1969	F	CA	92883	CIGNA Health Plan HMO
03/18/1963	F	CA	90638	CIGNA Health Plan HMO
04/04/1968	F	CA	90740	CIGNA Health Plan HMO
08/13/1966	F	CA	92614	CIGNA Health Plan HMO
05/21/1972	M	CA	90631	CIGNA Health Plan HMO
05/01/1976	F	CA	92883	CIGNA Health Plan HMO
12/05/1971	M	CA	92630	CIGNA Health Plan HMO
02/14/1978	M	CA	92656	CIGNA Health Plan HMO
11/12/1957	M	CA	92832	CIGNA Health Plan HMO
12/03/1969	M	CA	92374	CIGNA Health Plan HMO
09/29/1973	F	CA	92707	CIGNA Health Plan HMO
10/31/1968	F	CA	92647	CIGNA Health Plan HMO
09/21/1981	F	CA	92336	CIGNA Health Plan HMO
05/25/1969	M	CA	92679	CIGNA Health Plan HMO
03/18/1970	M	CA	92802	CIGNA Health Plan HMO
06/14/1976	F	CA	92505	CIGNA Health Plan HMO
07/25/1958	F	CA	92706	CIGNA Health Plan HMO
11/28/1958	M	CA	92780	CIGNA Health Plan HMO
07/01/1983	M	CA	92841	CIGNA Health Plan HMO
11/16/1981	F	CA	92707	CIGNA Health Plan HMO
04/01/1970	F	CA	925087106	CIGNA Health Plan HMO

09/10/1968	M	CA	92841	CIGNA Health Plan HMO
10/17/1967	F	CA	92807	CIGNA Health Plan HMO
11/19/1964	F	CA	92804	CIGNA Health Plan HMO
02/13/1971	F	CA	92835	CIGNA Health Plan HMO
08/07/1969	F	CA	90680	CIGNA Health Plan HMO
10/25/1977	M	CA	92553	CIGNA Health Plan HMO
03/19/1966	M	CA	92704	CIGNA Health Plan HMO
08/06/1973	M	CA	92647	CIGNA Health Plan HMO
08/12/1978	F	CA	92804	CIGNA Health Plan HMO
02/08/1962	F	CA	92602	CIGNA Health Plan HMO
01/01/1972	M	CA	92880	CIGNA Health Plan HMO
10/14/1967	F	CA	92805	CIGNA Health Plan HMO
05/07/1963	M	CA	92646	CIGNA Health Plan HMO
09/02/1958	M	CA	92683	CIGNA Health Plan HMO
09/15/1959	M	CA	92691	CIGNA Health Plan HMO
05/08/1975	F	CA	92683	CIGNA Health Plan HMO
06/22/1973	M	CA	92802	CIGNA Health Plan HMO
07/25/1958	M	CA	92610	CIGNA Health Plan HMO
02/28/1963	M	CA	92647	CIGNA Health Plan HMO
12/20/1969	M	CA	92782	CIGNA Health Plan HMO
03/04/1974	M	CA	92843	CIGNA Health Plan HMO
01/03/1954	M	CA	92602	CIGNA Health Plan HMO
12/16/1965	M	CA	92647	CIGNA Health Plan HMO
09/20/1965	F	CA	92843	CIGNA Health Plan HMO
01/11/1962	M	CA	92677	CIGNA Health Plan HMO
09/01/1973	F	CA	92604	CIGNA Health Plan HMO
09/08/1969	F	CA	92833	CIGNA Health Plan HMO
03/27/1976	F	CA	92882	CIGNA Health Plan HMO
09/03/1976	M	CA	92879	CIGNA Health Plan HMO
07/08/1979	F	CA	92683	CIGNA Health Plan HMO
09/06/1961	M	CA	92646	CIGNA Health Plan HMO
06/18/1974	M	CA	92804	CIGNA Health Plan HMO
12/06/1968	M	CA	92782	CIGNA Health Plan HMO
11/26/1976	M	CA	92831	CIGNA Health Plan HMO
12/20/1977	M	CA	92543	CIGNA Health Plan HMO
06/11/1982	F	CA	91748	CIGNA Health Plan HMO
12/05/1946	M	CA	91765	CIGNA Health Plan HMO
07/25/1973	F	CA	92805	CIGNA Health Plan HMO
11/19/1966	F	CA	90621	CIGNA Health Plan HMO
03/01/1975	F	CA	92706	CIGNA Health Plan HMO
01/02/1953	M	CA	92683	CIGNA Health Plan HMO
08/21/1977	F	CA	92807	CIGNA Health Plan HMO
09/16/1975	F	CA	92804	CIGNA Health Plan HMO
05/11/1949	M	CA	92843	CIGNA Health Plan HMO
11/15/1973	M	CA	92708	CIGNA Health Plan HMO
06/18/1966	F	CA	92844	CIGNA Health Plan HMO
03/14/1966	F	CA	92782	CIGNA Health Plan HMO
03/22/1978	M	CA	92627	CIGNA Health Plan HMO
09/02/1969	M	CA	927034400	CIGNA Health Plan HMO
02/15/1974	M	CA	92887	CIGNA Health Plan HMO
08/31/1971	M	CA	92868	CIGNA Health Plan HMO
06/27/1971	M	CA	928814038	CIGNA Health Plan HMO

12/27/1968	F	CA	92870	CIGNA Health Plan HMO
04/20/1977	F	CA	90650	CIGNA Health Plan HMO
03/26/1975	F	CA	92840	CIGNA Health Plan HMO
07/05/1956	F	CA	90240	CIGNA Health Plan HMO
08/06/1976	F	CA	92867	CIGNA Health Plan HMO
04/23/1963	M	CA	92610	CIGNA Health Plan HMO
05/03/1972	M	CA	91792	CIGNA Health Plan HMO
12/12/1970	M	CA	92886	CIGNA Health Plan HMO
06/13/1967	M	CA	92701	CIGNA Health Plan HMO
05/18/1962	F	CA	92840	CIGNA Health Plan HMO
02/12/1971	F	CA	92802	CIGNA Health Plan HMO
05/06/1974	M	CA	92704	CIGNA Health Plan HMO
05/18/1966	M	CA	92805	CIGNA Health Plan HMO
02/14/1964	F	CA	92869	CIGNA Health Plan HMO
03/18/1955	F	CA	92647	CIGNA Health Plan HMO
03/04/1958	M	CA	92708	CIGNA Health Plan HMO
06/02/1976	M	CA	90001	CIGNA Health Plan HMO
11/22/1980	F	CA	92703	CIGNA Health Plan HMO
03/17/1953	M	CA	92782	CIGNA Health Plan HMO
03/17/1980	F	CA	92880	CIGNA Health Plan HMO
08/18/1976	M	CA	92807	CIGNA Health Plan HMO
11/02/1977	M	CA	92627	CIGNA Health Plan HMO
10/05/1969	F	CA	92705	CIGNA Health Plan HMO
08/11/1965	F	CA	92869	CIGNA Health Plan HMO
07/30/1967	M	CA	92691	CIGNA Health Plan HMO
03/12/1964	M	CA	92505	CIGNA Health Plan HMO
05/09/1983	F	CA	92780	CIGNA Health Plan HMO
07/22/1975	M	CA	92612	CIGNA Health Plan HMO
01/23/1976	F	CA	92845	CIGNA Health Plan HMO
03/01/1970	M	CA	92627	CIGNA Health Plan HMO
01/25/1974	F	CA	92707	CIGNA Health Plan HMO
01/15/1979	F	CA	92843	CIGNA Health Plan HMO
08/23/1972	F	CA	92678	CIGNA Health Plan HMO
06/04/1983	F	CA	92882	CIGNA Health Plan HMO
11/06/1979	F	CA	92821	CIGNA Health Plan HMO
03/25/1976	F	CA	92867	CIGNA Health Plan HMO
02/10/1973	F	CA	90620	CIGNA Health Plan HMO
09/01/1979	F	CA	92677	CIGNA Health Plan HMO
03/17/1968	M	CA	92840	CIGNA Health Plan HMO
01/10/1964	F	CA	92508	CIGNA Health Plan HMO
01/05/1970	M	CA	92807	CIGNA Health Plan HMO
05/27/1966	M	CA	90680	CIGNA Health Plan HMO
02/28/1980	F	CA	92821	CIGNA Health Plan HMO
01/02/1963	F	CA	92866	CIGNA Health Plan HMO
11/25/1954	M	CA	91801	CIGNA Health Plan HMO
01/22/1978	F	CA	92869	CIGNA Health Plan HMO
08/19/1978	F	CA	92701	CIGNA Health Plan HMO
04/29/1971	F	CA	90680	CIGNA Health Plan HMO
03/06/1974	M	CA	92780	CIGNA Health Plan HMO
04/01/1978	F	CA	92869	CIGNA Health Plan HMO
09/24/1968	M	CA	92802	CIGNA Health Plan HMO
03/28/1979	F	CA	92691	CIGNA Health Plan HMO

12/28/1978	M	CA	92707	CIGNA Health Plan HMO
12/17/1970	M	CA	90620	CIGNA Health Plan HMO
03/03/1967	M	CA	92801	CIGNA Health Plan HMO
02/10/1976	F	CA	92868	CIGNA Health Plan HMO
06/08/1976	M	CA	92707	CIGNA Health Plan HMO
04/16/1980	F	CA	92701	CIGNA Health Plan HMO
10/03/1967	M	CA	92782	CIGNA Health Plan HMO
05/18/1970	F	CA	92630	CIGNA Health Plan HMO
08/11/1953	F	CA	92688	CIGNA Health Plan HMO
03/06/1955	F	CA	92675	CIGNA Health Plan HMO
07/17/1971	F	CA	92832	CIGNA Health Plan HMO
08/31/1956	F	CA	92630	CIGNA Health Plan HMO
05/22/1980	F	CA	92821	CIGNA Health Plan HMO
02/26/1963	M	CA	92354	CIGNA Health Plan HMO
09/07/1961	F	CA	92652	CIGNA Health Plan HMO
02/13/1955	F	CA	92677	CIGNA Health Plan HMO
11/26/1957	M	CA	92508	CIGNA Health Plan HMO
06/15/1957	F	CA	92835	CIGNA Health Plan HMO
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01/15/1974	F	CA	92780	CIGNA Health Plan HMO
05/28/1958	F	CA	92503	CIGNA Health Plan HMO
09/11/1971	F	CA	92801	CIGNA Health Plan HMO
01/12/1952	M	CA	92675	CIGNA Health Plan HMO
11/09/1976	M	CA	91708	CIGNA Health Plan HMO
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02/13/1973	F	CA	92692	CIGNA Health Plan HMO
02/27/1974	M	CA	90711	CIGNA Health Plan HMO
05/12/1961	F	CA	92831	CIGNA Health Plan HMO
10/06/1952	M	CA	92833	CIGNA Health Plan HMO
04/15/1976	F	CA	92656	CIGNA Health Plan HMO
12/05/1962	M	CA	92867	CIGNA Health Plan HMO
07/09/1960	M	CA	92692	CIGNA Health Plan HMO
10/30/1967	F	CA	92683	CIGNA Health Plan HMO
05/21/1977	F	CA	92821	CIGNA Health Plan HMO
06/19/1967	M	CA	92604	CIGNA Health Plan HMO
08/14/1945	M	CA	91791	CIGNA Health Plan HMO
12/21/1971	F	CA	92647	CIGNA Health Plan HMO
08/19/1962	F	CA	90638	CIGNA Health Plan HMO
10/02/1959	F	CA	92870	CIGNA Health Plan HMO
01/21/1961	F	CA	92833	CIGNA Health Plan HMO
09/04/1981	F	CA	92833	CIGNA Health Plan HMO
08/13/1971	F	CA	92612	CIGNA Health Plan HMO
03/09/1969	F	CA	92870	CIGNA Health Plan HMO
03/23/1954	F	CA	92886	CIGNA Health Plan HMO
08/18/1960	F	CA	92867	CIGNA Health Plan HMO
02/29/1964	F	CA	92653	CIGNA Health Plan HMO
08/03/1955	F	CA	92844	CIGNA Health Plan HMO
05/04/1973	F	CA	92833	CIGNA Health Plan HMO
09/16/1975	M	CA	92603	CIGNA Health Plan HMO
06/30/1967	M	CA	92629	CIGNA Health Plan HMO
02/10/1972	F	CA	92672	CIGNA Health Plan HMO
07/08/1959	M	CA	92865	CIGNA Health Plan HMO

09/25/1954	F	CA	92869	CIGNA Health Plan HMO
10/09/1965	F	CA	92626	CIGNA Health Plan HMO
08/24/1959	F	CA	92705	CIGNA Health Plan HMO
08/10/1961	M	CA	90808	CIGNA Health Plan HMO
09/25/1961	F	CA	92841	CIGNA Health Plan HMO
01/18/1965	F	CA	92630	CIGNA Health Plan HMO
08/02/1976	F	CA	91709	CIGNA Health Plan HMO
09/24/1958	F	CA	92653	CIGNA Health Plan HMO
05/09/1977	F	CA	92801	CIGNA Health Plan HMO
10/23/1982	F	CA	92706	CIGNA Health Plan HMO
11/27/1969	M	CA	92841	CIGNA Health Plan HMO
09/08/1971	F	CA	92706	CIGNA Health Plan HMO
01/07/1960	F	CA	92677	CIGNA Health Plan HMO
04/30/1970	M	CA	926882556	CIGNA Health Plan HMO
02/08/1962	F	CA	92626	CIGNA Health Plan HMO
07/04/1975	F	CA	92708	CIGNA Health Plan HMO
06/17/1972	M	CA	92677	CIGNA Health Plan HMO
11/22/1972	F	CA	92804	CIGNA Health Plan HMO
02/10/1966	M	CA	92646	CIGNA Health Plan HMO
12/15/1967	F	CA	92704	CIGNA Health Plan HMO
02/10/1964	F	CA	91765	CIGNA Health Plan HMO
01/15/1979	F	CA	90807	CIGNA Health Plan HMO
12/29/1964	F	CA	92503	CIGNA Health Plan HMO
04/24/1976	M	CA	90815	CIGNA Health Plan HMO
10/17/1972	F	CA	92821	CIGNA Health Plan HMO
03/21/1950	F	CA	90620	CIGNA Health Plan HMO
09/05/1961	F	CA	92708	CIGNA Health Plan HMO
06/23/1969	F	CA	92845	CIGNA Health Plan HMO
11/27/1971	F	CA	92618	CIGNA Health Plan HMO
05/12/1969	F	CA	92782	CIGNA Health Plan HMO
07/17/1954	F	CA	90803	CIGNA Health Plan HMO
01/17/1957	M	CA	92618	CIGNA Health Plan HMO
10/27/1975	F	CA	92646	CIGNA Health Plan HMO
12/08/1964	F	CA	92610	CIGNA Health Plan HMO
06/08/1964	F	CA	92626	CIGNA Health Plan HMO
12/06/1959	F	CA	92867	CIGNA Health Plan HMO
06/01/1949	M	CA	92692	CIGNA Health Plan HMO
08/29/1967	F	CA	92604	CIGNA Health Plan HMO
12/20/1955	M	CA	92620	CIGNA Health Plan HMO
06/01/1982	F	CA	90603	CIGNA Health Plan HMO
12/12/1976	F	CA	92603	CIGNA Health Plan HMO
01/19/1969	M	CA	92707	CIGNA Health Plan HMO
03/03/1967	F	CA	92691	CIGNA Health Plan HMO
08/12/1973	F	CA	90715	CIGNA Health Plan HMO
04/18/1953	F	CA	92869	CIGNA Health Plan HMO
07/03/1965	F	CA	92649	CIGNA Health Plan HMO
02/22/1958	M	CA	92683	CIGNA Health Plan HMO
06/15/1963	M	CA	92692	CIGNA Health Plan HMO
05/21/1974	F	CA	92683	CIGNA Health Plan HMO
01/30/1952	F	CA	92869	CIGNA Health Plan HMO
01/09/1975	F	CA	92865	CIGNA Health Plan HMO
04/26/1970	F	CA	92880	CIGNA Health Plan HMO

12/26/1956	F	CA	928661710	CIGNA Health Plan HMO
03/21/1970	F	CA	92840	CIGNA Health Plan HMO
12/22/1960	F	CA	92679	CIGNA Health Plan HMO
03/07/1971	F	CA	92844	CIGNA Health Plan HMO
03/13/1962	F	CA	92780	CIGNA Health Plan HMO
01/02/1968	F	CA	92647	CIGNA Health Plan HMO
03/14/1967	F	CA	92646	CIGNA Health Plan HMO
05/15/1962	F	CA	92683	CIGNA Health Plan HMO
11/06/1959	F	CA	92808	CIGNA Health Plan HMO
01/21/1958	F	CA	92692	CIGNA Health Plan HMO
10/23/1966	F	CA	92708	CIGNA Health Plan HMO
02/19/1974	F	CA	90703	CIGNA Health Plan HMO
07/05/1976	F	CA	92707	CIGNA Health Plan HMO
07/06/1973	F	CA	92835	CIGNA Health Plan HMO
02/27/1981	F	CA	92869	CIGNA Health Plan HMO
07/05/1968	F	CA	92694	CIGNA Health Plan HMO
01/21/1961	M	CA	92840	CIGNA Health Plan HMO
07/17/1977	F	CA	92807	CIGNA Health Plan HMO
01/30/1967	M	CA	92865	CIGNA Health Plan HMO
01/29/1972	F	CA	90631	CIGNA Health Plan HMO
05/23/1976	F	CA	92782	CIGNA Health Plan HMO
01/03/1974	F	CA	91765	CIGNA Health Plan HMO
08/20/1966	M	CA	92804	CIGNA Health Plan HMO
04/23/1978	M	CA	91766	CIGNA Health Plan HMO
12/23/1961	F	CA	90620	CIGNA Health Plan HMO
02/16/1975	M	CA	92648	CIGNA Health Plan HMO
11/08/1962	F	CA	90680	CIGNA Health Plan HMO
01/21/1961	M	CA	92841	CIGNA Health Plan HMO
04/30/1978	F	CA	92886	CIGNA Health Plan HMO
01/06/1971	F	CA	90623	CIGNA Health Plan HMO
04/20/1975	F	CA	92646	CIGNA Health Plan HMO
12/09/1974	F	CA	92880	CIGNA Health Plan HMO
01/13/1963	F	CA	92886	CIGNA Health Plan HMO
02/25/1978	M	CA	90250	CIGNA Health Plan HMO
04/02/1965	F	CA	92651	CIGNA Health Plan HMO
10/27/1972	M	CA	92705	CIGNA Health Plan HMO
06/29/1972	M	CA	92782	CIGNA Health Plan HMO
09/03/1979	F	CA	92660	CIGNA Health Plan HMO
09/20/1966	F	CA	92867	CIGNA Health Plan HMO
11/03/1962	F	CA	92708	CIGNA Health Plan HMO
08/01/1969	M	CA	91206	CIGNA Health Plan HMO
08/03/1977	M	CA	90680	CIGNA Health Plan HMO
09/15/1967	F	CA	92802	CIGNA Health Plan HMO
03/07/1973	F	CA	92704	CIGNA Health Plan HMO
11/02/1974	M	CA	92610	CIGNA Health Plan HMO
08/17/1976	F	CA	91744	CIGNA Health Plan HMO
11/10/1962	M	CA	90670	CIGNA Health Plan HMO
06/21/1974	F	CA	90803	CIGNA Health Plan HMO
11/23/1970	M	CA	92626	CIGNA Health Plan HMO
05/22/1959	M	CA	92603	CIGNA Health Plan HMO
03/04/1960	F	CA	92807	CIGNA Health Plan HMO
01/09/1956	F	CA	92677	CIGNA Health Plan HMO

08/15/1967	M	CA	92688	CIGNA Health Plan HMO
04/25/1971	M	CA	92887	CIGNA Health Plan HMO
08/22/1966	M	CA	92807	CIGNA Health Plan HMO
01/10/1969	M	CA	92656	CIGNA Health Plan HMO
03/11/1952	M	CA	92870	CIGNA Health Plan HMO
09/11/1958	F	CA	92626	CIGNA Health Plan HMO
03/25/1958	M	CA	92705	CIGNA Health Plan HMO
06/15/1958	M	CA	90703	CIGNA Health Plan HMO
10/31/1956	M	CA	92705	CIGNA Health Plan HMO
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11/14/1953	M	CA	92886	CIGNA Health Plan HMO
09/12/1960	M	CA	91789	CIGNA Health Plan HMO
09/18/1979	M	CA	92702	CIGNA Health Plan HMO
10/22/1962	M	CA	92630	CIGNA Health Plan HMO
02/15/1960	M	CA	92084	CIGNA Health Plan HMO
11/03/1959	M	CA	928691951	CIGNA Health Plan HMO
07/09/1960	M	CA	92329	CIGNA Health Plan HMO
02/05/1962	M	CA	92655	CIGNA Health Plan HMO
09/11/1966	F	CA	92867	CIGNA Health Plan HMO
10/24/1955	M	CA	92780	CIGNA Health Plan HMO
10/11/1962	F	CA	92870	CIGNA Health Plan HMO
06/09/1960	M	CA	90604	CIGNA Health Plan HMO
07/21/1969	M	CA	92801	CIGNA Health Plan HMO
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08/25/1954	M	CA	92677	CIGNA Health Plan HMO
06/06/1964	F	CA	92691	CIGNA Health Plan HMO
08/03/1956	M	CA	92688	CIGNA Health Plan HMO
07/26/1959	M	CA	92879	CIGNA Health Plan HMO
05/16/1956	F	CA	92868	CIGNA Health Plan HMO
10/27/1976	M	CA	92706	CIGNA Health Plan HMO
07/01/1971	M	CA	926101865	CIGNA Health Plan HMO
11/01/1969	F	CA	92646	CIGNA Health Plan HMO
01/01/1966	F	CA	92708	CIGNA Health Plan HMO
01/26/1968	M	CA	92606	CIGNA Health Plan HMO
09/29/1967	F	CA	92840	CIGNA Health Plan HMO
09/17/1972	F	CA	92879	CIGNA Health Plan HMO
12/11/1962	M	CA	92677	CIGNA Health Plan HMO
06/13/1981	F	CA	92646	CIGNA Health Plan HMO
07/24/1957	F	CA	92704	CIGNA Health Plan HMO
10/16/1967	M	CA	928652710	CIGNA Health Plan HMO
01/19/1953	F	CA	92672	CIGNA Health Plan HMO
03/19/1961	F	CA	92840	CIGNA Health Plan HMO
10/23/1965	M	CA	92804	CIGNA Health Plan HMO
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01/10/1960	F	CA	927111731	CIGNA Health Plan HMO
12/02/1970	F	CA	92886	CIGNA Health Plan HMO
03/18/1961	M	CA	92805	CIGNA Health Plan HMO
11/28/1947	F	CA	92705	CIGNA Health Plan HMO
03/05/1958	M	CA	92866	CIGNA Health Plan HMO
02/09/1956	M	CA	92708	CIGNA Health Plan HMO
07/03/1970	M	CA	92880	CIGNA Health Plan HMO
05/28/1958	M	CA	92833	CIGNA Health Plan HMO

04/09/1971	M	CA	92649	CIGNA Health Plan HMO
11/19/1962	F	CA	92656	CIGNA Health Plan HMO
09/02/1958	M	CA	92780	CIGNA Health Plan HMO
09/30/1961	M	CA	92691	CIGNA Health Plan HMO
10/07/1965	M	CA	92008	CIGNA Health Plan HMO
08/30/1972	F	CA	92869	CIGNA Health Plan HMO
03/13/1963	F	CA	92630	CIGNA Health Plan HMO
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07/31/1972	F	CA	91710	CIGNA Health Plan HMO
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03/26/1961	M	CA	92706	CIGNA Health Plan HMO
07/15/1962	F	CA	92646	CIGNA Health Plan HMO
03/25/1962	M	CA	92704	CIGNA Health Plan HMO
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01/06/1962	F	CA	92780	CIGNA Health Plan HMO
07/30/1957	M	CA	92882	CIGNA Health Plan HMO
01/16/1954	M	CA	92630	CIGNA Health Plan HMO
07/24/1968	F	CA	92704	CIGNA Health Plan HMO
12/23/1963	M	CA	92867	CIGNA Health Plan HMO
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09/15/1964	M	CA	92869	CIGNA Health Plan HMO
03/04/1972	M	CA	92706	CIGNA Health Plan HMO
08/09/1961	M	CA	92707	CIGNA Health Plan HMO
02/15/1972	F	CA	90602	CIGNA Health Plan HMO
08/13/1963	M	CA	92651	CIGNA Health Plan HMO
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06/02/1969	F	CA	92620	CIGNA Health Plan HMO
08/15/1951	M	CA	92708	CIGNA Health Plan HMO
10/02/1962	M	CA	92867	CIGNA Health Plan HMO
05/22/1967	M	CA	92866	CIGNA Health Plan HMO
04/28/1968	F	CA	92807	CIGNA Health Plan HMO
11/03/1975	M	CA	92831	CIGNA Health Plan HMO
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04/12/1955	M	CA	92692	CIGNA Health Plan HMO
07/27/1963	F	CA	92626	CIGNA Health Plan HMO
10/30/1963	M	CA	92801	CIGNA Health Plan HMO
07/07/1970	M	CA	92606	CIGNA Health Plan HMO
11/23/1965	M	CA	90630	CIGNA Health Plan HMO
09/17/1958	F	CA	92840	CIGNA Health Plan HMO
10/16/1967	M	CA	90713	CIGNA Health Plan HMO
07/29/1967	F	CA	92014	CIGNA Health Plan HMO
10/28/1957	F	CA	92614	CIGNA Health Plan HMO
01/28/1976	F	CA	926102351	CIGNA Health Plan HMO
01/24/1977	F	CA	92627	CIGNA Health Plan HMO
08/19/1978	M	CA	92630	CIGNA Health Plan HMO
03/10/1965	M	CA	92602	CIGNA Health Plan HMO
02/16/1974	M	CA	92688	CIGNA Health Plan HMO
03/23/1955	M	CA	92708	CIGNA Health Plan HMO
01/11/1970	M	CA	92656	CIGNA Health Plan HMO
12/20/1961	M	CA	92688	CIGNA Health Plan HMO

12/27/1962	F	CA	92694	CIGNA Health Plan HMO
07/14/1970	F	CA	92704	CIGNA Health Plan HMO
03/13/1963	F	CA	92705	CIGNA Health Plan HMO
06/08/1966	M	CA	92630	CIGNA Health Plan HMO
01/28/1970	F	CA	92882	CIGNA Health Plan HMO
08/08/1957	F	CA	92377	CIGNA Health Plan HMO
04/12/1968	F	CA	92886	CIGNA Health Plan HMO
03/30/1964	M	CA	927066624	CIGNA Health Plan HMO
12/05/1967	M	CA	92701	CIGNA Health Plan HMO
11/09/1965	M	CA	92692	CIGNA Health Plan HMO
08/28/1969	F	CA	92886	CIGNA Health Plan HMO
07/07/1962	F	CA	92627	CIGNA Health Plan HMO
06/21/1974	F	CA	92782	CIGNA Health Plan HMO
12/02/1964	F	CA	92627	CIGNA Health Plan HMO
04/29/1963	M	CA	92780	CIGNA Health Plan HMO
05/05/1977	F	CA	92882	CIGNA Health Plan HMO
06/28/1965	F	CA	92614	CIGNA Health Plan HMO
07/09/1979	F	CA	92704	CIGNA Health Plan HMO
05/03/1977	F	CA	92833	CIGNA Health Plan HMO
06/22/1971	M	CA	92708	CIGNA Health Plan HMO
09/05/1975	M	CA	92679	CIGNA Health Plan HMO
01/11/1974	M	CA	92869	CIGNA Health Plan HMO
07/20/1973	F	CA	92886	CIGNA Health Plan HMO
03/05/1963	M	CA	90631	CIGNA Health Plan HMO
09/14/1959	M	CA	92869	CIGNA Health Plan HMO
09/19/1961	M	CA	92880	CIGNA Health Plan HMO
09/09/1968	M	CA	92610	CIGNA Health Plan HMO
08/26/1965	F	CA	92626	CIGNA Health Plan HMO
07/28/1962	M	CA	92883	CIGNA Health Plan HMO
03/15/1963	M	CA	92646	CIGNA Health Plan HMO
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01/02/1968	M	CA	92708	CIGNA Health Plan HMO
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02/06/1957	M	CA	92887	CIGNA Health Plan HMO
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08/31/1971	M	CA	92707	CIGNA Health Plan HMO
10/24/1965	F	CA	92614	CIGNA Health Plan HMO
04/24/1973	F	CA	92780	CIGNA Health Plan HMO
08/16/1983	M	CA	92627	CIGNA Health Plan HMO
04/14/1958	M	CA	92868	CIGNA Health Plan HMO
02/15/1962	M	CA	92880	CIGNA Health Plan HMO
12/11/1964	M	CA	92706	CIGNA Health Plan HMO
03/13/1966	M	CA	92701	CIGNA Health Plan HMO
03/15/1980	M	CA	92804	CIGNA Health Plan HMO
07/13/1969	M	CA	92530	CIGNA Health Plan HMO
06/19/1952	M	CA	92869	CIGNA Health Plan HMO
08/08/1969	M	CA	92708	CIGNA Health Plan HMO
12/11/1965	F	CA	92624	CIGNA Health Plan HMO
07/28/1962	M	CA	92843	CIGNA Health Plan HMO
05/14/1974	M	CA	92865	CIGNA Health Plan HMO
08/17/1964	M	CA	92879	CIGNA Health Plan HMO
12/08/1978	M	CA	92804	CIGNA Health Plan HMO

05/07/1979	M	CA	92841	CIGNA Health Plan HMO
02/18/1950	M	CA	92841	CIGNA Health Plan HMO
08/03/1955	M	CA	92704	CIGNA Health Plan HMO
06/13/1965	M	CA	92881	CIGNA Health Plan HMO
01/06/1962	M	CA	92705	CIGNA Health Plan HMO
01/08/1954	M	CA	92870	CIGNA Health Plan HMO
11/08/1950	M	CA	92545	CIGNA Health Plan HMO
03/18/1976	M	CA	90040	CIGNA Health Plan HMO
05/07/1961	M	CA	90620	CIGNA Health Plan HMO
11/17/1963	M	CA	92868	CIGNA Health Plan HMO
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10/01/1957	M	CA	927030678	CIGNA Health Plan HMO
01/24/1957	M	CA	92630	CIGNA Health Plan HMO
10/31/1979	M	CA	92646	CIGNA Health Plan HMO
05/14/1953	M	CA	92707	CIGNA Health Plan HMO
09/09/1981	M	CA	92782	CIGNA Health Plan HMO
08/15/1967	M	CA	92706	CIGNA Health Plan HMO
04/28/1980	M	CA	92706	CIGNA Health Plan HMO
07/28/1967	M	CA	92882	CIGNA Health Plan HMO
07/14/1972	M	CA	92627	CIGNA Health Plan HMO
07/22/1956	M	CA	92706	CIGNA Health Plan HMO
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11/25/1967	M	CA	92885	CIGNA Health Plan HMO
12/22/1979	M	CA	92683	CIGNA Health Plan HMO
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01/19/1976	M	CA	92705	CIGNA Health Plan HMO
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03/25/1958	M	CA	92584	CIGNA Health Plan HMO
08/21/1961	M	CA	92691	CIGNA Health Plan HMO
07/05/1955	M	CA	90638	CIGNA Health Plan HMO
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07/25/1966	M	CA	92869	CIGNA Health Plan HMO
09/27/1974	M	CA	92683	CIGNA Health Plan HMO
10/09/1972	M	CA	91710	CIGNA Health Plan HMO
05/22/1967	M	CA	92802	CIGNA Health Plan HMO
10/09/1977	F	CA	92567	CIGNA Health Plan HMO
11/03/1964	F	CA	92801	CIGNA Health Plan HMO
05/11/1981	M	CA	92780	CIGNA Health Plan HMO
12/21/1971	F	CA	92867	CIGNA Health Plan HMO
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10/17/1975	M	CA	92675	CIGNA Health Plan HMO
11/04/1959	M	CA	92530	CIGNA Health Plan HMO
12/30/1974	M	CA	92833	CIGNA Health Plan HMO
09/10/1959	M	CA	92653	CIGNA Health Plan HMO
12/31/1971	M	CA	92805	CIGNA Health Plan HMO
07/24/1973	M	CA	92869	CIGNA Health Plan HMO
03/24/1969	M	CA	92703	CIGNA Health Plan HMO
11/08/1976	M	CA	92879	CIGNA Health Plan HMO
07/15/1975	M	CA	92882	CIGNA Health Plan HMO
06/10/1966	M	CA	92562	CIGNA Health Plan HMO
12/09/1954	M	CA	92806	CIGNA Health Plan HMO

05/02/1969	F	CA	92801	CIGNA Health Plan HMO
04/07/1957	M	CA	92563	CIGNA Health Plan HMO
01/01/1973	M	CA	92802	CIGNA Health Plan HMO
10/11/1965	M	CA	91737	CIGNA Health Plan HMO
07/20/1959	M	CA	91752	CIGNA Health Plan HMO
02/16/1968	M	CA	90815	CIGNA Health Plan HMO
11/04/1971	M	CA	92307	CIGNA Health Plan HMO
04/01/1975	F	CA	92870	CIGNA Health Plan HMO
03/06/1962	M	CA	90650	CIGNA Health Plan HMO
02/12/1972	M	CA	90638	CIGNA Health Plan HMO
09/26/1964	F	CA	92879	CIGNA Health Plan HMO
07/12/1958	M	CA	92692	CIGNA Health Plan HMO
06/22/1967	F	CA	92626	CIGNA Health Plan HMO
07/20/1962	M	CA	92604	CIGNA Health Plan HMO
10/01/1970	M	CA	92691	CIGNA Health Plan HMO
11/07/1965	M	CA	92626	CIGNA Health Plan HMO
08/29/1975	M	CA	92563	CIGNA Health Plan HMO
02/02/1948	M	CA	92688	CIGNA Health Plan HMO
09/06/1967	F	CA	92683	CIGNA Health Plan HMO
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08/08/1957	M	CA	92630	CIGNA Health Plan HMO
06/12/1972	M	CA	92880	CIGNA Health Plan HMO
12/28/1970	M	CA	91750	CIGNA Health Plan HMO
09/10/1971	F	CA	92646	CIGNA Health Plan HMO
07/30/1973	M	CA	90638	CIGNA Health Plan HMO
01/19/1970	M	CA	92804	CIGNA Health Plan HMO
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01/14/1969	M	CA	91755	CIGNA Health Plan HMO
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01/10/1971	M	CA	90650	CIGNA Health Plan HMO
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08/19/1972	M	CA	91709	CIGNA Health Plan HMO
05/27/1976	M	CA	92301	CIGNA Health Plan HMO
08/09/1971	M	CA	92805	CIGNA Health Plan HMO
07/20/1963	M	CA	92399	CIGNA Health Plan HMO
03/08/1970	F	CA	92704	CIGNA Health Plan HMO
09/21/1967	M	CA	92595	CIGNA Health Plan HMO
03/03/1974	M	CA	91702	CIGNA Health Plan HMO
12/11/1984	M	CA	92647	CIGNA Health Plan HMO
02/06/1977	M	CA	90745	CIGNA Health Plan HMO
10/20/1971	M	CA	92592	CIGNA Health Plan HMO
07/30/1974	F	CA	92804	CIGNA Health Plan HMO
04/16/1964	F	CA	92867	CIGNA Health Plan HMO
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12/02/1966	M	CA	92780	CIGNA Health Plan HMO
02/24/1965	M	CA	92882	CIGNA Health Plan HMO
06/23/1968	F	CA	90712	CIGNA Health Plan HMO

11/18/1967	M	CA	91752	CIGNA Health Plan HMO
08/02/1972	M	CA	92880	CIGNA Health Plan HMO
07/23/1970	M	CA	92705	CIGNA Health Plan HMO
07/31/1969	M	CA	91790	CIGNA Health Plan HMO
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06/09/1965	M	CA	92883	CIGNA Health Plan HMO
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11/16/1965	F	CA	92506	CIGNA Health Plan HMO
07/12/1977	M	CA	92802	CIGNA Health Plan HMO
03/05/1973	F	CA	92703	CIGNA Health Plan HMO
04/16/1976	F	CA	92392	CIGNA Health Plan HMO
12/07/1970	F	CA	90815	CIGNA Health Plan HMO
03/19/1971	M	CA	91709	CIGNA Health Plan HMO
01/16/1969	M	CA	92336	CIGNA Health Plan HMO
09/28/1969	M	CA	92881	CIGNA Health Plan HMO
08/11/1963	M	CA	90620	CIGNA Health Plan HMO
04/14/1971	M	CA	92865	CIGNA Health Plan HMO
10/12/1982	F	CA	90605	CIGNA Health Plan HMO
07/13/1960	M	CA	92691	CIGNA Health Plan HMO
03/24/1967	F	CA	92821	CIGNA Health Plan HMO
05/28/1974	M	CA	90660	CIGNA Health Plan HMO
01/30/1982	M	CA	90745	CIGNA Health Plan HMO
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03/14/1962	M	CA	92595	CIGNA Health Plan HMO
08/26/1976	F	CA	92882	CIGNA Health Plan HMO
01/16/1971	M	CA	92336	CIGNA Health Plan HMO
03/08/1973	M	CA	92802	CIGNA Health Plan HMO
02/24/1969	M	CA	90638	CIGNA Health Plan HMO
08/15/1973	F	CA	92530	CIGNA Health Plan HMO
06/22/1972	F	CA	90604	CIGNA Health Plan HMO
11/28/1975	M	CA	92881	CIGNA Health Plan HMO
10/28/1971	F	CA	92646	CIGNA Health Plan HMO
02/11/1969	M	CA	92869	CIGNA Health Plan HMO
01/29/1955	M	CA	92586	CIGNA Health Plan HMO
06/13/1973	F	CA	92630	CIGNA Health Plan HMO
08/01/1976	F	CA	90710	CIGNA Health Plan HMO
05/14/1970	M	CA	92627	CIGNA Health Plan HMO
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02/21/1973	F	CA	92691	CIGNA Health Plan HMO
09/26/1970	M	CA	92804	CIGNA Health Plan HMO
01/10/1974	M	CA	92821	CIGNA Health Plan HMO
01/06/1959	M	CA	92508	CIGNA Health Plan HMO
05/13/1969	M	CA	92679	CIGNA Health Plan HMO
03/26/1969	M	CA	92675	CIGNA Health Plan HMO
06/23/1975	M	CA	91701	CIGNA Health Plan HMO
08/24/1974	M	CA	90063	CIGNA Health Plan HMO
02/04/1968	M	CA	92610	CIGNA Health Plan HMO
02/06/1971	M	CA	92881	CIGNA Health Plan HMO

02/10/1977	M	CA	90605	CIGNA Health Plan HMO
10/26/1966	M	CA	92647	CIGNA Health Plan HMO
04/25/1979	F	CA	90717	CIGNA Health Plan HMO
08/01/1976	M	CA	92503	CIGNA Health Plan HMO
05/04/1971	M	CA	92882	CIGNA Health Plan HMO
04/07/1969	M	CA	92704	CIGNA Health Plan HMO
03/04/1971	M	CA	92694	CIGNA Health Plan HMO
11/30/1976	M	CA	92591	CIGNA Health Plan HMO
12/31/1976	M	CA	91761	CIGNA Health Plan HMO
02/06/1974	F	CA	92806	CIGNA Health Plan HMO
05/07/1980	M	CA	91340	CIGNA Health Plan HMO
01/08/1981	M	CA	92530	CIGNA Health Plan HMO
05/14/1978	M	CA	92702	CIGNA Health Plan HMO
08/28/1978	F	CA	92840	CIGNA Health Plan HMO
03/01/1974	M	CA	92557	CIGNA Health Plan HMO
05/24/1976	M	CA	92301	CIGNA Health Plan HMO
12/12/1973	M	CA	92551	CIGNA Health Plan HMO
05/22/1975	F	CA	91709	CIGNA Health Plan HMO
07/23/1973	F	CA	92879	CIGNA Health Plan HMO
03/07/1976	F	CA	91765	CIGNA Health Plan HMO
11/06/1979	F	CA	92706	CIGNA Health Plan HMO
08/07/1975	F	CA	92503	CIGNA Health Plan HMO
08/08/1972	F	CA	91706	CIGNA Health Plan HMO
08/28/1977	M	CA	90601	CIGNA Health Plan HMO
06/09/1977	M	CA	92883	CIGNA Health Plan HMO
05/16/1980	M	CA	92688	CIGNA Health Plan HMO
08/30/1974	M	CA	92649	CIGNA Health Plan HMO
05/19/1986	M	CA	92701	CIGNA Health Plan HMO
04/13/1974	F	CA	92703	CIGNA Health Plan HMO
06/24/1955	F	CA	92865	CIGNA Health Plan HMO
10/08/1963	F	CA	91767	CIGNA Health Plan HMO
07/23/1963	F	CA	92653	CIGNA Health Plan HMO
05/29/1977	F	CA	92843	CIGNA Health Plan HMO
06/14/1956	F	CA	92833	CIGNA Health Plan HMO
12/01/1957	F	CA	92704	CIGNA Health Plan HMO
06/13/1966	F	CA	92683	CIGNA Health Plan HMO
11/16/1969	F	CA	92626	CIGNA Health Plan HMO
07/10/1972	F	CA	92869	CIGNA Health Plan HMO
05/13/1977	F	CA	92626	CIGNA Health Plan HMO
12/31/1969	F	CA	90712	CIGNA Health Plan HMO
08/22/1958	M	CA	92840	CIGNA Health Plan HMO
07/20/1969	F	CA	92780	CIGNA Health Plan HMO
10/28/1964	F	CA	92653	CIGNA Health Plan HMO
11/12/1954	F	CA	92620	CIGNA Health Plan HMO
02/23/1964	F	CA	91745	CIGNA Health Plan HMO
08/11/1970	M	CA	92821	CIGNA Health Plan HMO
09/19/1967	F	CA	92679	CIGNA Health Plan HMO
10/06/1975	F	CA	92707	CIGNA Health Plan HMO
12/11/1978	F	CA	90660	CIGNA Health Plan HMO
02/06/1961	F	CA	92807	CIGNA Health Plan HMO
02/14/1968	F	CA	92683	CIGNA Health Plan HMO
05/15/1971	F	CA	92706	CIGNA Health Plan HMO

09/04/1965	F	CA	92653	CIGNA Health Plan HMO
04/04/1961	F	CA	92646	CIGNA Health Plan HMO
12/15/1978	M	CA	92705	CIGNA Health Plan HMO
08/30/1962	M	CA	92806	CIGNA Health Plan HMO
12/22/1965	F	CA	90720	CIGNA Health Plan HMO
07/29/1982	F	CA	92705	CIGNA Health Plan HMO
06/11/1963	F	CA	92870	CIGNA Health Plan HMO
01/14/1974	F	CA	92865	CIGNA Health Plan HMO
07/24/1968	F	CA	92865	CIGNA Health Plan HMO
02/01/1957	M	CA	90630	CIGNA Health Plan HMO
07/04/1976	F	CA	92859	CIGNA Health Plan HMO
11/04/1961	F	CA	92869	CIGNA Health Plan HMO
06/02/1971	M	CA	90631	CIGNA Health Plan HMO
08/08/1976	F	CA	92627	CIGNA Health Plan HMO
03/06/1970	M	CA	92782	CIGNA Health Plan HMO
06/30/1965	F	CA	92701	CIGNA Health Plan HMO
06/06/1978	M	CA	92571	CIGNA Health Plan HMO
01/13/1967	F	CA	90631	CIGNA Health Plan HMO
11/11/1970	F	CA	92646	CIGNA Health Plan HMO
03/02/1966	F	CA	92804	CIGNA Health Plan HMO
10/08/1963	F	CA	90631	CIGNA Health Plan HMO
07/04/1962	F	CA	92627	CIGNA Health Plan HMO
07/10/1962	F	CA	92869	CIGNA Health Plan HMO
09/21/1969	M	CA	92683	CIGNA Health Plan HMO
06/20/1972	M	CA	92705	CIGNA Health Plan HMO
12/08/1978	F	CA	92868	CIGNA Health Plan HMO
12/09/1972	M	CA	92823	CIGNA Health Plan HMO
03/24/1968	M	CA	92507	CIGNA Health Plan HMO
02/10/1975	M	CA	926462056	CIGNA Health Plan HMO
07/24/1966	M	CA	92701	CIGNA Health Plan HMO
06/17/1968	F	CA	90620	CIGNA Health Plan HMO
12/02/1963	F	CA	92614	CIGNA Health Plan HMO
07/10/1966	F	CA	91709	CIGNA Health Plan HMO
05/19/1967	F	CA	92705	CIGNA Health Plan HMO
06/29/1968	F	CA	91763	CIGNA Health Plan HMO
12/31/1972	F	CA	92868	CIGNA Health Plan HMO
04/06/1962	F	CA	92704	CIGNA Health Plan HMO
09/20/1964	F	CA	92831	CIGNA Health Plan HMO
07/06/1964	F	CA	92886	CIGNA Health Plan HMO
09/15/1980	F	CA	92691	CIGNA Health Plan HMO
08/13/1957	F	CA	92704	CIGNA Health Plan HMO
03/15/1969	M	CA	92606	CIGNA Health Plan HMO
09/23/1963	F	CA	92705	CIGNA Health Plan HMO
02/25/1976	F	CA	92831	CIGNA Health Plan HMO
08/14/1969	F	CA	92804	CIGNA Health Plan HMO
08/24/1962	F	CA	92704	CIGNA Health Plan HMO
08/04/1981	M	CA	92688	CIGNA Health Plan HMO
06/04/1980	F	CA	92867	CIGNA Health Plan HMO
08/10/1974	M	CA	91745	CIGNA Health Plan HMO
11/08/1968	M	CA	92867	CIGNA Health Plan HMO
05/03/1972	F	CA	92843	CIGNA Health Plan HMO
12/20/1983	F	CA	91744	CIGNA Health Plan HMO

12/08/1968	F	CA	92806	CIGNA Health Plan HMO
06/05/1944	M	CA	92807	CIGNA Health Plan HMO
12/23/1968	F	CA	92802	CIGNA Health Plan HMO
01/25/1966	F	CA	92708	CIGNA Health Plan HMO
05/23/1955	M	CA	92691	CIGNA Health Plan HMO
04/23/1958	M	CA	92646	CIGNA Health Plan HMO
02/11/1979	F	CA	90262	CIGNA Health Plan HMO
05/08/1959	M	CA	92692	CIGNA Health Plan HMO
08/03/1962	F	CA	92683	CIGNA Health Plan HMO
11/10/1951	M	CA	92780	CIGNA Health Plan HMO
08/29/1967	F	CA	92804	CIGNA Health Plan HMO
10/25/1957	F	CA	92688	CIGNA Health Plan HMO
05/28/1961	F	CA	92869	CIGNA Health Plan HMO
07/08/1960	F	CA	92886	CIGNA Health Plan HMO
11/17/1970	F	CA	92677	CIGNA Health Plan HMO
09/15/1971	F	CA	92841	CIGNA Health Plan HMO
11/25/1960	F	CA	92647	CIGNA Health Plan HMO
05/16/1973	M	CA	92683	CIGNA Health Plan HMO
06/20/1974	M	CA	92704	CIGNA Health Plan HMO
11/14/1967	F	CA	92646	CIGNA Health Plan HMO
12/08/1968	F	CA	90716	CIGNA Health Plan HMO
02/11/1957	F	CA	92831	CIGNA Health Plan HMO
02/17/1963	M	CA	92708	CIGNA Health Plan HMO
10/08/1962	M	CA	92869	CIGNA Health Plan HMO
03/16/1982	F	CA	92704	CIGNA Health Plan HMO
01/23/1983	M	CA	90630	CIGNA Health Plan HMO
09/20/1973	F	CA	92843	CIGNA Health Plan HMO
01/01/1977	M	CA	92703	CIGNA Health Plan HMO
10/08/1979	F	CA	92692	CIGNA Health Plan HMO
09/07/1978	F	CA	92840	CIGNA Health Plan HMO
05/14/1965	M	CA	92843	CIGNA Health Plan HMO
07/14/1983	F	CA	92704	CIGNA Health Plan HMO
03/11/1971	M	CA	92782	CIGNA Health Plan HMO
06/13/1962	M	CA	92606	CIGNA Health Plan HMO
07/24/1976	F	CA	92612	CIGNA Health Plan HMO
07/01/1977	F	CA	92708	CIGNA Health Plan HMO
09/26/1960	F	CA	92802	CIGNA Health Plan HMO
05/04/1984	F	CA	92780	CIGNA Health Plan HMO
04/01/1976	M	CA	90703	CIGNA Health Plan HMO
03/15/1963	F	CA	92880	CIGNA Health Plan HMO
07/22/1976	F	CA	92706	CIGNA Health Plan HMO
10/04/1976	F	CA	92801	CIGNA Health Plan HMO
08/09/1979	F	CA	92624	CIGNA Health Plan HMO
06/22/1947	M	CA	92866	CIGNA Health Plan HMO
07/01/1981	F	CA	92841	CIGNA Health Plan HMO
03/24/1971	F	CA	92683	CIGNA Health Plan HMO
10/31/1958	F	CA	92630	CIGNA Health Plan HMO
06/25/1963	F	CA	92655	CIGNA Health Plan HMO
03/31/1964	F	CA	92843	CIGNA Health Plan HMO
01/20/1977	F	CA	92707	CIGNA Health Plan HMO
11/17/1955	F	CA	92677	CIGNA Health Plan HMO
03/26/1963	M	CA	92808	CIGNA Health Plan HMO

05/02/1965	M	CA	92833	CIGNA Health Plan HMO
04/05/1963	M	CA	92647	CIGNA Health Plan HMO
08/14/1969	**F**	**CA**	**92704**	**CIGNA Health Plan HMO**
02/27/1962	M	CA	92867	CIGNA Health Plan HMO
05/19/1955	M	CA	92677	CIGNA Health Plan HMO
09/14/1966	F	CA	92626	CIGNA Health Plan HMO
09/27/1954	M	CA	92646	CIGNA Health Plan HMO
04/03/1968	M	CA	91762	CIGNA Health Plan HMO
06/23/1969	F	CA	92688	CIGNA Health Plan HMO
07/31/1961	F	CA	92887	CIGNA Health Plan HMO
11/18/1945	M	CA	92887	CIGNA Health Plan HMO
12/17/1973	F	CA	92805	CIGNA Health Plan HMO
09/22/1947	M	CA	92677	CIGNA Health Plan HMO
10/07/1970	M	CA	90804	CIGNA Health Plan HMO
11/09/1966	M	CA	92832	CIGNA Health Plan HMO
10/20/1952	F	CA	92706	CIGNA Health Plan HMO
09/20/1957	M	CA	92881	CIGNA Health Plan HMO
06/06/1978	F	CA	90808	CIGNA Health Plan HMO
09/16/1963	F	CA	92620	CIGNA Health Plan HMO
12/27/1971	F	CA	92602	CIGNA Health Plan HMO
03/13/1970	F	CA	92694	CIGNA Health Plan HMO
06/18/1962	M	CA	92688	CIGNA Health Plan HMO
07/19/1966	F	CA	92833	CIGNA Health Plan HMO
01/02/1968	M	CA	92688	CIGNA Health Plan HMO
01/22/1962	F	CA	92704	CIGNA Health Plan HMO
12/12/1958	M	CA	92865	CIGNA Health Plan HMO
03/19/1974	M	CA	92780	CIGNA Health Plan HMO
08/13/1962	F	CA	92865	CIGNA Health Plan HMO
04/22/1971	F	CA	92823	CIGNA Health Plan HMO
10/04/1953	M	CA	92866	CIGNA Health Plan HMO
05/26/1959	M	CA	92374	CIGNA Health Plan HMO
07/04/1963	M	CA	92705	CIGNA Health Plan HMO
06/05/1962	M	CA	92626	CIGNA Health Plan HMO
02/15/1961	F	CA	92806	CIGNA Health Plan HMO
06/10/1969	F	CA	92880	CIGNA Health Plan HMO
05/09/1967	F	CA	92866	CIGNA Health Plan HMO
03/16/1971	M	CA	92881	CIGNA Health Plan HMO
02/02/1955	M	CA	92688	CIGNA Health Plan HMO
07/23/1953	M	CA	92649	CIGNA Health Plan HMO
02/13/1960	F	CA	92867	CIGNA Health Plan HMO
07/02/1960	F	CA	92647	CIGNA Health Plan HMO
05/06/1961	F	CA	92831	CIGNA Health Plan HMO
11/27/1972	F	CA	92882	CIGNA Health Plan HMO
07/27/1953	M	CA	92881	CIGNA Health Plan HMO
02/18/1967	F	CA	92845	CIGNA Health Plan HMO
06/04/1979	M	CA	92780	CIGNA Health Plan HMO
11/12/1973	M	CA	92780	CIGNA Health Plan HMO
06/01/1962	F	CA	92835	CIGNA Health Plan HMO
09/17/1962	M	CA	90638	CIGNA Health Plan HMO
05/02/1960	F	CA	92691	CIGNA Health Plan HMO
04/16/1969	M	CA	92704	CIGNA Health Plan HMO
02/08/1976	F	CA	92648	CIGNA Health Plan HMO

07/26/1963	F	CA	92870	CIGNA Health Plan HMO
09/04/1960	M	CA	91790	CIGNA Health Plan HMO
11/26/1970	F	CA	92833	CIGNA Health Plan HMO
11/08/1984	F	CA	92532	CIGNA Health Plan HMO
07/09/1961	F	CA	92865	CIGNA Health Plan HMO
07/16/1976	M	CA	91764	CIGNA Health Plan HMO
10/27/1966	M	CA	92879	CIGNA Health Plan HMO
06/22/1966	F	CA	92646	CIGNA Health Plan HMO
11/20/1979	M	CA	92806	CIGNA Health Plan HMO
07/08/1950	F	CA	92647	CIGNA Health Plan HMO
11/10/1963	F	CA	92683	CIGNA Health Plan HMO
04/13/1963	F	CA	92703	CIGNA Health Plan HMO
11/29/1954	F	CA	92831	CIGNA Health Plan HMO
12/12/1956	F	CA	92832	CIGNA Health Plan HMO
02/25/1966	M	CA	92869	CIGNA Health Plan HMO
07/24/1979	F	CA	90603	CIGNA Health Plan HMO
11/22/1956	M	CA	92831	CIGNA Health Plan HMO
10/02/1956	M	CA	92677	CIGNA Health Plan HMO
01/24/1974	F	CA	92627	CIGNA Health Plan HMO
07/14/1956	F	CA	92688	CIGNA Health Plan HMO
08/02/1960	F	CA	92555	CIGNA Health Plan HMO
01/01/1958	M	CA	92808	CIGNA Health Plan HMO
11/17/1966	M	CA	92880	CIGNA Health Plan HMO
09/27/1967	F	CA	90503	CIGNA Health Plan HMO
04/02/1960	F	CA	92886	CIGNA Health Plan HMO
09/14/1958	F	CA	92882	CIGNA Health Plan HMO
10/24/1967	F	CA	92672	CIGNA Health Plan HMO
09/02/1978	F	CA	92663	CIGNA Health Plan HMO
06/22/1962	F	CA	92708	CIGNA Health Plan HMO
10/20/1958	M	CA	92867	CIGNA Health Plan HMO
03/18/1956	M	CA	92532	CIGNA Health Plan HMO
06/04/1969	M	CA	92570	CIGNA Health Plan HMO
09/08/1968	M	CA	92223	CIGNA Health Plan HMO
06/28/1967	F	CA	92831	CIGNA Health Plan HMO
12/25/1949	M	CA	92646	CIGNA Health Plan HMO
11/04/1965	F	CA	92806	CIGNA Health Plan HMO
11/30/1958	F	CA	92707	CIGNA Health Plan HMO
10/05/1964	F	CA	92630	CIGNA Health Plan HMO
03/25/1976	F	CA	906802638	CIGNA Health Plan HMO
09/06/1982	M	CA	92865	CIGNA Health Plan HMO
05/06/1954	M	CA	92821	CIGNA Health Plan HMO
01/14/1965	M	CA	90660	CIGNA Health Plan HMO
02/20/1965	F	CA	92683	CIGNA Health Plan HMO
03/14/1969	M	CA	92675	CIGNA Health Plan HMO
05/27/1957	M	CA	92780	CIGNA Health Plan HMO
05/17/1964	F	CA	92728	CIGNA Health Plan HMO
01/24/1958	M	CA	91761	CIGNA Health Plan HMO
05/03/1967	M	CA	92676	CIGNA Health Plan HMO
07/14/1959	F	CA	91710	CIGNA Health Plan HMO
12/20/1962	F	CA	90601	CIGNA Health Plan HMO
08/07/1970	F	CA	92505	CIGNA Health Plan HMO
09/05/1979	F	CA	92806	CIGNA Health Plan HMO

10/23/1964	M	CA	92679	CIGNA Health Plan HMO
03/01/1964	M	CA	92804	CIGNA Health Plan HMO
07/01/1975	M	CA	92677	CIGNA Health Plan HMO
01/19/1962	F	CA	92707	CIGNA Health Plan HMO
12/02/1959	M	CA	92780	CIGNA Health Plan HMO
05/02/1955	M	CA	92692	CIGNA Health Plan HMO
04/05/1965	F	CA	91761	CIGNA Health Plan HMO
03/22/1955	M	CA	92703	CIGNA Health Plan HMO
09/05/1954	M	CA	92881	CIGNA Health Plan HMO
10/28/1958	F	CA	92782	CIGNA Health Plan HMO
10/26/1954	M	CA	92806	CIGNA Health Plan HMO
07/14/1973	F	CA	92843	CIGNA Health Plan HMO
07/08/1968	F	CA	92868	CIGNA Health Plan HMO
09/10/1964	M	CA	92629	CIGNA Health Plan HMO
08/19/1963	F	CA	92649	CIGNA Health Plan HMO
06/11/1968	F	CA	92653	CIGNA Health Plan HMO
10/12/1956	F	CA	92865	CIGNA Health Plan HMO
06/24/1965	F	CA	92835	CIGNA Health Plan HMO
07/01/1965	F	CA	92821	CIGNA Health Plan HMO
04/05/1958	F	CA	92646	CIGNA Health Plan HMO
07/04/1962	M	CA	92867	CIGNA Health Plan HMO
01/16/1967	M	CA	92707	CIGNA Health Plan HMO
09/27/1966	F	CA	92707	CIGNA Health Plan HMO
06/17/1970	F	CA	92707	CIGNA Health Plan HMO
09/07/1967	M	CA	92653	CIGNA Health Plan HMO
08/09/1956	M	CA	926769801	CIGNA Health Plan HMO
05/05/1978	M	CA	92886	CIGNA Health Plan HMO
08/07/1970	M	CA	92618	CIGNA Health Plan HMO
03/29/1971	M	CA	90630	CIGNA Health Plan HMO
07/23/1961	F	CA	92703	CIGNA Health Plan HMO
01/28/1959	M	CA	92530	CIGNA Health Plan HMO
09/18/1965	F	CA	92808	CIGNA Health Plan HMO
10/14/1959	F	CA	90631	CIGNA Health Plan HMO
07/16/1960	M	CA	92806	CIGNA Health Plan HMO
01/12/1975	F	CA	92707	CIGNA Health Plan HMO
08/24/1954	M	CA	91709	CIGNA Health Plan HMO
12/19/1977	F	CA	92677	CIGNA Health Plan HMO
08/07/1960	M	CA	91709	CIGNA Health Plan HMO
02/20/1970	M	CA	92869	CIGNA Health Plan HMO
11/30/1975	M	CA	90201	CIGNA Health Plan HMO
05/22/1970	F	CA	92705	CIGNA Health Plan HMO
03/25/1968	F	CA	92704	CIGNA Health Plan HMO
10/24/1963	M	CA	90631	CIGNA Health Plan HMO
01/30/1964	F	CA	92704	CIGNA Health Plan HMO
08/26/1977	F	CA	92626	CIGNA Health Plan HMO
08/09/1957	M	CA	92843	CIGNA Health Plan HMO
12/08/1966	M	CA	90606	CIGNA Health Plan HMO
02/29/1972	M	CA	92703	CIGNA Health Plan HMO
09/30/1968	F	CA	92867	CIGNA Health Plan HMO
02/03/1953	M	CA	92807	CIGNA Health Plan HMO
02/25/1955	F	CA	92869	CIGNA Health Plan HMO
05/18/1965	F	CA	92843	CIGNA Health Plan HMO

08/04/1960	F	CA	92705	CIGNA Health Plan HMO
01/03/1974	M	CA	92805	CIGNA Health Plan HMO
08/20/1970	F	CA	92860	CIGNA Health Plan HMO
03/31/1956	M	CA	928873719	CIGNA Health Plan HMO
03/01/1955	M	CA	92869	CIGNA Health Plan HMO
05/10/1971	M	CA	92707	CIGNA Health Plan HMO
09/17/1963	F	CA	92646	CIGNA Health Plan HMO
02/12/1967	M	CA	92806	CIGNA Health Plan HMO
10/01/1973	F	CA	92870	CIGNA Health Plan HMO
02/13/1970	F	CA	90241	CIGNA Health Plan HMO
03/24/1966	M	CA	92804	CIGNA Health Plan HMO
03/10/1956	M	CA	92887	CIGNA Health Plan HMO
08/12/1952	F	CA	92780	CIGNA Health Plan HMO
01/14/1972	F	CA	92887	CIGNA Health Plan HMO
07/12/1967	F	CA	92806	CIGNA Health Plan HMO
01/25/1970	M	CA	92867	CIGNA Health Plan HMO
10/16/1954	M	CA	92504	CIGNA Health Plan HMO
05/17/1957	F	CA	92807	CIGNA Health Plan HMO
11/01/1961	M	CA	92705	CIGNA Health Plan HMO
08/11/1970	F	CA	92865	CIGNA Health Plan HMO
03/23/1961	F	CA	92672	CIGNA Health Plan HMO
11/12/1962	F	CA	92802	CIGNA Health Plan HMO
11/09/1965	F	CA	92843	CIGNA Health Plan HMO
08/19/1970	M	CA	92801	CIGNA Health Plan HMO
04/18/1957	M	CA	92708	CIGNA Health Plan HMO
04/29/1969	M	CA	92683	CIGNA Health Plan HMO
04/03/1968	F	CA	926940507	CIGNA Health Plan HMO
02/10/1961	F	CA	92802	CIGNA Health Plan HMO
07/25/1964	F	CA	92867	CIGNA Health Plan HMO
12/06/1947	M	CA	92708	CIGNA Health Plan HMO
08/19/1967	M	CA	91765	CIGNA Health Plan HMO
05/15/1975	M	CA	92679	CIGNA Health Plan HMO
07/04/1972	M	CA	91709	CIGNA Health Plan HMO
11/25/1952	M	CA	92886	CIGNA Health Plan HMO
06/14/1945	M	CA	90630	CIGNA Health Plan HMO
08/16/1962	F	CA	92656	CIGNA Health Plan HMO
04/03/1976	M	CA	92563	CIGNA Health Plan HMO
06/26/1947	F	CA	92832	CIGNA Health Plan HMO
08/17/1968	M	CA	92656	CIGNA Health Plan HMO
04/08/1956	F	CA	92503	CIGNA Health Plan HMO
10/02/1966	M	CA	92647	CIGNA Health Plan HMO
05/10/1958	M	CA	92683	CIGNA Health Plan HMO
11/02/1962	M	CA	92708	CIGNA Health Plan HMO
07/07/1962	M	CA	92804	CIGNA Health Plan HMO
07/24/1961	M	CA	92831	CIGNA Health Plan HMO
05/20/1964	M	CA	91709	CIGNA Health Plan HMO
12/28/1981	M	CA	92704	CIGNA Health Plan HMO
12/12/1972	M	CA	90620	CIGNA Health Plan HMO
04/28/1960	F	CA	92881	CIGNA Health Plan HMO
02/15/1962	M	CA	92708	CIGNA Health Plan HMO
12/25/1961	M	CA	92505	CIGNA Health Plan HMO
12/30/1964	F	CA	92629	CIGNA Health Plan HMO

11/21/1967	M	CA	92692	CIGNA Health Plan HMO
01/09/1957	M	CA	92780	CIGNA Health Plan HMO
09/14/1970	F	CA	92707	CIGNA Health Plan HMO
08/31/1954	F	CA	92706	CIGNA Health Plan HMO
06/17/1966	F	CA	92804	CIGNA Health Plan HMO
10/26/1972	F	CA	92704	CIGNA Health Plan HMO
08/06/1964	F	CA	92630	CIGNA Health Plan HMO
12/30/1964	F	CA	92606	CIGNA Health Plan HMO
02/29/1952	F	CA	92688	CIGNA Health Plan HMO
02/08/1972	M	CA	92082	CIGNA Health Plan HMO
11/05/1959	F	CA	92602	CIGNA Health Plan HMO
09/21/1955	F	CA	92780	CIGNA Health Plan HMO
04/04/1967	F	CA	92704	CIGNA Health Plan HMO
12/11/1969	F	CA	92886	CIGNA Health Plan HMO
11/26/1961	M	CA	92704	CIGNA Health Plan HMO
12/15/1963	F	CA	92623	CIGNA Health Plan HMO
03/05/1964	F	CA	92867	CIGNA Health Plan HMO
04/09/1962	M	CA	92840	CIGNA Health Plan HMO
06/23/1962	M	CA	92694	CIGNA Health Plan HMO
07/27/1956	F	CA	92804	CIGNA Health Plan HMO
06/11/1968	F	CA	90620	CIGNA Health Plan HMO
10/08/1971	M	CA	92706	CIGNA Health Plan HMO
03/03/1974	F	CA	92688	CIGNA Health Plan HMO
02/02/1952	M	CA	91765	CIGNA Health Plan HMO
02/29/1968	F	CA	92880	CIGNA Health Plan HMO
09/21/1980	F	CA	90802	CIGNA Health Plan HMO
04/21/1974	F	CA	92869	CIGNA Health Plan HMO
01/20/1975	F	CA	92804	CIGNA Health Plan HMO
10/11/1970	M	CA	90680	CIGNA Health Plan HMO
02/28/1964	F	CA	92704	CIGNA Health Plan HMO
08/18/1956	M	CA	92503	CIGNA Health Plan HMO
04/28/1972	M	CA	92683	CIGNA Health Plan HMO
01/21/1972	F	CA	92870	CIGNA Health Plan HMO
10/24/1967	F	CA	92808	CIGNA Health Plan HMO
08/15/1969	F	CA	92863	CIGNA Health Plan HMO
09/18/1968	F	CA	92835	CIGNA Health Plan HMO
11/14/1964	F	CA	92804	CIGNA Health Plan HMO
12/16/1970	F	CA	92614	CIGNA Health Plan HMO
12/15/1962	M	CA	92807	CIGNA Health Plan HMO
12/26/1966	M	CA	92804	CIGNA Health Plan HMO
08/12/1965	M	CA	92801	CIGNA Health Plan HMO
02/10/1972	F	CA	92831	CIGNA Health Plan HMO
05/14/1983	M	CA	91710	CIGNA Health Plan HMO
11/23/1974	F	CA	92868	CIGNA Health Plan HMO
01/18/1972	F	CA	90680	CIGNA Health Plan HMO
11/04/1963	F	CA	92870	CIGNA Health Plan HMO
09/28/1967	F	CA	92831	CIGNA Health Plan HMO
05/14/1973	F	CA	92887	CIGNA Health Plan HMO
08/02/1966	F	CA	92806	CIGNA Health Plan HMO
04/06/1975	M	CA	90602	CIGNA Health Plan HMO
09/08/1967	F	CA	90703	CIGNA Health Plan HMO
12/20/1975	M	CA	92867	CIGNA Health Plan HMO

04/19/1949	M	CA	90630	CIGNA Health Plan HMO
09/19/1967	M	CA	92867	CIGNA Health Plan HMO
05/12/1969	M	CA	92530	CIGNA Health Plan HMO
09/07/1970	M	CA	90715	CIGNA Health Plan HMO
08/21/1956	M	CA	92807	CIGNA Health Plan HMO
12/15/1967	M	CA	92688	CIGNA Health Plan HMO
08/02/1967	M	CA	92877	CIGNA Health Plan HMO
04/29/1966	M	CA	91786	CIGNA Health Plan HMO
03/03/1967	M	CA	91765	CIGNA Health Plan HMO
03/30/1975	M	CA	92880	CIGNA Health Plan HMO
02/25/1962	M	CA	92610	CIGNA Health Plan HMO
01/29/1973	M	CA	92584	CIGNA Health Plan HMO
10/18/1975	F	CA	92705	CIGNA Health Plan HMO
04/17/1967	M	CA	92679	CIGNA Health Plan HMO
06/02/1965	M	CA	92886	CIGNA Health Plan HMO
05/13/1965	M	CA	90731	CIGNA Health Plan HMO
06/01/1974	M	CA	92336	CIGNA Health Plan HMO
06/19/1974	M	CA	92881	CIGNA Health Plan HMO
06/16/1967	M	CA	92610	CIGNA Health Plan HMO
09/29/1959	M	CA	92620	CIGNA Health Plan HMO
05/12/1976	M	CA	92703	CIGNA Health Plan HMO
12/15/1959	M	CA	92882	CIGNA Health Plan HMO
08/04/1962	M	CA	92867	CIGNA Health Plan HMO
07/24/1966	M	CA	92887	CIGNA Health Plan HMO
03/22/1984	M	CA	90630	CIGNA Health Plan HMO
09/18/1977	M	CA	90806	CIGNA Health Plan HMO
10/10/1945	M	CA	92805	CIGNA Health Plan HMO
09/25/1966	M	CA	92688	CIGNA Health Plan HMO
08/26/1969	M	CA	92656	CIGNA Health Plan HMO
05/26/1965	M	CA	92886	CIGNA Health Plan HMO
05/25/1970	M	CA	91709	CIGNA Health Plan HMO
08/27/1959	M	CA	92054	CIGNA Health Plan HMO
07/16/1975	M	CA	92868	CIGNA Health Plan HMO
06/15/1969	M	CA	91765	CIGNA Health Plan HMO
02/15/1958	M	CA	92688	CIGNA Health Plan HMO
01/21/1968	M	CA	92804	CIGNA Health Plan HMO
12/03/1962	M	CA	90620	CIGNA Health Plan HMO
02/22/1973	M	CA	92647	CIGNA Health Plan HMO
02/07/1961	M	CA	91709	CIGNA Health Plan HMO
10/04/1961	M	CA	92841	CIGNA Health Plan HMO
09/28/1961	M	CA	92647	CIGNA Health Plan HMO
12/19/1967	M	CA	92887	CIGNA Health Plan HMO
08/02/1967	M	CA	92883	CIGNA Health Plan HMO
08/14/1949	M	CA	92860	CIGNA Health Plan HMO
10/03/1970	M	CA	92833	CIGNA Health Plan HMO
12/15/1966	M	CA	92845	CIGNA Health Plan HMO
04/14/1972	M	CA	92503	CIGNA Health Plan HMO
07/28/1976	M	CA	92503	CIGNA Health Plan HMO
01/30/1976	M	CA	92691	CIGNA Health Plan HMO
10/03/1971	M	CA	92880	CIGNA Health Plan HMO
10/09/1958	M	CA	92867	CIGNA Health Plan HMO
12/07/1970	M	CA	92804	CIGNA Health Plan HMO

12/13/1976	M	CA	92869	CIGNA Health Plan HMO
03/18/1967	M	CA	90720	CIGNA Health Plan HMO
12/12/1961	M	CA	92585	CIGNA Health Plan HMO
01/31/1975	M	CA	92823	CIGNA Health Plan HMO
03/01/1969	F	CA	92683	CIGNA Health Plan HMO
01/13/1973	M	CA	92626	CIGNA Health Plan HMO
02/26/1973	M	CA	92881	CIGNA Health Plan HMO
10/19/1966	F	CA	92869	CIGNA Health Plan HMO
08/29/1978	M	CA	92656	CIGNA Health Plan HMO
09/30/1976	M	CA	92805	CIGNA Health Plan HMO
02/20/1981	M	CA	91765	CIGNA Health Plan HMO
06/27/1978	M	CA	92882	CIGNA Health Plan HMO
01/07/1980	M	CA	92840	CIGNA Health Plan HMO
01/22/1980	M	CA	92503	CIGNA Health Plan HMO
11/11/1983	M	CA	92706	CIGNA Health Plan HMO
10/25/1979	M	CA	92801	CIGNA Health Plan HMO
06/08/1982	F	CA	92675	CIGNA Health Plan HMO
01/01/1978	F	CA	92840	CIGNA Health Plan HMO
02/13/1961	F	CA	92647	CIGNA Health Plan HMO
01/09/1965	F	CA	92865	CIGNA Health Plan HMO
05/25/1960	F	CA	92867	CIGNA Health Plan HMO
12/01/1956	M	CA	92802	CIGNA Health Plan HMO
03/24/1955	F	CA	92887	CIGNA Health Plan HMO
09/13/1966	F	CA	90638	CIGNA Health Plan HMO
06/07/1976	M	CA	92583	CIGNA Health Plan HMO
11/03/1972	F	CA	92626	CIGNA Health Plan HMO
12/16/1969	F	CA	92805	CIGNA Health Plan HMO
01/18/1971	F	CA	92704	CIGNA Health Plan HMO
01/02/1955	F	CA	92708	CIGNA Health Plan HMO
09/12/1970	M	CA	92807	CIGNA Health Plan HMO
11/10/1977	F	CA	92683	CIGNA Health Plan HMO
07/23/1975	M	CA	92868	CIGNA Health Plan HMO
12/24/1978	M	CA	92868	CIGNA Health Plan HMO
05/06/1971	F	CA	92706	CIGNA Health Plan HMO
08/03/1973	F	CA	92602	CIGNA Health Plan HMO
08/03/1973	F	CA	92602	CIGNA Health Plan HMO
05/08/1980	F	CA	92663	CIGNA Health Plan HMO
10/12/1963	F	CA	92868	CIGNA Health Plan HMO
09/14/1978	M	CA	90808	CIGNA Health Plan HMO
07/08/1981	M	CA	90026	CIGNA Health Plan HMO
04/12/1975	F	CA	92706	CIGNA Health Plan HMO
07/22/1967	M	CA	90814	CIGNA Health Plan HMO
06/16/1980	F	CA	92705	CIGNA Health Plan HMO
08/29/1972	F	CA	90814	CIGNA Health Plan HMO
08/27/1950	F	CA	92618	CIGNA Health Plan HMO
04/30/1979	F	CA	92831	CIGNA Health Plan HMO
08/18/1971	M	CA	92614	CIGNA Health Plan HMO
10/28/1963	M	CA	92602	CIGNA Health Plan HMO
02/09/1978	M	CA	92707	CIGNA Health Plan HMO
02/06/1961	F	CA	926775158	CIGNA Health Plan HMO
08/20/1971	M	CA	92663	CIGNA Health Plan HMO
11/24/1978	F	CA	92649	CIGNA Health Plan HMO

07/05/1976	M	CA	92694	CIGNA Health Plan HMO
02/21/1961	F	CA	92866	CIGNA Health Plan HMO
01/08/1956	F	CA	906204421	CIGNA Health Plan HMO
04/01/1980	F	CA	92705	CIGNA Health Plan HMO
11/23/1970	F	CA	92886	CIGNA Health Plan HMO
04/16/1979	M	CA	90025	CIGNA Health Plan HMO
11/22/1970	F	CA	90742	CIGNA Health Plan HMO
12/04/1980	F	CA	92677	CIGNA Health Plan HMO
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06/13/1968	M	CA	92610	CIGNA Health Plan HMO
03/14/1966	F	CA	92651	CIGNA Health Plan HMO
02/03/1969	F	CA	90807	CIGNA Health Plan HMO
08/14/1980	F	CA	92660	CIGNA Health Plan HMO
01/06/1979	F	CA	90814	CIGNA Health Plan HMO
04/06/1972	F	CA	92692	CIGNA Health Plan HMO
04/29/1959	F	CA	92882	CIGNA Health Plan HMO
04/11/1969	F	CA	92673	CIGNA Health Plan HMO
06/16/1974	M	CA	92663	CIGNA Health Plan HMO
05/21/1947	F	CA	92620	CIGNA Health Plan HMO
02/23/1977	F	CA	92649	CIGNA Health Plan HMO
08/14/1979	F	CA	92646	CIGNA Health Plan HMO
05/07/1983	F	CA	92653	CIGNA Health Plan HMO
02/23/1978	F	CA	90802	CIGNA Health Plan HMO
07/02/1976	F	CA	92869	CIGNA Health Plan HMO
10/09/1978	M	CA	92646	CIGNA Health Plan HMO
01/07/1974	M	CA	92648	CIGNA Health Plan HMO
01/11/1973	F	CA	90803	CIGNA Health Plan HMO
10/28/1972	M	CA	92612	CIGNA Health Plan HMO
09/24/1953	F	CA	92708	CIGNA Health Plan HMO
10/17/1956	M	CA	92656	CIGNA Health Plan HMO
02/18/1967	F	CA	90804	CIGNA Health Plan HMO
05/30/1960	M	CA	92679	CIGNA Health Plan HMO
05/26/1960	F	CA	92840	CIGNA Health Plan HMO
04/05/1954	F	CA	92869	CIGNA Health Plan HMO
04/01/1978	F	CA	92886	CIGNA Health Plan HMO
05/07/1963	M	CA	92782	CIGNA Health Plan HMO
02/19/1968	F	CA	92677	CIGNA Health Plan HMO
08/25/1961	M	CA	92612	CIGNA Health Plan HMO
04/24/1967	F	CA	90620	CIGNA Health Plan HMO
08/27/1944	F	CA	92833	CIGNA Health Plan HMO
03/05/1977	F	CA	92821	CIGNA Health Plan HMO
06/30/1941	F	CA	92701	CIGNA Health Plan HMO
09/27/1968	F	CA	92707	CIGNA Health Plan HMO
09/03/1963	F	CA	92886	CIGNA Health Plan HMO
03/01/1978	F	CA	92630	CIGNA Health Plan HMO
10/14/1944	F	CA	92821	CIGNA Health Plan HMO
08/14/1977	F	CA	92677	CIGNA Health Plan HMO
11/19/1969	F	CA	92649	CIGNA Health Plan HMO
08/11/1977	F	CA	92866	CIGNA Health Plan HMO
09/26/1960	F	CA	92804	CIGNA Health Plan HMO
08/21/1964	F	CA	90680	CIGNA Health Plan HMO
04/04/1964	F	CA	92663	CIGNA Health Plan HMO

09/03/1967	M	CA	92865	CIGNA Health Plan HMO
09/06/1960	F	CA	92821	CIGNA Health Plan HMO
06/17/1964	F	CA	92870	CIGNA Health Plan HMO
11/12/1960	F	CA	92630	CIGNA Health Plan HMO
04/14/1959	F	CA	92647	CIGNA Health Plan HMO
02/19/1976	F	CA	92860	CIGNA Health Plan HMO
01/17/1966	F	CA	92867	CIGNA Health Plan HMO
08/08/1973	F	CA	90620	CIGNA Health Plan HMO
04/11/1969	M	CA	92843	CIGNA Health Plan HMO
10/06/1945	F	CA	92869	CIGNA Health Plan HMO
01/21/1972	F	CA	92869	CIGNA Health Plan HMO
01/26/1963	F	CA	90630	CIGNA Health Plan HMO
11/11/1952	F	CA	92806	CIGNA Health Plan HMO
11/26/1957	F	CA	92675	CIGNA Health Plan HMO
02/22/1980	F	CA	92707	CIGNA Health Plan HMO
02/06/1978	F	CA	90814	CIGNA Health Plan HMO
10/21/1952	F	CA	92647	CIGNA Health Plan HMO
09/09/1968	F	CA	91765	CIGNA Health Plan HMO
11/17/1982	F	CA	92618	CIGNA Health Plan HMO
04/08/1979	F	CA	92646	CIGNA Health Plan HMO
01/18/1970	F	CA	92708	CIGNA Health Plan HMO
11/04/1954	F	CA	92833	CIGNA Health Plan HMO
01/02/1950	F	CA	92780	CIGNA Health Plan HMO
11/22/1957	F	CA	90638	CIGNA Health Plan HMO
06/28/1959	F	CA	92708	CIGNA Health Plan HMO
09/25/1949	F	CA	92821	CIGNA Health Plan HMO
02/05/1956	F	CA	92887	CIGNA Health Plan HMO
09/13/1962	F	CA	92807	CIGNA Health Plan HMO
06/09/1972	F	CA	92865	CIGNA Health Plan HMO
08/14/1958	F	CA	92869	CIGNA Health Plan HMO
05/28/1967	F	CA	92807	CIGNA Health Plan HMO
10/08/1961	F	CA	90631	CIGNA Health Plan HMO
12/27/1957	F	CA	92833	CIGNA Health Plan HMO
05/04/1955	F	CA	92834	CIGNA Health Plan HMO
10/14/1958	F	CA	90680	CIGNA Health Plan HMO
11/25/1960	F	CA	92801	CIGNA Health Plan HMO
11/25/1960	F	CA	92801	CIGNA Health Plan HMO
05/11/1966	F	CA	92881	CIGNA Health Plan HMO
05/14/1966	F	CA	92683	CIGNA Health Plan HMO
11/30/1954	F	CA	92870	CIGNA Health Plan HMO
08/18/1970	F	CA	92887	CIGNA Health Plan HMO
06/12/1956	F	CA	91773	CIGNA Health Plan HMO
11/28/1972	F	CA	92868	CIGNA Health Plan HMO
06/15/1972	F	CA	92706	CIGNA Health Plan HMO
02/17/1979	M	CA	92703	CIGNA Health Plan HMO
11/04/1984	F	CA	92704	CIGNA Health Plan HMO
09/19/1979	F	CA	92805	CIGNA Health Plan HMO
10/08/1974	F	CA	92840	CIGNA Health Plan HMO
02/22/1974	F	CA	92805	CIGNA Health Plan HMO
03/23/1977	F	CA	92701	CIGNA Health Plan HMO
06/18/1979	F	CA	92688	CIGNA Health Plan HMO
03/08/1968	M	CA	92867	CIGNA Health Plan HMO

09/16/1961	F	CA	92801	CIGNA Health Plan HMO
09/08/1966	M	CA	91773	CIGNA Health Plan HMO
02/14/1979	F	CA	92780	CIGNA Health Plan HMO
04/18/1958	F	CA	92869	CIGNA Health Plan HMO
07/24/1941	F	CA	92604	CIGNA Health Plan HMO
04/13/1955	F	CA	92656	CIGNA Health Plan HMO
04/29/1983	M	CA	92707	CIGNA Health Plan HMO
03/25/1956	F	CA	92705	CIGNA Health Plan HMO
11/04/1954	F	CA	92683	CIGNA Health Plan HMO
01/16/1974	F	CA	90804	CIGNA Health Plan HMO
03/01/1949	F	CA	92801	CIGNA Health Plan HMO
10/02/1947	F	CA	92868	CIGNA Health Plan HMO
02/02/1956	F	CA	92646	CIGNA Health Plan HMO
12/13/1959	F	CA	90631	CIGNA Health Plan HMO
11/10/1945	F	CA	92840	CIGNA Health Plan HMO
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11/23/1982	F	CA	92604	CIGNA Health Plan HMO
12/25/1957	F	CA	92706	CIGNA Health Plan HMO
07/10/1955	F	CA	92708	CIGNA Health Plan HMO
08/25/1957	F	CA	90623	CIGNA Health Plan HMO
07/27/1960	F	CA	92843	CIGNA Health Plan HMO
12/12/1977	F	CA	92782	CIGNA Health Plan HMO
01/10/1951	F	CA	92801	CIGNA Health Plan HMO
03/01/1977	F	CA	92513	CIGNA Health Plan HMO
03/26/1948	F	CA	90814	CIGNA Health Plan HMO
06/11/1941	F	CA	92648	CIGNA Health Plan HMO
09/26/1953	F	CA	91730	CIGNA Health Plan HMO
11/23/1942	F	CA	92703	CIGNA Health Plan HMO
07/06/1949	F	CA	92629	CIGNA Health Plan HMO
01/16/1980	F	CA	92841	CIGNA Health Plan HMO
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12/23/1951	F	CA	92882	CIGNA Health Plan HMO
06/23/1952	M	CA	92701	CIGNA Health Plan HMO
06/29/1963	F	CA	92804	CIGNA Health Plan HMO
02/27/1951	M	CA	92683	CIGNA Health Plan HMO
03/12/1980	F	CA	92840	CIGNA Health Plan HMO
07/26/1979	M	CA	92870	CIGNA Health Plan HMO
04/05/1985	F	CA	92833	CIGNA Health Plan HMO
01/25/1947	F	CA	92780	CIGNA Health Plan HMO
04/15/1946	F	CA	92867	CIGNA Health Plan HMO
06/24/1945	F	CA	92870	CIGNA Health Plan HMO
04/27/1970	F	CA	92704	CIGNA Health Plan HMO
09/26/1945	F	CA	92840	CIGNA Health Plan HMO
10/31/1951	F	CA	92780	CIGNA Health Plan HMO
07/29/1950	F	CA	92614	CIGNA Health Plan HMO
02/03/1985	F	CA	92832	CIGNA Health Plan HMO
12/15/1968	F	CA	92708	CIGNA Health Plan HMO
10/17/1949	F	CA	92886	CIGNA Health Plan HMO
11/12/1947	F	CA	91709	CIGNA Health Plan HMO
06/22/1955	F	CA	92612	CIGNA Health Plan HMO
12/08/1970	F	CA	92840	CIGNA Health Plan HMO

12/17/1937	F	CA	90814	CIGNA Health Plan HMO
10/03/1981	F	CA	92843	CIGNA Health Plan HMO
09/30/1944	F	CA	92701	CIGNA Health Plan HMO
08/20/1982	F	CA	92868	CIGNA Health Plan HMO
04/29/1949	F	CA	92677	CIGNA Health Plan HMO
09/14/1943	F	CA	92649	CIGNA Health Plan HMO
06/23/1954	F	CA	92866	CIGNA Health Plan HMO
05/12/1966	F	CA	92707	CIGNA Health Plan HMO
06/16/1955	F	CA	92807	CIGNA Health Plan HMO
02/10/1968	F	CA	92708	CIGNA Health Plan HMO
11/13/1954	F	CA	92610	CIGNA Health Plan HMO
05/14/1947	F	CA	92867	CIGNA Health Plan HMO
02/10/1976	F	CA	91745	CIGNA Health Plan HMO
07/05/1952	F	CA	92703	CIGNA Health Plan HMO
09/15/1955	F	CA	92867	CIGNA Health Plan HMO
12/19/1956	F	CA	92868	CIGNA Health Plan HMO
02/03/1982	F	CA	92701	CIGNA Health Plan HMO
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01/30/1953	F	CA	928406036	CIGNA Health Plan HMO
09/22/1981	F	CA	92683	CIGNA Health Plan HMO
10/31/1949	F	CA	92701	CIGNA Health Plan HMO
10/29/1954	F	CA	90808	CIGNA Health Plan HMO
10/21/1954	F	CA	92708	CIGNA Health Plan HMO
05/13/1958	F	CA	92653	CIGNA Health Plan HMO
07/28/1961	F	CA	90621	CIGNA Health Plan HMO
08/04/1962	F	CA	92867	CIGNA Health Plan HMO
10/26/1978	F	CA	92805	CIGNA Health Plan HMO
11/13/1978	F	CA	92843	CIGNA Health Plan HMO
11/26/1942	F	CA	92868	CIGNA Health Plan HMO
09/05/1943	F	CA	92867	CIGNA Health Plan HMO
04/23/1969	F	CA	92653	CIGNA Health Plan HMO
06/14/1946	F	CA	92707	CIGNA Health Plan HMO
06/20/1943	F	CA	92701	CIGNA Health Plan HMO
10/10/1954	F	CA	92867	CIGNA Health Plan HMO
11/05/1978	F	CA	92840	CIGNA Health Plan HMO
09/27/1982	M	CA	92704	CIGNA Health Plan HMO
04/12/1952	F	CA	92711	CIGNA Health Plan HMO
01/15/1975	M	CA	92802	CIGNA Health Plan HMO
11/27/1979	M	CA	92647	CIGNA Health Plan HMO
07/29/1960	F	CA	92806	CIGNA Health Plan HMO
06/30/1960	F	CA	92707	CIGNA Health Plan HMO
05/17/1969	F	CA	90703	CIGNA Health Plan HMO
01/02/1946	F	CA	92870	CIGNA Health Plan HMO
09/11/1947	F	CA	92867	CIGNA Health Plan HMO
09/26/1978	F	CA	92801	CIGNA Health Plan HMO
12/03/1960	F	CA	92704	CIGNA Health Plan HMO
10/29/1951	F	CA	92703	CIGNA Health Plan HMO
11/22/1970	F	CA	90605	CIGNA Health Plan HMO
07/20/1981	F	CA	92705	CIGNA Health Plan HMO
07/26/1956	F	CA	92708	CIGNA Health Plan HMO
09/14/1957	F	CA	91710	CIGNA Health Plan HMO

08/15/1960	F	CA	92672	CIGNA Health Plan HMO
05/18/1961	M	CA	92868	CIGNA Health Plan HMO
10/16/1978	F	CA	92704	CIGNA Health Plan HMO
07/10/1946	F	CA	92804	CIGNA Health Plan HMO
03/21/1982	F	CA	92703	CIGNA Health Plan HMO
11/25/1949	F	CA	91765	CIGNA Health Plan HMO
11/23/1966	F	CA	92630	CIGNA Health Plan HMO
12/23/1952	F	CA	92780	CIGNA Health Plan HMO
10/23/1956	F	CA	92703	CIGNA Health Plan HMO
04/10/1970	M	CA	92648	CIGNA Health Plan HMO
12/23/1958	F	CA	92865	CIGNA Health Plan HMO
10/03/1962	F	CA	90620	CIGNA Health Plan HMO
11/09/1939	F	CA	927032126	CIGNA Health Plan HMO
02/18/1977	F	CA	92707	CIGNA Health Plan HMO
03/26/1967	F	CA	92703	CIGNA Health Plan HMO
04/24/1963	F	CA	92704	CIGNA Health Plan HMO
09/11/1968	F	CA	91786	CIGNA Health Plan HMO
11/19/1980	F	CA	92701	CIGNA Health Plan HMO
03/24/1949	F	CA	92706	CIGNA Health Plan HMO
02/27/1983	M	CA	90680	CIGNA Health Plan HMO
06/02/1980	F	CA	90605	CIGNA Health Plan HMO
07/10/1980	F	CA	92868	CIGNA Health Plan HMO
04/15/1948	F	CA	92505	CIGNA Health Plan HMO
04/13/1953	F	CA	92688	CIGNA Health Plan HMO
07/28/1979	M	CA	92683	CIGNA Health Plan HMO
08/14/1972	F	CA	92707	CIGNA Health Plan HMO
07/11/1984	F	CA	92707	CIGNA Health Plan HMO
03/29/1961	M	CA	92841	CIGNA Health Plan HMO
01/01/1971	F	CA	92606	CIGNA Health Plan HMO
05/05/1961	M	CA	92804	CIGNA Health Plan HMO
11/28/1960	M	CA	90631	CIGNA Health Plan HMO
08/23/1978	F	CA	92782	CIGNA Health Plan HMO
08/12/1935	F	CA	92844	CIGNA Health Plan HMO
01/18/1944	F	CA	92707	CIGNA Health Plan HMO
07/04/1967	F	CA	92801	CIGNA Health Plan HMO
03/30/1971	F	CA	92869	CIGNA Health Plan HMO
12/03/1974	F	CA	92707	CIGNA Health Plan HMO
10/24/1976	F	CA	92882	CIGNA Health Plan HMO
06/28/1953	F	CA	92705	CIGNA Health Plan HMO
04/09/1973	F	CA	92869	CIGNA Health Plan HMO
05/12/1963	F	CA	92656	CIGNA Health Plan HMO
07/10/1936	F	CA	90815	CIGNA Health Plan HMO
06/23/1973	F	CA	92703	CIGNA Health Plan HMO
04/23/1954	F	CA	92620	CIGNA Health Plan HMO
06/03/1976	F	CA	92704	CIGNA Health Plan HMO
01/19/1967	F	CA	92703	CIGNA Health Plan HMO
09/28/1978	F	CA	92886	CIGNA Health Plan HMO
04/03/1983	F	CA	92879	CIGNA Health Plan HMO
12/01/1982	F	CA	90805	CIGNA Health Plan HMO
09/01/1983	F	CA	92683	CIGNA Health Plan HMO
10/17/1985	F	CA	92683	CIGNA Health Plan HMO
06/23/1970	F	CA	92866	CIGNA Health Plan HMO

02/05/1957	F	CA	92706	CIGNA Health Plan HMO
10/15/1960	F	CA	928013319	CIGNA Health Plan HMO
04/24/1970	F	CA	92706	CIGNA Health Plan HMO
07/04/1976	F	CA	92782	CIGNA Health Plan HMO
04/16/1982	F	CA	92630	CIGNA Health Plan HMO
04/03/1982	F	CA	92704	CIGNA Health Plan HMO
06/14/1981	F	CA	92841	CIGNA Health Plan HMO
03/19/1983	F	CA	92840	CIGNA Health Plan HMO
11/18/1984	F	CA	92840	CIGNA Health Plan HMO
09/19/1952	F	CA	92867	CIGNA Health Plan HMO
08/19/1962	M	CA	90630	CIGNA Health Plan HMO
12/29/1975	F	CA	92840	CIGNA Health Plan HMO
03/21/1973	F	CA	92886	CIGNA Health Plan HMO
06/10/1969	F	CA	92868	CIGNA Health Plan HMO
12/23/1968	F	CA	92705	CIGNA Health Plan HMO
04/29/1966	F	CA	90631	CIGNA Health Plan HMO
01/11/1967	F	CA	92399	CIGNA Health Plan HMO
06/22/1964	F	CA	92843	CIGNA Health Plan HMO
06/16/1970	M	CA	92841	CIGNA Health Plan HMO
04/18/1965	F	CA	92841	CIGNA Health Plan HMO
04/12/1980	F	CA	92701	CIGNA Health Plan HMO
01/19/1945	F	CA	92653	CIGNA Health Plan HMO
01/18/1946	F	CA	92844	CIGNA Health Plan HMO
07/03/1983	F	CA	92868	CIGNA Health Plan HMO
10/04/1983	F	CA	92804	CIGNA Health Plan HMO
02/04/1971	F	CA	90638	CIGNA Health Plan HMO
08/31/1984	F	CA	92704	CIGNA Health Plan HMO
05/28/1954	F	CA	928684423	CIGNA Health Plan HMO
10/15/1985	F	CA	92707	CIGNA Health Plan HMO
07/16/1972	F	CA	92806	CIGNA Health Plan HMO
03/04/1986	M	CA	92805	CIGNA Health Plan HMO
02/19/1955	F	CA	92630	CIGNA Health Plan HMO
07/20/1954	F	CA	92602	CIGNA Health Plan HMO
10/10/1956	F	CA	92630	CIGNA Health Plan HMO
03/04/1957	F	CA	92704	CIGNA Health Plan HMO
08/24/1963	F	CA	92780	CIGNA Health Plan HMO
07/22/1975	F	CA	92532	CIGNA Health Plan HMO
07/08/1964	F	CA	92832	CIGNA Health Plan HMO
07/04/1962	F	CA	92859	CIGNA Health Plan HMO
02/15/1973	F	CA	90621	CIGNA Health Plan HMO
10/06/1982	F	CA	92703	CIGNA Health Plan HMO
08/28/1949	F	CA	92832	CIGNA Health Plan HMO
09/17/1983	F	CA	92869	CIGNA Health Plan HMO
05/31/1951	F	CA	926836812	CIGNA Health Plan HMO
01/30/1986	F	CA	92868	CIGNA Health Plan HMO
12/20/1986	M	CA	92706	CIGNA Health Plan HMO
11/09/1973	F	CA	92704	CIGNA Health Plan HMO
09/07/1981	M	CA	90631	CIGNA Health Plan HMO
09/07/1981	M	CA	90631	CIGNA Health Plan HMO
04/12/1960	F	CA	92782	CIGNA Health Plan HMO
01/31/1978	F	CA	90650	CIGNA Health Plan HMO
10/10/1945	F	CA	90631	CIGNA Health Plan HMO

08/12/1946	F	CA	92861	CIGNA Health Plan HMO
10/18/1947	F	CA	92868	CIGNA Health Plan HMO
12/25/1945	F	CA	92866	CIGNA Health Plan HMO
08/28/1947	F	CA	91750	CIGNA Health Plan HMO
11/21/1971	F	CA	90640	CIGNA Health Plan HMO
10/18/1954	F	CA	92882	CIGNA Health Plan HMO
11/24/1981	F	CA	92704	CIGNA Health Plan HMO
11/17/1984	F	CA	92555	CIGNA Health Plan HMO
02/05/1970	F	CA	92626	CIGNA Health Plan HMO
10/23/1963	F	CA	92505	CIGNA Health Plan HMO
11/11/1965	F	CA	92630	CIGNA Health Plan HMO
06/06/1973	F	CA	92879	CIGNA Health Plan HMO
07/21/1976	M	CA	92869	CIGNA Health Plan HMO
06/11/1981	M	CA	92806	CIGNA Health Plan HMO
10/25/1980	F	CA	92707	CIGNA Health Plan HMO
07/22/1979	F	CA	92821	CIGNA Health Plan HMO
02/28/1983	F	CA	92706	CIGNA Health Plan HMO
07/22/1950	F	CA	92840	CIGNA Health Plan HMO
02/23/1977	F	CA	90631	CIGNA Health Plan HMO
07/03/1987	M	CA	92553	CIGNA Health Plan HMO
03/21/1966	F	CA	90703	CIGNA Health Plan HMO
01/14/1967	F	CA	92845	CIGNA Health Plan HMO
04/15/1959	F	CA	92886	CIGNA Health Plan HMO
11/19/1974	F	CA	92706	CIGNA Health Plan HMO
08/02/1974	F	CA	92703	CIGNA Health Plan HMO
02/21/1978	F	CA	90621	CIGNA Health Plan HMO
10/04/1963	F	CA	92703	CIGNA Health Plan HMO
10/01/1947	F	CA	92646	CIGNA Health Plan HMO
12/10/1981	F	CA	90621	CIGNA Health Plan HMO
04/23/1981	F	CA	90810	CIGNA Health Plan HMO
12/17/1982	F	CA	92840	CIGNA Health Plan HMO
08/16/1949	F	CA	92704	CIGNA Health Plan HMO
01/29/1979	F	CA	90604	CIGNA Health Plan HMO
03/22/1986	F	CA	92703	CIGNA Health Plan HMO
03/27/1970	F	CA	92833	CIGNA Health Plan HMO
02/11/1958	F	CA	92831	CIGNA Health Plan HMO
01/20/1969	F	CA	92801	CIGNA Health Plan HMO
01/13/1961	F	CA	92843	CIGNA Health Plan HMO
01/31/1945	F	CA	90631	CIGNA Health Plan HMO
09/22/1965	F	CA	92856	CIGNA Health Plan HMO
12/05/1981	F	CA	92707	CIGNA Health Plan HMO
09/06/1981	M	CA	92702	CIGNA Health Plan HMO
04/28/1982	M	CA	92708	CIGNA Health Plan HMO
07/17/1947	F	CA	92840	CIGNA Health Plan HMO
08/05/1949	F	CA	928045127	CIGNA Health Plan HMO
07/11/1980	F	CA	92843	CIGNA Health Plan HMO
04/25/1971	M	CA	92630	CIGNA Health Plan HMO
06/09/1952	F	CA	92804	CIGNA Health Plan HMO
05/09/1971	F	CA	92705	CIGNA Health Plan HMO
07/28/1958	F	CA	90680	CIGNA Health Plan HMO
04/09/1956	F	CA	92647	CIGNA Health Plan HMO
10/05/1956	F	CA	92804	CIGNA Health Plan HMO

11/06/1958	F	CA	92703	CIGNA Health Plan HMO
04/01/1972	F	CA	92840	CIGNA Health Plan HMO
02/04/1981	F	CA	92503	CIGNA Health Plan HMO
01/20/1973	M	CA	92704	CIGNA Health Plan HMO
08/02/1948	F	CA	92782	CIGNA Health Plan HMO
08/07/1946	F	CA	92707	CIGNA Health Plan HMO
03/02/1984	F	CA	92704	CIGNA Health Plan HMO
01/23/1949	F	CA	92582	CIGNA Health Plan HMO
06/23/1949	F	CA	926026035	CIGNA Health Plan HMO
05/23/1948	F	CA	92832	CIGNA Health Plan HMO
12/04/1980	F	CA	92703	CIGNA Health Plan HMO
12/10/1969	F	CA	92707	CIGNA Health Plan HMO
12/18/1978	F	CA	90803	CIGNA Health Plan HMO
04/22/1965	F	CA	92604	CIGNA Health Plan HMO
06/15/1972	F	CA	927113007	CIGNA Health Plan HMO
11/30/1959	F	CA	92831	CIGNA Health Plan HMO
06/11/1955	F	CA	92780	CIGNA Health Plan HMO
07/08/1945	F	CA	928215020	CIGNA Health Plan HMO
06/27/1968	F	CA	92735	CIGNA Health Plan HMO
04/15/1982	F	CA	92801	CIGNA Health Plan HMO
09/08/1976	F	CA	92627	CIGNA Health Plan HMO
08/24/1967	F	CA	92703	CIGNA Health Plan HMO
01/16/1982	F	CA	92705	CIGNA Health Plan HMO
11/27/1951	F	CA	92780	CIGNA Health Plan HMO
08/12/1971	F	CA	92648	CIGNA Health Plan HMO
01/10/1980	M	CA	92841	CIGNA Health Plan HMO
05/22/1955	F	CA	92701	CIGNA Health Plan HMO
08/06/1955	F	CA	92703	CIGNA Health Plan HMO
11/06/1964	F	CA	92704	CIGNA Health Plan HMO
01/04/1961	F	CA	92656	CIGNA Health Plan HMO
01/24/1972	F	CA	92706	CIGNA Health Plan HMO
06/03/1982	F	CA	92833	CIGNA Health Plan HMO
03/17/1947	F	CA	90808	CIGNA Health Plan HMO
10/09/1948	F	CA	92806	CIGNA Health Plan HMO
10/22/1983	F	CA	92653	CIGNA Health Plan HMO
12/23/1951	F	CA	92831	CIGNA Health Plan HMO
01/17/1986	F	CA	92868	CIGNA Health Plan HMO
06/23/1970	F	CA	92867	CIGNA Health Plan HMO
03/30/1954	F	CA	90660	CIGNA Health Plan HMO
11/09/1965	F	CA	92705	CIGNA Health Plan HMO
11/25/1964	F	CA	92801	CIGNA Health Plan HMO
06/17/1934	F	CA	92672	CIGNA Health Plan HMO
07/12/1976	F	CA	92804	CIGNA Health Plan HMO
09/23/1976	F	CA	92804	CIGNA Health Plan HMO
01/29/1978	F	CA	92701	CIGNA Health Plan HMO
03/11/1979	F	CA	92844	CIGNA Health Plan HMO
12/19/1952	F	CA	92707	CIGNA Health Plan HMO
10/25/1981	F	CA	91710	CIGNA Health Plan HMO
07/10/1948	F	CA	92886	CIGNA Health Plan HMO
02/16/1984	M	CA	90680	CIGNA Health Plan HMO
01/04/1985	M	CA	92706	CIGNA Health Plan HMO
06/13/1984	F	CA	92868	CIGNA Health Plan HMO

05/04/1981	F	CA	92869	CIGNA Health Plan HMO
10/16/1968	F	CA	92843	CIGNA Health Plan HMO
10/07/1965	F	CA	92691	CIGNA Health Plan HMO
08/22/1974	F	CA	92701	CIGNA Health Plan HMO
02/28/1974	F	CA	92701	CIGNA Health Plan HMO
07/21/1966	F	CA	90802	CIGNA Health Plan HMO
06/16/1978	M	CA	92781	CIGNA Health Plan HMO
02/26/1968	F	CA	90701	CIGNA Health Plan HMO
09/05/1964	F	CA	92704	CIGNA Health Plan HMO
09/02/1970	F	CA	91709	CIGNA Health Plan HMO
05/29/1946	F	CA	92831	CIGNA Health Plan HMO
09/15/1976	F	CA	92704	CIGNA Health Plan HMO
08/25/1981	F	CA	90638	CIGNA Health Plan HMO
01/31/1976	F	CA	92843	CIGNA Health Plan HMO
07/05/1982	F	CA	92704	CIGNA Health Plan HMO
03/22/1980	F	CA	92805	CIGNA Health Plan HMO
05/10/1975	F	CA	92804	CIGNA Health Plan HMO
12/10/1983	F	CA	92707	CIGNA Health Plan HMO
12/17/1970	M	CA	92843	CIGNA Health Plan HMO
01/17/1963	F	CA	92844	CIGNA Health Plan HMO
06/02/1938	F	CA	92867	CIGNA Health Plan HMO
02/04/1964	F	CA	92707	CIGNA Health Plan HMO
06/25/1981	M	CA	92806	CIGNA Health Plan HMO
03/07/1944	F	CA	92703	CIGNA Health Plan HMO
02/09/1983	F	CA	92708	CIGNA Health Plan HMO
11/15/1948	F	CA	92832	CIGNA Health Plan HMO
05/13/1950	F	CA	92708	CIGNA Health Plan HMO
09/03/1953	F	CA	92833	CIGNA Health Plan HMO
10/24/1954	F	CA	92704	CIGNA Health Plan HMO
08/21/1954	F	CA	92867	CIGNA Health Plan HMO
03/17/1954	F	CA	90680	CIGNA Health Plan HMO
09/01/1972	F	CA	92707	CIGNA Health Plan HMO
09/13/1963	F	CA	92708	CIGNA Health Plan HMO
02/10/1970	F	CA	92620	CIGNA Health Plan HMO
05/08/1975	M	CA	92706	CIGNA Health Plan HMO
09/13/1960	F	CA	92704	CIGNA Health Plan HMO
07/30/1976	F	CA	92708	CIGNA Health Plan HMO
01/27/1979	F	CA	92705	CIGNA Health Plan HMO
09/15/1944	F	CA	92869	CIGNA Health Plan HMO
11/01/1968	M	CA	91776	CIGNA Health Plan HMO
05/23/1984	F	CA	90680	CIGNA Health Plan HMO
12/11/1976	M	CA	92707	CIGNA Health Plan HMO
08/09/1950	F	CA	92840	CIGNA Health Plan HMO
03/13/1982	F	CA	92706	CIGNA Health Plan HMO
05/12/1956	F	CA	92683	CIGNA Health Plan HMO
06/18/1963	F	CA	92707	CIGNA Health Plan HMO
01/26/1964	F	CA	90803	CIGNA Health Plan HMO
04/11/1973	F	CA	92806	CIGNA Health Plan HMO
10/05/1978	F	CA	92866	CIGNA Health Plan HMO
08/29/1967	F	CA	92805	CIGNA Health Plan HMO
09/28/1947	F	CA	92706	CIGNA Health Plan HMO
04/12/1971	F	CA	92703	CIGNA Health Plan HMO

09/20/1961	F	CA	92882	CIGNA Health Plan HMO
02/04/1966	F	CA	92692	CIGNA Health Plan HMO
10/17/1967	F	CA	92703	CIGNA Health Plan HMO
08/17/1979	F	CA	90805	CIGNA Health Plan HMO
02/21/1980	F	CA	92801	CIGNA Health Plan HMO
01/04/1975	F	CA	92683	CIGNA Health Plan HMO
03/09/1945	F	CA	92708	CIGNA Health Plan HMO
08/16/1956	F	CA	92869	CIGNA Health Plan HMO
07/24/1982	M	CA	92703	CIGNA Health Plan HMO
12/18/1974	F	CA	92646	CIGNA Health Plan HMO
07/24/1946	F	CA	92804	CIGNA Health Plan HMO
12/27/1955	F	CA	92805	CIGNA Health Plan HMO
10/04/1976	M	CA	92703	CIGNA Health Plan HMO
04/01/1975	F	CA	92840	CIGNA Health Plan HMO
11/09/1945	F	CA	92703	CIGNA Health Plan HMO
08/20/1946	F	CA	92704	CIGNA Health Plan HMO
05/10/1954	F	CA	92705	CIGNA Health Plan HMO
05/15/1983	F	CA	92627	CIGNA Health Plan HMO
06/08/1949	F	CA	92627	CIGNA Health Plan HMO
07/16/1985	F	CA	92835	CIGNA Health Plan HMO
04/09/1956	F	CA	928675628	CIGNA Health Plan HMO
03/16/1948	F	CA	90815	CIGNA Health Plan HMO
06/27/1966	F	CA	92677	CIGNA Health Plan HMO
06/12/1970	F	CA	92704	CIGNA Health Plan HMO
06/08/1974	F	CA	920852542	CIGNA Health Plan HMO
10/06/1958	F	CA	92804	CIGNA Health Plan HMO
10/10/1961	F	CA	92647	CIGNA Health Plan HMO
02/01/1980	F	CA	92843	CIGNA Health Plan HMO
05/14/1952	F	CA	92806	CIGNA Health Plan HMO
06/24/1982	M	CA	92843	CIGNA Health Plan HMO
07/13/1981	F	CA	92707	CIGNA Health Plan HMO
11/11/1950	F	CA	92880	CIGNA Health Plan HMO
07/16/1985	M	CA	92701	CIGNA Health Plan HMO
11/06/1952	F	CA	92863	CIGNA Health Plan HMO
04/16/1970	F	CA	92647	CIGNA Health Plan HMO
07/08/1986	F	CA	92869	CIGNA Health Plan HMO
09/06/1981	F	CA	92802	CIGNA Health Plan HMO
05/20/1975	F	CA	92840	CIGNA Health Plan HMO
08/04/1957	F	CA	92707	CIGNA Health Plan HMO
09/12/1961	F	CA	90638	CIGNA Health Plan HMO
08/06/1963	F	CA	92780	CIGNA Health Plan HMO
11/12/1956	F	CA	92677	CIGNA Health Plan HMO
10/16/1979	F	CA	92807	CIGNA Health Plan HMO
08/12/1949	F	CA	92683	CIGNA Health Plan HMO
02/15/1976	M	CA	92867	CIGNA Health Plan HMO
01/12/1957	F	CA	92660	CIGNA Health Plan HMO
03/31/1971	F	CA	90716	CIGNA Health Plan HMO
01/05/1954	F	CA	92799	CIGNA Health Plan HMO
08/10/1961	F	CA	90604	CIGNA Health Plan HMO
09/24/1961	F	CA	92863	CIGNA Health Plan HMO
03/09/1947	F	CA	92869	CIGNA Health Plan HMO
12/01/1961	F	CA	92627	CIGNA Health Plan HMO

04/22/1939	F	CA	92840	CIGNA Health Plan HMO
08/27/1976	F	CA	90716	CIGNA Health Plan HMO
11/10/1971	F	CA	92704	CIGNA Health Plan HMO
01/01/1978	F	CA	92840	CIGNA Health Plan HMO
11/04/1952	F	CA	92648	CIGNA Health Plan HMO
04/01/1968	F	CA	92840	CIGNA Health Plan HMO
05/28/1958	F	CA	92869	CIGNA Health Plan HMO
10/19/1970	F	CA	91765	CIGNA Health Plan HMO
11/08/1986	F	CA	92805	CIGNA Health Plan HMO
10/07/1980	F	CA	92505	CIGNA Health Plan HMO
08/10/1962	M	CA	92655	CIGNA Health Plan HMO
11/22/1959	F	CA	91761	CIGNA Health Plan HMO
04/29/1959	F	CA	92223	CIGNA Health Plan HMO
04/11/1958	F	CA	92703	CIGNA Health Plan HMO
05/10/1970	F	CA	92805	CIGNA Health Plan HMO
08/07/1977	F	CA	92703	CIGNA Health Plan HMO
12/12/1967	F	CA	92870	CIGNA Health Plan HMO
09/09/1975	F	CA	92870	CIGNA Health Plan HMO
02/25/1977	F	CA	926751105	CIGNA Health Plan HMO
01/12/1952	F	CA	92844	CIGNA Health Plan HMO
11/28/1963	F	CA	92831	CIGNA Health Plan HMO
10/01/1978	F	CA	92804	CIGNA Health Plan HMO
06/05/1950	F	CA	92692	CIGNA Health Plan HMO
11/04/1950	F	CA	90604	CIGNA Health Plan HMO
02/04/1986	F	CA	92701	CIGNA Health Plan HMO
07/02/1977	F	CA	92707	CIGNA Health Plan HMO
03/26/1978	M	CA	92882	CIGNA Health Plan HMO
03/10/1981	F	CA	92832	CIGNA Health Plan HMO
04/19/1956	F	CA	92841	CIGNA Health Plan HMO
08/17/1957	F	CA	92799	CIGNA Health Plan HMO
12/18/1932	M	CA	92887	CIGNA Health Plan HMO
11/12/1975	F	CA	92707	CIGNA Health Plan HMO
10/05/1934	F	CA	92605	CIGNA Health Plan HMO
02/11/1942	F	CA	92869	CIGNA Health Plan HMO
07/20/1985	F	CA	92843	CIGNA Health Plan HMO
05/18/1953	F	CA	92869	CIGNA Health Plan HMO
01/10/1953	M	CA	92821	CIGNA Health Plan HMO
02/01/1957	F	CA	92705	CIGNA Health Plan HMO
10/08/1957	F	CA	92865	CIGNA Health Plan HMO
05/15/1953	M	CA	92701	CIGNA Health Plan HMO
10/04/1963	F	CA	92679	CIGNA Health Plan HMO
03/23/1961	F	CA	92806	CIGNA Health Plan HMO
05/26/1941	F	CA	92833	CIGNA Health Plan HMO
12/03/1976	F	CA	92880	CIGNA Health Plan HMO
10/12/1977	F	CA	92708	CIGNA Health Plan HMO
10/15/1949	F	CA	92868	CIGNA Health Plan HMO
02/23/1983	F	CA	92882	CIGNA Health Plan HMO
06/18/1975	F	CA	90603	CIGNA Health Plan HMO
01/02/1952	F	CA	92802	CIGNA Health Plan HMO
06/01/1979	F	CA	92627	CIGNA Health Plan HMO
04/14/1975	F	CA	92683	CIGNA Health Plan HMO
10/30/1951	F	CA	92692	CIGNA Health Plan HMO

10/18/1972	M	CA	92683	CIGNA Health Plan HMO
08/24/1968	M	CA	92780	CIGNA Health Plan HMO
08/27/1976	F	CA	92780	CIGNA Health Plan HMO
11/18/1957	F	CA	92627	CIGNA Health Plan HMO
04/11/1954	F	CA	928074949	CIGNA Health Plan HMO
12/15/1945	F	CA	92708	CIGNA Health Plan HMO
03/14/1972	F	CA	92703	CIGNA Health Plan HMO
06/08/1977	F	CA	92683	CIGNA Health Plan HMO
12/21/1956	F	CA	92804	CIGNA Health Plan HMO
05/16/1953	F	CA	92683	CIGNA Health Plan HMO
06/24/1962	F	CA	92843	CIGNA Health Plan HMO
09/25/1953	M	CA	92843	CIGNA Health Plan HMO
09/16/1955	M	CA	92704	CIGNA Health Plan HMO
01/08/1964	F	CA	92868	CIGNA Health Plan HMO
01/28/1955	F	CA	92704	CIGNA Health Plan HMO
12/11/1957	F	CA	92691	CIGNA Health Plan HMO
01/02/1967	F	CA	92069	CIGNA Health Plan HMO
12/20/1944	F	CA	92683	CIGNA Health Plan HMO
12/31/1968	F	CA	90680	CIGNA Health Plan HMO
01/25/1982	F	CA	92841	CIGNA Health Plan HMO
08/05/1972	F	CA	92801	CIGNA Health Plan HMO
03/03/1968	F	CA	92627	CIGNA Health Plan HMO
10/01/1977	F	CA	92844	CIGNA Health Plan HMO
09/22/1979	F	CA	92705	CIGNA Health Plan HMO
04/01/1982	F	CA	92868	CIGNA Health Plan HMO
06/12/1979	F	CA	92708	CIGNA Health Plan HMO
02/20/1981	F	CA	92806	CIGNA Health Plan HMO
05/16/1962	F	CA	92653	CIGNA Health Plan HMO
12/13/1978	F	CA	92804	CIGNA Health Plan HMO
03/17/1951	F	CA	92867	CIGNA Health Plan HMO
07/11/1970	F	CA	92780	CIGNA Health Plan HMO
07/12/1955	F	CA	92868	CIGNA Health Plan HMO
10/03/1981	F	CA	92704	CIGNA Health Plan HMO
07/22/1963	F	CA	92707	CIGNA Health Plan HMO
01/23/1982	F	CA	90630	CIGNA Health Plan HMO
06/27/1978	F	CA	92806	CIGNA Health Plan HMO
01/31/1963	F	CA	92630	CIGNA Health Plan HMO
05/27/1987	F	CA	92805	CIGNA Health Plan HMO
12/05/1982	F	CA	92706	CIGNA Health Plan HMO
01/12/1986	F	CA	92707	CIGNA Health Plan HMO
05/22/1977	F	CA	92832	CIGNA Health Plan HMO
09/21/1983	F	CA	92841	CIGNA Health Plan HMO
04/16/1986	F	CA	92504	CIGNA Health Plan HMO
08/09/1964	M	CA	92840	CIGNA Health Plan HMO
03/12/1954	M	CA	92869	CIGNA Health Plan HMO
06/10/1985	F	CA	92804	CIGNA Health Plan HMO
06/06/1985	M	CA	92844	CIGNA Health Plan HMO
09/14/1987	F	CA	92701	CIGNA Health Plan HMO
07/04/1976	F	CA	92653	CIGNA Health Plan HMO
08/15/1974	F	CA	92701	CIGNA Health Plan HMO
09/20/1973	F	CA	90723	CIGNA Health Plan HMO
07/23/1973	F	CA	92843	CIGNA Health Plan HMO

10/26/1978	F	CA	92805	CIGNA Health Plan HMO
09/10/1977	F	CA	92501	CIGNA Health Plan HMO
10/10/1982	F	CA	92833	CIGNA Health Plan HMO
02/14/1984	F	CA	92867	CIGNA Health Plan HMO
10/30/1973	F	CA	90680	CIGNA Health Plan HMO
09/30/1983	F	CA	92704	CIGNA Health Plan HMO
01/18/1977	M	CA	92804	CIGNA Health Plan HMO
02/25/1979	F	CA	92831	CIGNA Health Plan HMO
04/25/1984	F	CA	92843	CIGNA Health Plan HMO
11/08/1984	F	CA	92804	CIGNA Health Plan HMO
12/04/1969	F	CA	92646	CIGNA Health Plan HMO
12/09/1977	F	CA	92707	CIGNA Health Plan HMO
01/10/1970	F	CA	92655	CIGNA Health Plan HMO
07/10/1986	F	CA	92407	CIGNA Health Plan HMO
05/27/1981	F	CA	92869	CIGNA Health Plan HMO
12/07/1973	F	CA	92801	CIGNA Health Plan HMO
01/14/1985	F	CA	92806	CIGNA Health Plan HMO
04/07/1976	F	CA	90007	CIGNA Health Plan HMO
07/25/1986	F	CA	92679	CIGNA Health Plan HMO
05/13/1967	F	CA	92802	CIGNA Health Plan HMO
06/14/1984	F	CA	92867	CIGNA Health Plan HMO
08/05/1973	F	CA	92706	CIGNA Health Plan HMO
04/08/1973	F	CA	90680	CIGNA Health Plan HMO
11/10/1972	F	CA	92708	CIGNA Health Plan HMO
07/10/1981	M	CA	92821	CIGNA Health Plan HMO
04/03/1988	F	CA	90702	CIGNA Health Plan HMO
10/31/1973	F	CA	92841	CIGNA Health Plan HMO
08/09/1974	F	CA	92782	CIGNA Health Plan HMO
01/06/1983	F	CA	92706	CIGNA Health Plan HMO
06/06/1980	F	CA	92867	CIGNA Health Plan HMO
10/12/1986	F	CA	92806	CIGNA Health Plan HMO
05/20/1983	F	CA	92886	CIGNA Health Plan HMO
05/20/1983	F	CA	92703	CIGNA Health Plan HMO
03/23/1989	M	CA	92821	CIGNA Health Plan HMO
03/10/1976	M	CA	92840	CIGNA Health Plan HMO
07/04/1979	F	CA	92707	CIGNA Health Plan HMO
12/02/1976	F	CA	92706	CIGNA Health Plan HMO
12/06/1984	F	CA	92688	CIGNA Health Plan HMO
01/15/1980	M	CA	92647	CIGNA Health Plan HMO
09/21/1974	F	CA	92704	CIGNA Health Plan HMO
03/24/1967	M	CA	92841	CIGNA Health Plan HMO
04/28/1979	F	CA	92807	CIGNA Health Plan HMO
03/22/1982	F	CA	92801	CIGNA Health Plan HMO
07/10/1987	F	CA	92880	CIGNA Health Plan HMO
12/04/1969	F	CA	92704	CIGNA Health Plan HMO
09/26/1974	F	CA	92870	CIGNA Health Plan HMO
02/26/1980	F	CA	92704	CIGNA Health Plan HMO
05/15/1973	F	CA	92707	CIGNA Health Plan HMO
11/25/1983	M	CA	92843	CIGNA Health Plan HMO
09/24/1963	M	CA	92832	CIGNA Health Plan HMO
06/12/1982	F	CA	90706	CIGNA Health Plan HMO
01/01/1975	F	CA	92841	CIGNA Health Plan HMO

02/11/1978	F	CA	92701	CIGNA Health Plan HMO
06/15/1984	F	CA	92833	CIGNA Health Plan HMO
08/08/1986	F	CA	92503	CIGNA Health Plan HMO
06/06/1957	F	CA	92706	CIGNA Health Plan HMO
03/10/1973	M	CA	92841	CIGNA Health Plan HMO
07/04/1975	F	CA	92703	CIGNA Health Plan HMO
08/23/1984	F	CA	92683	CIGNA Health Plan HMO
03/16/1981	M	CA	92804	CIGNA Health Plan HMO
08/27/1959	M	CA	92602	CIGNA Health Plan HMO
05/12/1987	F	CA	92806	CIGNA Health Plan HMO
10/30/1973	F	CA	92688	CIGNA Health Plan HMO
11/28/1964	M	CA	90680	CIGNA Health Plan HMO
04/06/1984	F	CA	92843	CIGNA Health Plan HMO
03/21/1964	F	CA	92865	CIGNA Health Plan HMO
02/16/1984	F	CA	92701	CIGNA Health Plan HMO
05/10/1965	M	CA	92704	CIGNA Health Plan HMO
06/30/1987	F	CA	92656	CIGNA Health Plan HMO
04/16/1977	F	CA	92690	CIGNA Health Plan HMO
05/09/1970	M	CA	92707	CIGNA Health Plan HMO
12/10/1973	F	CA	92646	CIGNA Health Plan HMO
11/23/1979	M	CA	90604	CIGNA Health Plan HMO
07/05/1976	F	CA	92703	CIGNA Health Plan HMO
04/02/1980	M	CA	92780	CIGNA Health Plan HMO
04/20/1986	F	CA	92806	CIGNA Health Plan HMO
08/09/1983	F	CA	92844	CIGNA Health Plan HMO
04/20/1975	F	CA	92626	CIGNA Health Plan HMO
01/15/1983	F	CA	92704	CIGNA Health Plan HMO
01/23/1952	F	CA	92840	CIGNA Health Plan HMO
07/20/1957	F	CA	92646	CIGNA Health Plan HMO
04/10/1945	F	CA	92868	CIGNA Health Plan HMO
01/18/1972	F	CA	92840	CIGNA Health Plan HMO
11/04/1975	F	CA	92708	CIGNA Health Plan HMO
10/07/1971	F	CA	92704	CIGNA Health Plan HMO
07/10/1969	F	CA	92805	CIGNA Health Plan HMO
07/14/1986	M	CA	92704	CIGNA Health Plan HMO
11/30/1981	M	CA	92867	CIGNA Health Plan HMO
05/25/1986	F	CA	92780	CIGNA Health Plan HMO
12/29/1985	F	CA	92780	CIGNA Health Plan HMO
01/04/1961	F	CA	92781	CIGNA Health Plan HMO
05/03/1973	M	CA	92780	CIGNA Health Plan HMO
09/06/1986	F	CA	92704	CIGNA Health Plan HMO
08/14/1982	F	CA	92626	CIGNA Health Plan HMO
06/13/1983	F	CA	92869	CIGNA Health Plan HMO
03/07/1975	M	CA	92627	CIGNA Health Plan HMO
03/25/1984	F	CA	92840	CIGNA Health Plan HMO
09/27/1980	F	CA	92880	CIGNA Health Plan HMO
05/22/1986	F	CA	92703	CIGNA Health Plan HMO
09/25/1982	M	CA	92703	CIGNA Health Plan HMO
04/21/1981	F	CA	92836	CIGNA Health Plan HMO
04/04/1985	F	CA	92780	CIGNA Health Plan HMO
09/23/1981	M	CA	92780	CIGNA Health Plan HMO
12/29/1968	F	CA	92706	CIGNA Health Plan HMO

03/22/1978	F	CA	90630	CIGNA Health Plan HMO
08/23/1977	F	CA	92683	CIGNA Health Plan HMO
06/03/1966	F	CA	90620	CIGNA Health Plan HMO
11/24/1975	F	CA	90723	CIGNA Health Plan HMO
11/02/1981	F	CA	92806	CIGNA Health Plan HMO
03/26/1977	F	CA	92706	CIGNA Health Plan HMO
09/30/1983	M	CA	92840	CIGNA Health Plan HMO
02/19/1987	M	CA	92870	CIGNA Health Plan HMO
05/12/1972	F	CA	92801	CIGNA Health Plan HMO
03/21/1962	F	CA	92841	CIGNA Health Plan HMO
10/12/1983	F	CA	90605	CIGNA Health Plan HMO
06/07/1979	F	CA	92870	CIGNA Health Plan HMO
06/27/1972	F	CA	92660	CIGNA Health Plan HMO
08/26/1987	M	CA	91710	CIGNA Health Plan HMO
11/23/1983	M	CA	92879	CIGNA Health Plan HMO
10/09/1973	F	CA	92840	CIGNA Health Plan HMO
05/17/1973	F	CA	92806	CIGNA Health Plan HMO
11/23/1978	F	CA	92802	CIGNA Health Plan HMO
08/03/1987	F	CA	92707	CIGNA Health Plan HMO
09/11/1977	F	CA	92703	CIGNA Health Plan HMO
12/04/1958	M	CA	92867	CIGNA Health Plan HMO
03/07/1950	M	CA	92704	CIGNA Health Plan HMO
01/20/1949	M	CA	928054823	CIGNA Health Plan HMO
09/28/1955	M	CA	92706	CIGNA Health Plan HMO
03/29/1951	M	CA	92660	CIGNA Health Plan HMO
02/06/1956	M	CA	92870	CIGNA Health Plan HMO
06/21/1966	M	CA	92804	CIGNA Health Plan HMO
07/19/1959	M	CA	92707	CIGNA Health Plan HMO
10/19/1967	M	CA	92833	CIGNA Health Plan HMO
01/19/1957	M	CA	92629	CIGNA Health Plan HMO
06/14/1971	F	CA	92808	CIGNA Health Plan HMO
06/25/1962	M	CA	90620	CIGNA Health Plan HMO
11/02/1968	F	CA	92692	CIGNA Health Plan HMO
05/10/1980	F	CA	92808	CIGNA Health Plan HMO
03/06/1946	F	CA	92688	CIGNA Health Plan HMO
02/16/1956	F	CA	906304526	CIGNA Health Plan HMO
11/02/1975	F	CA	90755	CIGNA Health Plan HMO
08/02/1958	F	CA	90603	CIGNA Health Plan HMO
03/26/1946	F	CA	92654	CIGNA Health Plan HMO
09/05/1956	F	CA	92677	CIGNA Health Plan HMO
04/13/1954	M	CA	92867	CIGNA Health Plan HMO
10/27/1964	F	CA	92655	CIGNA Health Plan HMO
04/06/1958	F	CA	90804	CIGNA Health Plan HMO
09/13/1975	F	CA	92620	CIGNA Health Plan HMO
01/29/1950	F	CA	92676	CIGNA Health Plan HMO
06/15/1978	M	CA	92882	CIGNA Health Plan HMO
06/12/1952	F	CA	92821	CIGNA Health Plan HMO
08/02/1955	F	CA	92656	CIGNA Health Plan HMO
05/19/1950	F	CA	92691	CIGNA Health Plan HMO
06/27/1969	M	CA	90803	CIGNA Health Plan HMO
11/29/1955	F	CA	92868	CIGNA Health Plan HMO
06/22/1973	F	CA	92646	CIGNA Health Plan HMO

03/15/1964	M	CA	90746	CIGNA Health Plan HMO
10/24/1944	F	CA	92614	CIGNA Health Plan HMO
01/03/1983	F	CA	92843	CIGNA Health Plan HMO
06/26/1957	F	CA	90630	CIGNA Health Plan HMO
04/17/1978	F	CA	92832	CIGNA Health Plan HMO
05/21/1945	F	CA	92627	CIGNA Health Plan HMO
02/09/1947	M	CA	92703	CIGNA Health Plan HMO
02/05/1945	F	CA	92833	CIGNA Health Plan HMO
02/12/1975	F	CA	92704	CIGNA Health Plan HMO
10/24/1969	M	CA	92841	CIGNA Health Plan HMO
05/07/1945	F	CA	92688	CIGNA Health Plan HMO
11/17/1963	F	CA	92683	CIGNA Health Plan HMO
02/21/1962	M	CA	92703	CIGNA Health Plan HMO
11/22/1966	M	CA	92866	CIGNA Health Plan HMO
06/06/1972	F	CA	92869	CIGNA Health Plan HMO
08/10/1974	F	CA	92868	CIGNA Health Plan HMO
08/21/1959	F	CA	92656	CIGNA Health Plan HMO
12/25/1971	F	CA	92603	CIGNA Health Plan HMO
06/17/1969	F	CA	92835	CIGNA Health Plan HMO
01/27/1947	F	CA	92683	CIGNA Health Plan HMO
05/28/1986	F	CA	92840	CIGNA Health Plan HMO
09/11/1955	F	CA	92503	CIGNA Health Plan HMO
11/11/1965	F	CA	92868	CIGNA Health Plan HMO
04/04/1966	F	CA	92646	CIGNA Health Plan HMO
01/02/1955	F	CA	92880	CIGNA Health Plan HMO
03/25/1967	F	CA	92869	CIGNA Health Plan HMO
06/02/1973	F	CA	90713	CIGNA Health Plan HMO
12/16/1975	F	CA	90605	CIGNA Health Plan HMO
10/28/1965	F	CA	90806	CIGNA Health Plan HMO
07/10/1977	F	CA	92865	CIGNA Health Plan HMO
11/22/1971	F	CA	92866	CIGNA Health Plan HMO
07/27/1960	M	CA	91761	CIGNA Health Plan HMO
10/25/1968	M	CA	92735	CIGNA Health Plan HMO
12/13/1972	F	CA	92688	CIGNA Health Plan HMO
01/03/1978	F	CA	92844	CIGNA Health Plan HMO
04/29/1967	F	CA	92630	CIGNA Health Plan HMO
07/18/1964	F	CA	92704	CIGNA Health Plan HMO
12/17/1967	F	CA	90802	CIGNA Health Plan HMO
12/29/1942	F	CA	92780	CIGNA Health Plan HMO
10/22/1957	F	CA	92656	CIGNA Health Plan HMO
07/15/1983	F	CA	92866	CIGNA Health Plan HMO
11/14/1953	F	CA	92886	CIGNA Health Plan HMO
09/28/1953	M	CA	92801	CIGNA Health Plan HMO
11/11/1951	F	CA	92647	CIGNA Health Plan HMO
11/16/1986	F	CA	92691	CIGNA Health Plan HMO
08/24/1964	F	CA	90804	CIGNA Health Plan HMO
03/25/1967	F	CA	92646	CIGNA Health Plan HMO
02/24/1980	F	CA	90510	CIGNA Health Plan HMO
01/06/1972	F	CA	92821	CIGNA Health Plan HMO
05/30/1974	F	CA	91789	CIGNA Health Plan HMO
12/23/1968	F	CA	92629	CIGNA Health Plan HMO
08/09/1975	F	CA	92614	CIGNA Health Plan HMO

10/09/1956	F	CA	90604	CIGNA Health Plan HMO
01/15/1964	M	CA	92703	CIGNA Health Plan HMO
02/04/1964	F	CA	92656	CIGNA Health Plan HMO
07/02/1965	M	CA	90604	CIGNA Health Plan HMO
12/23/1982	M	CA	92869	CIGNA Health Plan HMO
11/30/1960	F	CA	92805	CIGNA Health Plan HMO
03/18/1961	F	CA	92883	CIGNA Health Plan HMO
10/19/1974	F	CA	92691	CIGNA Health Plan HMO
11/30/1979	F	CA	90713	CIGNA Health Plan HMO
12/30/1971	F	CA	92869	CIGNA Health Plan HMO
01/06/1984	F	CA	92707	CIGNA Health Plan HMO
09/23/1960	F	CA	92805	CIGNA Health Plan HMO
08/08/1967	F	CA	90803	CIGNA Health Plan HMO
01/14/1976	F	CA	92808	CIGNA Health Plan HMO
07/19/1975	F	CA	92867	CIGNA Health Plan HMO
07/15/1946	M	CA	92705	CIGNA Health Plan HMO
08/14/1954	F	CA	92805	CIGNA Health Plan HMO
07/31/1946	F	CA	92629	CIGNA Health Plan HMO
08/18/1973	F	CA	92865	CIGNA Health Plan HMO
02/07/1958	F	CA	92656	CIGNA Health Plan HMO
03/10/1969	F	CA	92886	CIGNA Health Plan HMO
02/25/1954	F	CA	92833	CIGNA Health Plan HMO
06/29/1972	M	CA	92886	CIGNA Health Plan HMO
01/14/1976	F	CA	92620	CIGNA Health Plan HMO
01/13/1980	F	CA	92841	CIGNA Health Plan HMO
12/10/1972	F	CA	92782	CIGNA Health Plan HMO
07/22/1977	F	CA	92879	CIGNA Health Plan HMO
02/06/1944	F	CA	92651	CIGNA Health Plan HMO
01/09/1978	F	CA	92703	CIGNA Health Plan HMO
10/15/1974	F	CA	92648	CIGNA Health Plan HMO
07/04/1970	F	CA	92844	CIGNA Health Plan HMO
12/28/1973	F	CA	92649	CIGNA Health Plan HMO
04/17/1950	F	CA	92647	CIGNA Health Plan HMO
07/15/1967	F	CA	92805	CIGNA Health Plan HMO
06/04/1964	F	CA	92865	CIGNA Health Plan HMO
04/05/1965	F	CA	92663	CIGNA Health Plan HMO
07/17/1970	F	CA	92647	CIGNA Health Plan HMO
02/16/1948	M	CA	92801	CIGNA Health Plan HMO
05/07/1960	F	CA	92866	CIGNA Health Plan HMO
09/17/1960	F	CA	92672	CIGNA Health Plan HMO
06/16/1976	F	CA	92683	CIGNA Health Plan HMO
09/06/1966	F	CA	92704	CIGNA Health Plan HMO
08/05/1945	F	CA	92821	CIGNA Health Plan HMO
08/11/1951	F	CA	92802	CIGNA Health Plan HMO
09/01/1957	F	CA	92866	CIGNA Health Plan HMO
12/18/1964	M	CA	92701	CIGNA Health Plan HMO
02/20/1968	M	CA	92805	CIGNA Health Plan HMO
09/23/1953	M	CA	92629	CIGNA Health Plan HMO
03/10/1966	M	CA	92865	CIGNA Health Plan HMO
11/16/1971	F	CA	92620	CIGNA Health Plan HMO
04/12/1973	F	CA	92866	CIGNA Health Plan HMO
09/11/1977	F	CA	92881	CIGNA Health Plan HMO

05/11/1973	F	CA	92843	CIGNA Health Plan HMO
02/09/1949	M	CA	90638	CIGNA Health Plan HMO
06/20/1949	M	CA	90047	CIGNA Health Plan HMO
04/25/1978	F	CA	92646	CIGNA Health Plan HMO
06/27/1974	F	CA	92604	CIGNA Health Plan HMO
02/25/1976	M	CA	90713	CIGNA Health Plan HMO
11/05/1969	F	CA	90680	CIGNA Health Plan HMO
03/30/1971	F	CA	92821	CIGNA Health Plan HMO
11/21/1971	F	CA	92806	CIGNA Health Plan HMO
01/31/1975	F	CA	92656	CIGNA Health Plan HMO
03/26/1957	F	CA	90638	CIGNA Health Plan HMO
03/29/1960	M	CA	92867	CIGNA Health Plan HMO
11/28/1978	F	CA	92843	CIGNA Health Plan HMO
01/27/1973	F	CA	92806	CIGNA Health Plan HMO
03/26/1956	F	CA	91745	CIGNA Health Plan HMO
03/26/1972	F	CA	92701	CIGNA Health Plan HMO
11/25/1956	F	CA	92648	CIGNA Health Plan HMO
07/23/1971	F	CA	91746	CIGNA Health Plan HMO
10/03/1979	F	CA	92701	CIGNA Health Plan HMO
01/05/1975	F	CA	92708	CIGNA Health Plan HMO
09/05/1972	M	CA	91750	CIGNA Health Plan HMO
08/13/1949	F	CA	92704	CIGNA Health Plan HMO
01/26/1971	F	CA	92869	CIGNA Health Plan HMO
01/19/1977	M	CA	92703	CIGNA Health Plan HMO
03/11/1976	F	CA	90631	CIGNA Health Plan HMO
05/22/1970	F	CA	92805	CIGNA Health Plan HMO
02/27/1983	F	CA	92869	CIGNA Health Plan HMO
11/25/1971	F	CA	91750	CIGNA Health Plan HMO
12/06/1966	M	CA	92806	CIGNA Health Plan HMO
04/09/1969	F	CA	92802	CIGNA Health Plan HMO
07/23/1981	M	CA	92653	CIGNA Health Plan HMO
07/31/1955	F	CA	92780	CIGNA Health Plan HMO
09/16/1957	F	CA	92629	CIGNA Health Plan HMO
09/17/1963	F	CA	90804	CIGNA Health Plan HMO
06/05/1977	F	CA	92868	CIGNA Health Plan HMO
06/26/1948	F	CA	92691	CIGNA Health Plan HMO
01/23/1953	F	CA	92802	CIGNA Health Plan HMO
12/26/1973	F	CA	90802	CIGNA Health Plan HMO
11/02/1979	F	CA	92843	CIGNA Health Plan HMO
06/03/1947	F	CA	92604	CIGNA Health Plan HMO
08/07/1961	F	CA	90604	CIGNA Health Plan HMO
08/25/1973	F	CA	92840	CIGNA Health Plan HMO
07/26/1960	F	CA	92706	CIGNA Health Plan HMO
08/18/1963	F	CA	92869	CIGNA Health Plan HMO
07/13/1949	M	CA	92704	CIGNA Health Plan HMO
10/19/1972	F	CA	92630	CIGNA Health Plan HMO
12/02/1965	M	CA	92707	CIGNA Health Plan HMO
12/03/1972	M	CA	92869	CIGNA Health Plan HMO
02/01/1979	F	CA	92841	CIGNA Health Plan HMO
07/08/1976	F	CA	92646	CIGNA Health Plan HMO
05/07/1956	F	CA	92870	CIGNA Health Plan HMO
06/11/1977	F	CA	90802	CIGNA Health Plan HMO

08/06/1980	F	CA	92627	CIGNA Health Plan HMO
09/25/1984	M	CA	92843	CIGNA Health Plan HMO
07/12/1981	F	CA	92592	CIGNA Health Plan HMO
09/16/1960	F	CA	90805	CIGNA Health Plan HMO
10/21/1979	F	CA	90631	CIGNA Health Plan HMO
11/11/1960	F	CA	92627	CIGNA Health Plan HMO
10/20/1984	M	CA	92806	CIGNA Health Plan HMO
09/12/1962	M	CA	92646	CIGNA Health Plan HMO
11/20/1981	F	CA	92869	CIGNA Health Plan HMO
11/05/1965	F	CA	90620	CIGNA Health Plan HMO
06/27/1960	M	CA	92655	CIGNA Health Plan HMO
09/26/1980	F	CA	92780	CIGNA Health Plan HMO
05/03/1979	F	CA	90247	CIGNA Health Plan HMO
04/04/1982	F	CA	92780	CIGNA Health Plan HMO
09/04/1977	F	CA	92782	CIGNA Health Plan HMO
08/01/1980	F	CA	92626	CIGNA Health Plan HMO
04/17/1982	F	CA	92683	CIGNA Health Plan HMO
02/12/1951	F	CA	92683	CIGNA Health Plan HMO
05/31/1974	F	CA	92883	CIGNA Health Plan HMO
07/21/1974	F	CA	92649	CIGNA Health Plan HMO
05/14/1977	M	CA	91744	CIGNA Health Plan HMO
02/26/1980	F	CA	92707	CIGNA Health Plan HMO
09/17/1982	F	CA	92840	CIGNA Health Plan HMO
08/21/1967	F	CA	92802	CIGNA Health Plan HMO
12/26/1944	M	CA	928015371	CIGNA Health Plan HMO
08/27/1968	F	CA	92673	CIGNA Health Plan HMO
08/09/1978	F	CA	92806	CIGNA Health Plan HMO
02/03/1984	F	CA	92802	CIGNA Health Plan HMO
05/27/1947	F	CA	90803	CIGNA Health Plan HMO
08/21/1968	F	CA	92677	CIGNA Health Plan HMO
07/20/1973	F	CA	90755	CIGNA Health Plan HMO
05/03/1971	F	CA	91932	CIGNA Health Plan HMO
04/17/1966	F	CA	92683	CIGNA Health Plan HMO
11/18/1961	F	CA	92629	CIGNA Health Plan HMO
12/24/1961	F	CA	92807	CIGNA Health Plan HMO
03/08/1947	F	CA	92706	CIGNA Health Plan HMO
11/26/1963	M	CA	90630	CIGNA Health Plan HMO
03/28/1966	M	CA	92655	CIGNA Health Plan HMO
09/09/1974	F	CA	90804	CIGNA Health Plan HMO
01/30/1963	F	CA	92683	CIGNA Health Plan HMO
08/11/1967	F	CA	90631	CIGNA Health Plan HMO
04/23/1951	F	CA	91701	CIGNA Health Plan HMO
11/12/1974	F	CA	92691	CIGNA Health Plan HMO
03/12/1948	F	CA	92672	CIGNA Health Plan HMO
05/27/1967	M	CA	92649	CIGNA Health Plan HMO
10/01/1951	M	CA	92672	CIGNA Health Plan HMO
04/06/1957	F	CA	92660	CIGNA Health Plan HMO
09/20/1987	F	CA	92835	CIGNA Health Plan HMO
07/25/1946	M	CA	92705	CIGNA Health Plan HMO
06/27/1945	M	CA	92867	CIGNA Health Plan HMO
07/17/1960	F	CA	92605	CIGNA Health Plan HMO
08/30/1954	F	CA	92780	CIGNA Health Plan HMO

10/18/1980	F	CA	92842	CIGNA Health Plan HMO
02/06/1954	F	CA	92708	CIGNA Health Plan HMO
09/23/1954	F	CA	90804	CIGNA Health Plan HMO
01/07/1955	F	CA	90028	CIGNA Health Plan HMO
03/17/1973	F	CA	91790	CIGNA Health Plan HMO
01/31/1950	M	CA	92701	CIGNA Health Plan HMO
08/04/1954	M	CA	92802	CIGNA Health Plan HMO
01/02/1964	F	CA	90815	CIGNA Health Plan HMO
04/25/1945	F	CA	92626	CIGNA Health Plan HMO
05/19/1961	F	CA	90621	CIGNA Health Plan HMO
07/30/1950	F	CA	92683	CIGNA Health Plan HMO
09/27/1943	F	CA	92806	CIGNA Health Plan HMO
05/14/1953	F	CA	92886	CIGNA Health Plan HMO
06/03/1945	F	CA	92780	CIGNA Health Plan HMO
11/22/1979	M	CA	92843	CIGNA Health Plan HMO
06/17/1965	F	CA	92846	CIGNA Health Plan HMO
06/20/1950	F	CA	92551	CIGNA Health Plan HMO
03/26/1947	F	CA	92683	CIGNA Health Plan HMO
02/12/1978	F	CA	92705	CIGNA Health Plan HMO
10/21/1935	F	CA	92708	CIGNA Health Plan HMO
03/30/1959	M	CA	90620	CIGNA Health Plan HMO
07/19/1973	F	CA	92655	CIGNA Health Plan HMO
11/01/1941	F	CA	92708	CIGNA Health Plan HMO
01/25/1951	F	CA	92612	CIGNA Health Plan HMO
04/16/1971	F	CA	91770	CIGNA Health Plan HMO
12/24/1940	F	CA	92869	CIGNA Health Plan HMO
06/21/1974	F	CA	90802	CIGNA Health Plan HMO
07/19/1947	F	CA	92844	CIGNA Health Plan HMO
04/14/1975	F	CA	92656	CIGNA Health Plan HMO
07/22/1979	M	CA	92707	CIGNA Health Plan HMO
10/11/1952	F	CA	90631	CIGNA Health Plan HMO
10/20/1962	F	CA	92704	CIGNA Health Plan HMO
10/25/1950	F	CA	92602	CIGNA Health Plan HMO
02/04/1959	F	CA	92843	CIGNA Health Plan HMO
03/25/1947	F	CA	90630	CIGNA Health Plan HMO
08/10/1983	F	CA	92703	CIGNA Health Plan HMO
05/24/1981	F	CA	92882	CIGNA Health Plan HMO
11/26/1974	F	CA	92865	CIGNA Health Plan HMO
10/23/1982	F	CA	92843	CIGNA Health Plan HMO
04/12/1968	F	CA	92869	CIGNA Health Plan HMO
10/14/1975	F	CA	91706	CIGNA Health Plan HMO
03/15/1974	F	CA	90031	CIGNA Health Plan HMO
02/23/1969	M	CA	90266	CIGNA Health Plan HMO
11/01/1947	F	CA	92647	CIGNA Health Plan HMO
08/10/1978	F	CA	92806	CIGNA Health Plan HMO
12/13/1972	F	CA	92843	CIGNA Health Plan HMO
10/02/1958	F	CA	90723	CIGNA Health Plan HMO
07/18/1980	F	CA	92844	CIGNA Health Plan HMO
06/01/1970	F	CA	92881	CIGNA Health Plan HMO
05/05/1932	M	CA	90805	CIGNA Health Plan HMO
10/14/1974	F	CA	90260	CIGNA Health Plan HMO
09/30/1966	F	CA	92707	CIGNA Health Plan HMO

03/08/1962	F	CA	92705	CIGNA Health Plan HMO
08/13/1956	F	CA	92782	CIGNA Health Plan HMO
10/06/1952	M	CA	90804	CIGNA Health Plan HMO
06/10/1975	M	CA	92831	CIGNA Health Plan HMO
09/26/1954	F	CA	92832	CIGNA Health Plan HMO
02/09/1958	F	CA	92867	CIGNA Health Plan HMO
06/28/1961	F	CA	92845	CIGNA Health Plan HMO
12/28/1962	F	CA	92840	CIGNA Health Plan HMO
06/12/1975	F	CA	92869	CIGNA Health Plan HMO
12/10/1966	F	CA	90280	CIGNA Health Plan HMO
02/16/1972	F	CA	92704	CIGNA Health Plan HMO
02/20/1979	F	CA	92801	CIGNA Health Plan HMO
02/20/1980	F	CA	92832	CIGNA Health Plan HMO
07/07/1966	F	CA	92804	CIGNA Health Plan HMO
05/07/1951	F	CA	92780	CIGNA Health Plan HMO
10/04/1969	F	CA	92708	CIGNA Health Plan HMO
11/19/1952	M	CA	90023	CIGNA Health Plan HMO
03/17/1957	F	CA	92802	CIGNA Health Plan HMO
08/20/1956	M	CA	92802	CIGNA Health Plan HMO
10/25/1982	F	CA	92672	CIGNA Health Plan HMO
07/01/1974	M	CA	92835	CIGNA Health Plan HMO
05/03/1957	F	CA	90631	CIGNA Health Plan HMO
02/08/1961	M	CA	92867	CIGNA Health Plan HMO
08/26/1972	F	CA	92630	CIGNA Health Plan HMO
12/23/1974	F	CA	92703	CIGNA Health Plan HMO
02/16/1975	F	CA	90706	CIGNA Health Plan HMO
10/12/1948	M	CA	92612	CIGNA Health Plan HMO
08/30/1948	M	CA	92801	CIGNA Health Plan HMO
06/01/1947	M	CA	90032	CIGNA Health Plan HMO
01/11/1957	F	CA	92688	CIGNA Health Plan HMO
07/03/1956	M	CA	92833	CIGNA Health Plan HMO
10/31/1959	F	CA	90621	CIGNA Health Plan HMO
04/29/1963	F	CA	92706	CIGNA Health Plan HMO
04/03/1956	F	CA	92626	CIGNA Health Plan HMO
09/15/1977	F	CA	92705	CIGNA Health Plan HMO
10/15/1970	F	CA	92683	CIGNA Health Plan HMO
11/20/1979	F	CA	90680	CIGNA Health Plan HMO
04/10/1969	F	CA	92648	CIGNA Health Plan HMO
08/09/1969	M	CA	92806	CIGNA Health Plan HMO
01/27/1982	F	CA	92707	CIGNA Health Plan HMO
06/26/1956	M	CA	90504	CIGNA Health Plan HMO
12/14/1956	F	CA	92804	CIGNA Health Plan HMO
09/25/1977	F	CA	90706	CIGNA Health Plan HMO
02/20/1948	M	CA	92708	CIGNA Health Plan HMO
05/09/1977	F	CA	92840	CIGNA Health Plan HMO
02/05/1982	F	CA	92832	CIGNA Health Plan HMO
12/14/1984	F	CA	92833	CIGNA Health Plan HMO
04/07/1954	M	CA	92801	CIGNA Health Plan HMO
04/07/1954	M	CA	92801	CIGNA Health Plan HMO
05/25/1972	F	CA	92630	CIGNA Health Plan HMO
05/15/1962	M	CA	92843	CIGNA Health Plan HMO
01/21/1958	F	CA	90713	CIGNA Health Plan HMO

05/09/1966	F	CA	90631	CIGNA Health Plan HMO
06/30/1975	F	CA	92704	CIGNA Health Plan HMO
02/03/1960	M	CA	92706	CIGNA Health Plan HMO
01/31/1964	F	CA	92804	CIGNA Health Plan HMO
06/19/1976	F	CA	92705	CIGNA Health Plan HMO
08/12/1956	F	CA	92706	CIGNA Health Plan HMO
09/13/1974	F	CA	90630	CIGNA Health Plan HMO
03/10/1979	F	CA	92707	CIGNA Health Plan HMO
03/05/1952	F	CA	92845	CIGNA Health Plan HMO
03/10/1968	F	CA	92626	CIGNA Health Plan HMO
06/25/1966	F	CA	92602	CIGNA Health Plan HMO
09/06/1968	M	CA	92868	CIGNA Health Plan HMO
01/08/1983	F	CA	92505	CIGNA Health Plan HMO
03/12/1941	F	CA	92880	CIGNA Health Plan HMO
11/28/1984	M	CA	90650	CIGNA Health Plan HMO
12/14/1976	F	CA	92882	CIGNA Health Plan HMO
07/09/1971	F	CA	92804	CIGNA Health Plan HMO
02/07/1964	F	CA	92630	CIGNA Health Plan HMO
01/07/1943	F	CA	92802	CIGNA Health Plan HMO
01/30/1972	F	CA	92842	CIGNA Health Plan HMO
01/20/1980	F	CA	92867	CIGNA Health Plan HMO
06/11/1967	M	CA	928034824	CIGNA Health Plan HMO
04/03/1942	F	CA	92703	CIGNA Health Plan HMO
06/19/1979	F	CA	92707	CIGNA Health Plan HMO
01/04/1949	F	CA	92882	CIGNA Health Plan HMO
05/21/1978	F	CA	92704	CIGNA Health Plan HMO
08/17/1962	F	CA	92707	CIGNA Health Plan HMO
05/13/1944	F	CA	92704	CIGNA Health Plan HMO
10/11/1983	M	CA	92704	CIGNA Health Plan HMO
01/03/1972	F	CA	92707	CIGNA Health Plan HMO
09/23/1963	F	CA	92058	CIGNA Health Plan HMO
08/18/1958	M	CA	90802	CIGNA Health Plan HMO
08/21/1976	F	CA	91709	CIGNA Health Plan HMO
10/25/1946	F	CA	92704	CIGNA Health Plan HMO
03/09/1973	M	CA	90620	CIGNA Health Plan HMO
04/25/1972	M	CA	92806	CIGNA Health Plan HMO
11/23/1954	F	CA	90631	CIGNA Health Plan HMO
08/23/1951	F	CA	92780	CIGNA Health Plan HMO
09/17/1977	F	CA	92703	CIGNA Health Plan HMO
02/26/1967	F	CA	92691	CIGNA Health Plan HMO
07/24/1979	F	CA	92806	CIGNA Health Plan HMO
11/08/1959	F	CA	92831	CIGNA Health Plan HMO
08/23/1972	M	CA	92704	CIGNA Health Plan HMO
04/26/1943	F	CA	92708	CIGNA Health Plan HMO
08/09/1953	F	CA	92627	CIGNA Health Plan HMO
07/24/1956	F	CA	92649	CIGNA Health Plan HMO
08/29/1981	F	CA	92831	CIGNA Health Plan HMO
08/14/1949	F	CA	92805	CIGNA Health Plan HMO
03/05/1983	F	CA	92704	CIGNA Health Plan HMO
03/20/1972	F	CA	92868	CIGNA Health Plan HMO
09/12/1974	F	CA	92840	CIGNA Health Plan HMO
06/26/1966	F	CA	92649	CIGNA Health Plan HMO

08/29/1948	F	CA	90630	CIGNA Health Plan HMO
08/13/1946	M	CA	90029	CIGNA Health Plan HMO
09/09/1972	F	CA	92707	CIGNA Health Plan HMO
08/05/1969	F	CA	92701	CIGNA Health Plan HMO
08/30/1967	F	CA	92706	CIGNA Health Plan HMO
01/05/1983	F	CA	92806	CIGNA Health Plan HMO
07/08/1960	F	CA	92806	CIGNA Health Plan HMO
10/29/1954	F	CA	92630	CIGNA Health Plan HMO
07/11/1982	F	CA	92706	CIGNA Health Plan HMO
09/08/1971	M	CA	90814	CIGNA Health Plan HMO
07/08/1969	M	CA	92647	CIGNA Health Plan HMO
02/02/1949	F	CA	92831	CIGNA Health Plan HMO
03/10/1980	F	CA	92610	CIGNA Health Plan HMO
06/23/1957	F	CA	92614	CIGNA Health Plan HMO
06/03/1971	F	CA	92866	CIGNA Health Plan HMO
06/17/1970	F	CA	92867	CIGNA Health Plan HMO
12/22/1959	F	CA	92618	CIGNA Health Plan HMO
08/26/1966	F	CA	92630	CIGNA Health Plan HMO
04/29/1936	F	CA	92706	CIGNA Health Plan HMO
09/07/1957	M	CA	92706	CIGNA Health Plan HMO
08/12/1967	F	CA	92614	CIGNA Health Plan HMO
10/10/1963	F	CA	92870	CIGNA Health Plan HMO
11/15/1965	F	CA	92706	CIGNA Health Plan HMO
10/15/1958	F	CA	92840	CIGNA Health Plan HMO
10/30/1951	F	CA	92683	CIGNA Health Plan HMO
03/07/1949	F	CA	92683	CIGNA Health Plan HMO
03/14/1959	M	CA	92703	CIGNA Health Plan HMO
07/10/1948	F	CA	92647	CIGNA Health Plan HMO
08/26/1952	F	CA	92627	CIGNA Health Plan HMO
08/19/1958	F	CA	92799	CIGNA Health Plan HMO
11/12/1945	M	CA	92704	CIGNA Health Plan HMO
12/15/1953	F	CA	92840	CIGNA Health Plan HMO
10/07/1975	F	CA	92807	CIGNA Health Plan HMO
08/13/1962	F	CA	92706	CIGNA Health Plan HMO
07/27/1980	F	CA	90621	CIGNA Health Plan HMO
06/02/1965	F	CA	92845	CIGNA Health Plan HMO
03/10/1978	F	CA	92707	CIGNA Health Plan HMO
09/04/1979	F	CA	92844	CIGNA Health Plan HMO
02/03/1981	F	CA	928045597	CIGNA Health Plan HMO
09/28/1984	F	CA	92782	CIGNA Health Plan HMO
05/08/1965	F	CA	92703	CIGNA Health Plan HMO
09/14/1976	F	CA	90755	CIGNA Health Plan HMO
08/03/1976	F	CA	92805	CIGNA Health Plan HMO
12/07/1948	F	CA	92832	CIGNA Health Plan HMO
05/19/1976	F	CA	92869	CIGNA Health Plan HMO
07/20/1974	F	CA	92688	CIGNA Health Plan HMO
11/09/1949	F	CA	92843	CIGNA Health Plan HMO
05/16/1945	F	CA	92870	CIGNA Health Plan HMO
04/17/1982	F	CA	92806	CIGNA Health Plan HMO
03/01/1975	F	CA	92804	CIGNA Health Plan HMO
06/12/1979	F	CA	92867	CIGNA Health Plan HMO
06/09/1976	F	CA	92346	CIGNA Health Plan HMO

11/27/1961	M	CA	92802	CIGNA Health Plan HMO
07/07/1977	F	CA	92675	CIGNA Health Plan HMO
05/20/1976	F	CA	92627	CIGNA Health Plan HMO
04/12/1976	F	CA	90680	CIGNA Health Plan HMO
12/14/1983	F	CA	92843	CIGNA Health Plan HMO
03/11/1978	F	CA	92866	CIGNA Health Plan HMO
09/18/1975	F	CA	92804	CIGNA Health Plan HMO
07/08/1976	F	CA	92880	CIGNA Health Plan HMO
06/01/1977	F	CA	92656	CIGNA Health Plan HMO
03/20/1972	F	CA	92804	CIGNA Health Plan HMO
07/30/1973	F	CA	92707	CIGNA Health Plan HMO
11/03/1987	F	CA	92707	CIGNA Health Plan HMO
10/17/1985	F	CA	92704	CIGNA Health Plan HMO
12/07/1953	F	CA	92620	CIGNA Health Plan HMO
11/22/1954	F	CA	90755	CIGNA Health Plan HMO
04/04/1975	M	CA	92804	CIGNA Health Plan HMO
02/09/1980	M	CA	92806	CIGNA Health Plan HMO
09/09/1978	F	CA	92688	CIGNA Health Plan HMO
12/14/1970	F	CA	92602	CIGNA Health Plan HMO
08/04/1962	F	CA	92708	CIGNA Health Plan HMO
10/07/1961	F	CA	92614	CIGNA Health Plan HMO
09/25/1965	M	CA	92626	CIGNA Health Plan HMO
07/16/1973	M	CA	91709	CIGNA Health Plan HMO
02/08/1984	F	CA	90680	CIGNA Health Plan HMO
04/17/1958	F	CA	92683	CIGNA Health Plan HMO
09/21/1968	M	CA	92841	CIGNA Health Plan HMO
03/20/1966	F	CA	92804	CIGNA Health Plan HMO
10/27/1987	F	CA	92706	CIGNA Health Plan HMO
12/16/1977	F	CA	90631	CIGNA Health Plan HMO
03/08/1977	M	CA	90026	CIGNA Health Plan HMO
08/27/1970	F	CA	90680	CIGNA Health Plan HMO
11/06/1972	M	CA	92703	CIGNA Health Plan HMO
06/24/1972	F	CA	92880	CIGNA Health Plan HMO
12/28/1979	F	CA	92843	CIGNA Health Plan HMO
01/06/1975	F	CA	92627	CIGNA Health Plan HMO
09/19/1954	F	CA	90680	CIGNA Health Plan HMO
11/11/1981	F	CA	92704	CIGNA Health Plan HMO
05/29/1945	F	CA	92620	CIGNA Health Plan HMO
06/02/1952	M	CA	92628	CIGNA Health Plan HMO
10/12/1980	M	CA	92705	CIGNA Health Plan HMO
08/14/1982	M	CA	92860	CIGNA Health Plan HMO
11/20/1975	M	CA	90280	CIGNA Health Plan HMO
12/25/1963	F	CA	92617	CIGNA Health Plan HMO
12/20/1950	F	CA	92843	CIGNA Health Plan HMO
12/11/1963	M	CA	91708	CIGNA Health Plan HMO
02/18/1959	F	CA	92683	CIGNA Health Plan HMO
02/17/1957	F	CA	92780	CIGNA Health Plan HMO
05/22/1979	M	CA	90810	CIGNA Health Plan HMO
10/26/1930	F	CA	92646	CIGNA Health Plan HMO
04/11/1962	M	CA	92563	CIGNA Health Plan HMO
03/17/1955	M	CA	92663	CIGNA Health Plan HMO
01/08/1947	M	CA	92647	CIGNA Health Plan HMO

11/25/1973	M	CA	92705	CIGNA Health Plan HMO
08/24/1981	F	CA	92614	CIGNA Health Plan HMO
04/30/1962	M	CA	92841	CIGNA Health Plan HMO
06/09/1941	F	CA	92532	CIGNA Health Plan HMO
01/16/1954	M	CA	92780	CIGNA Health Plan HMO
08/28/1976	F	CA	92867	CIGNA Health Plan HMO
10/19/1965	F	CA	92841	CIGNA Health Plan HMO
09/09/1958	M	CA	92626	CIGNA Health Plan HMO
12/16/1974	F	CA	90802	CIGNA Health Plan HMO
08/30/1968	M	CA	92886	CIGNA Health Plan HMO
05/04/1950	F	CA	92626	CIGNA Health Plan HMO
12/21/1980	M	CA	92677	CIGNA Health Plan HMO
10/17/1949	F	CA	92801	CIGNA Health Plan HMO
07/20/1955	F	CA	92677	CIGNA Health Plan HMO
12/25/1935	M	CA	92703	CIGNA Health Plan HMO
04/10/1962	M	CA	92701	CIGNA Health Plan HMO
11/11/1956	F	CA	92531	CIGNA Health Plan HMO
03/19/1963	F	CA	92806	CIGNA Health Plan HMO
12/22/1938	M	CA	92637	CIGNA Health Plan HMO
09/23/1968	M	CA	92704	CIGNA Health Plan HMO
06/18/1946	F	CA	928322040	CIGNA Health Plan HMO
03/30/1972	F	CA	92647	CIGNA Health Plan HMO
05/13/1956	M	CA	90638	CIGNA Health Plan HMO
05/11/1937	F	CA	92626	CIGNA Health Plan HMO
11/01/1954	M	CA	92691	CIGNA Health Plan HMO
05/10/1976	F	CA	92708	CIGNA Health Plan HMO
03/25/1961	M	CA	92602	CIGNA Health Plan HMO
07/22/1958	M	CA	92704	CIGNA Health Plan HMO
04/10/1936	F	CA	92867	CIGNA Health Plan HMO
06/08/1954	F	CA	92604	CIGNA Health Plan HMO
06/23/1949	M	CA	92879	CIGNA Health Plan HMO
06/29/1952	F	CA	92677	CIGNA Health Plan HMO
08/14/1965	M	CA	92688	CIGNA Health Plan HMO
06/07/1961	F	CA	92627	CIGNA Health Plan HMO
09/06/1952	F	CA	92782	CIGNA Health Plan HMO
09/13/1953	F	CA	90715	CIGNA Health Plan HMO
08/04/1958	F	CA	92706	CIGNA Health Plan HMO
01/15/1946	F	CA	928011036	CIGNA Health Plan HMO
09/27/1960	M	CA	92630	CIGNA Health Plan HMO
05/04/1957	M	CA	92807	CIGNA Health Plan HMO
04/24/1958	M	CA	91501	CIGNA Health Plan HMO
03/01/1969	M	CA	92683	CIGNA Health Plan HMO
04/18/1963	M	CA	92551	CIGNA Health Plan HMO
12/30/1950	F	CA	90620	CIGNA Health Plan HMO
06/05/1984	F	CA	92882	CIGNA Health Plan HMO
02/01/1961	M	CA	92822	CIGNA Health Plan HMO
04/17/1945	F	CA	92675	CIGNA Health Plan HMO
05/21/1948	F	CA	92781	CIGNA Health Plan HMO
10/29/1974	F	CA	92807	CIGNA Health Plan HMO
08/25/1976	F	CA	92630	CIGNA Health Plan HMO
03/18/1979	F	CA	92649	CIGNA Health Plan HMO
02/08/1971	M	CA	92704	CIGNA Health Plan HMO

03/03/1945	F	CA	92867	CIGNA Health Plan HMO
10/04/1952	M	CA	92807	CIGNA Health Plan HMO
06/15/1980	M	CA	92688	CIGNA Health Plan HMO
12/13/1957	F	CA	92801	CIGNA Health Plan HMO
08/26/1974	F	CA	92843	CIGNA Health Plan HMO
08/09/1971	F	CA	92780	CIGNA Health Plan HMO
07/29/1971	F	CA	92704	CIGNA Health Plan HMO
06/17/1968	F	CA	90620	CIGNA Health Plan HMO
07/17/1941	F	CA	92886	CIGNA Health Plan HMO
09/25/1963	M	CA	92833	CIGNA Health Plan HMO
10/25/1942	F	CA	92840	CIGNA Health Plan HMO
02/02/1963	M	CA	92806	CIGNA Health Plan HMO
03/16/1974	F	CA	92688	CIGNA Health Plan HMO
09/30/1959	M	CA	92782	CIGNA Health Plan HMO
11/28/1974	M	CA	92627	CIGNA Health Plan HMO
05/01/1974	M	CA	90803	CIGNA Health Plan HMO
06/29/1975	F	CA	90712	CIGNA Health Plan HMO
02/11/1964	F	CA	90803	CIGNA Health Plan HMO
01/31/1977	F	CA	90803	CIGNA Health Plan HMO
06/01/1981	M	CA	92620	CIGNA Health Plan HMO
07/13/1956	M	CA	91765	CIGNA Health Plan HMO
10/20/1956	F	CA	92683	CIGNA Health Plan HMO
07/14/1958	F	CA	92711	CIGNA Health Plan HMO
09/11/1952	F	CA	92832	CIGNA Health Plan HMO
03/09/1962	F	CA	92610	CIGNA Health Plan HMO
06/10/1944	M	CA	92832	CIGNA Health Plan HMO
10/24/1961	F	CA	92688	CIGNA Health Plan HMO
12/16/1967	M	CA	92587	CIGNA Health Plan HMO
02/25/1985	F	CA	90059	CIGNA Health Plan HMO
06/22/1973	M	CA	92630	CIGNA Health Plan HMO
10/05/1982	F	CA	92861	CIGNA Health Plan HMO
11/30/1959	F	CA	92630	CIGNA Health Plan HMO
09/03/1967	F	CA	92672	CIGNA Health Plan HMO
04/21/1962	M	CA	92691	CIGNA Health Plan HMO
11/26/1978	F	CA	92801	CIGNA Health Plan HMO
04/07/1981	F	CA	92866	CIGNA Health Plan HMO
11/11/1980	F	CA	92867	CIGNA Health Plan HMO
12/07/1947	M	CA	92653	CIGNA Health Plan HMO
09/21/1983	F	CA	92782	CIGNA Health Plan HMO
02/24/1969	F	CA	92886	CIGNA Health Plan HMO
06/11/1983	M	CA	92881	CIGNA Health Plan HMO
09/17/1958	F	CA	92869	CIGNA Health Plan HMO
06/06/1957	M	CA	92885	CIGNA Health Plan HMO
08/21/1957	M	CA	90032	CIGNA Health Plan HMO
01/14/1958	F	CA	92603	CIGNA Health Plan HMO
06/09/1958	F	CA	92808	CIGNA Health Plan HMO
11/01/1960	F	CA	92649	CIGNA Health Plan HMO
08/13/1963	F	CA	92869	CIGNA Health Plan HMO
02/08/1965	F	CA	92780	CIGNA Health Plan HMO
07/04/1981	M	CA	91709	CIGNA Health Plan HMO
10/02/1981	F	CA	92612	CIGNA Health Plan HMO
05/11/1959	F	CA	92866	CIGNA Health Plan HMO

11/20/1981	F	CA	92614	CIGNA Health Plan HMO
12/22/1975	M	CA	92705	CIGNA Health Plan HMO
02/10/1971	F	CA	92571	CIGNA Health Plan HMO
06/10/1975	F	CA	92806	CIGNA Health Plan HMO
11/17/1966	M	CA	92867	CIGNA Health Plan HMO
11/17/1945	M	CA	92868	CIGNA Health Plan HMO
07/12/1952	M	CA	92707	CIGNA Health Plan HMO
01/29/1984	M	CA	92833	CIGNA Health Plan HMO
01/25/1972	M	CA	92627	CIGNA Health Plan HMO
02/18/1971	F	CA	92868	CIGNA Health Plan HMO
10/01/1977	F	CA	92705	CIGNA Health Plan HMO
11/23/1961	F	CA	92708	CIGNA Health Plan HMO
03/13/1978	F	CA	91750	CIGNA Health Plan HMO
08/01/1964	F	CA	92656	CIGNA Health Plan HMO
10/20/1964	F	CA	92656	CIGNA Health Plan HMO
03/18/1980	M	CA	92604	CIGNA Health Plan HMO
12/23/1958	M	CA	92630	CIGNA Health Plan HMO
02/21/1949	F	CA	92843	CIGNA Health Plan HMO
06/09/1971	M	CA	92821	CIGNA Health Plan HMO
10/11/1953	F	CA	92886	CIGNA Health Plan HMO
05/06/1968	M	CA	92705	CIGNA Health Plan HMO
08/17/1954	F	CA	92707	CIGNA Health Plan HMO
01/11/1968	F	CA	92865	CIGNA Health Plan HMO
04/16/1974	M	CA	92587	CIGNA Health Plan HMO
01/31/1966	F	CA	92703	CIGNA Health Plan HMO
09/21/1979	F	CA	92707	CIGNA Health Plan HMO
07/20/1951	M	CA	92845	CIGNA Health Plan HMO
03/26/1954	F	CA	92868	CIGNA Health Plan HMO
07/21/1981	F	CA	90638	CIGNA Health Plan HMO
12/07/1962	F	CA	92504	CIGNA Health Plan HMO
06/02/1971	F	CA	92647	CIGNA Health Plan HMO
11/20/1964	F	CA	92688	CIGNA Health Plan HMO
10/11/1964	M	CA	92833	CIGNA Health Plan HMO
03/30/1955	F	CA	92844	CIGNA Health Plan HMO
10/05/1953	F	CA	92649	CIGNA Health Plan HMO
12/13/1949	M	CA	92780	CIGNA Health Plan HMO
11/24/1961	F	CA	92646	CIGNA Health Plan HMO
03/30/1934	F	CA	90815	CIGNA Health Plan HMO
03/17/1977	F	CA	92844	CIGNA Health Plan HMO
12/20/1971	F	CA	92606	CIGNA Health Plan HMO
11/03/1961	M	CA	92702	CIGNA Health Plan HMO
09/08/1961	F	CA	92802	CIGNA Health Plan HMO
08/15/1974	M	CA	92704	CIGNA Health Plan HMO
04/15/1976	F	CA	92870	CIGNA Health Plan HMO
12/15/1962	M	CA	92844	CIGNA Health Plan HMO
09/26/1978	F	CA	90802	CIGNA Health Plan HMO
10/07/1972	F	CA	91745	CIGNA Health Plan HMO
05/06/1946	F	CA	92704	CIGNA Health Plan HMO
11/22/1946	F	CA	92627	CIGNA Health Plan HMO
10/06/1952	F	CA	92676	CIGNA Health Plan HMO
12/30/1951	F	CA	92604	CIGNA Health Plan HMO
09/03/1953	F	CA	90650	CIGNA Health Plan HMO

08/15/1973	M	CA	92707	CIGNA Health Plan HMO
07/20/1959	F	CA	92545	CIGNA Health Plan HMO
08/23/1960	F	CA	92703	CIGNA Health Plan HMO
02/10/1957	F	CA	92630	CIGNA Health Plan HMO
09/15/1960	F	CA	92840	CIGNA Health Plan HMO
01/17/1969	F	CA	92865	CIGNA Health Plan HMO
05/19/1966	M	CA	90720	CIGNA Health Plan HMO
03/12/1969	F	CA	92663	CIGNA Health Plan HMO
07/14/1968	F	CA	92703	CIGNA Health Plan HMO
05/23/1965	M	CA	92705	CIGNA Health Plan HMO
12/22/1946	F	CA	92802	CIGNA Health Plan HMO
12/09/1955	F	CA	90630	CIGNA Health Plan HMO
10/08/1985	M	CA	92867	CIGNA Health Plan HMO
05/11/1954	F	CA	90631	CIGNA Health Plan HMO
05/28/1955	F	CA	92808	CIGNA Health Plan HMO
07/06/1968	F	CA	92532	CIGNA Health Plan HMO
07/07/1970	F	CA	92707	CIGNA Health Plan HMO
11/23/1966	F	CA	92805	CIGNA Health Plan HMO
12/09/1972	M	CA	92704	CIGNA Health Plan HMO
08/08/1962	F	CA	92869	CIGNA Health Plan HMO
08/10/1972	F	CA	90631	CIGNA Health Plan HMO
07/15/1967	F	CA	92831	CIGNA Health Plan HMO
09/20/1945	F	CA	92823	CIGNA Health Plan HMO
01/07/1950	F	CA	92870	CIGNA Health Plan HMO
08/26/1972	M	CA	92832	CIGNA Health Plan HMO
04/16/1973	F	CA	91709	CIGNA Health Plan HMO
07/24/1958	F	CA	92703	CIGNA Health Plan HMO
03/23/1972	F	CA	92782	CIGNA Health Plan HMO
09/14/1956	F	CA	92691	CIGNA Health Plan HMO
07/20/1959	M	CA	92780	CIGNA Health Plan HMO
10/31/1964	M	CA	92780	CIGNA Health Plan HMO
06/21/1979	F	CA	92780	CIGNA Health Plan HMO
03/16/1946	F	CA	92647	CIGNA Health Plan HMO
01/25/1945	F	CA	928061066	CIGNA Health Plan HMO
12/08/1980	F	CA	91745	CIGNA Health Plan HMO
04/10/1948	M	CA	926913330	CIGNA Health Plan HMO
04/14/1981	M	CA	92886	CIGNA Health Plan HMO
06/13/1975	F	CA	92707	CIGNA Health Plan HMO
09/20/1968	F	CA	92840	CIGNA Health Plan HMO
11/29/1983	M	CA	92626	CIGNA Health Plan HMO
11/24/1983	F	CA	91709	CIGNA Health Plan HMO
03/19/1960	F	CA	92604	CIGNA Health Plan HMO
04/03/1967	F	CA	92780	CIGNA Health Plan HMO
01/25/1978	F	CA	92688	CIGNA Health Plan HMO
05/05/1967	F	CA	92703	CIGNA Health Plan HMO
04/26/1976	F	CA	92870	CIGNA Health Plan HMO
07/11/1956	F	CA	92620	CIGNA Health Plan HMO
10/13/1980	M	CA	90604	CIGNA Health Plan HMO
03/13/1968	M	CA	92630	CIGNA Health Plan HMO
11/06/1965	F	CA	92646	CIGNA Health Plan HMO
09/19/1948	F	CA	92649	CIGNA Health Plan HMO
02/09/1970	M	CA	92708	CIGNA Health Plan HMO

02/20/1965	F	CA	92677	CIGNA Health Plan HMO
02/22/1955	F	CA	92691	CIGNA Health Plan HMO
06/19/1955	F	CA	92706	CIGNA Health Plan HMO
04/10/1955	M	CA	92867	CIGNA Health Plan HMO
04/17/1954	F	CA	92780	CIGNA Health Plan HMO
03/26/1957	F	CA	92867	CIGNA Health Plan HMO
09/10/1947	F	CA	92704	CIGNA Health Plan HMO
12/18/1958	F	CA	92807	CIGNA Health Plan HMO
12/08/1949	F	CA	92703	CIGNA Health Plan HMO
06/24/1965	M	CA	906052705	CIGNA Health Plan HMO
07/06/1976	F	CA	92626	CIGNA Health Plan HMO
05/28/1957	F	CA	92780	CIGNA Health Plan HMO
02/27/1970	M	CA	92702	CIGNA Health Plan HMO
03/05/1970	M	CA	92806	CIGNA Health Plan HMO
08/04/1960	M	CA	92708	CIGNA Health Plan HMO
11/21/1954	F	CA	92704	CIGNA Health Plan HMO
12/30/1936	F	CA	92821	CIGNA Health Plan HMO
10/27/1977	M	CA	92870	CIGNA Health Plan HMO
01/05/1977	M	CA	92833	CIGNA Health Plan HMO
02/09/1985	F	CA	92865	CIGNA Health Plan HMO
05/06/1980	F	CA	90807	CIGNA Health Plan HMO
08/17/1955	F	CA	92704	CIGNA Health Plan HMO
11/22/1964	M	CA	92308	CIGNA Health Plan HMO
12/21/1957	M	CA	92868	CIGNA Health Plan HMO
09/24/1959	M	CA	92780	CIGNA Health Plan HMO
01/31/1965	F	CA	92702	CIGNA Health Plan HMO
11/20/1973	F	CA	92701	CIGNA Health Plan HMO
05/12/1980	M	CA	90631	CIGNA Health Plan HMO
01/10/1966	F	CA	92869	CIGNA Health Plan HMO
11/03/1982	F	CA	92630	CIGNA Health Plan HMO
03/05/1968	F	CA	92870	CIGNA Health Plan HMO
09/04/1984	M	CA	90680	CIGNA Health Plan HMO
10/22/1950	F	CA	90620	CIGNA Health Plan HMO
05/25/1973	F	CA	90631	CIGNA Health Plan HMO
01/24/1955	M	CA	92882	CIGNA Health Plan HMO
07/08/1971	F	CA	92868	CIGNA Health Plan HMO
05/27/1958	F	CA	92870	CIGNA Health Plan HMO
02/14/1958	F	CA	92867	CIGNA Health Plan HMO
07/06/1958	F	CA	92704	CIGNA Health Plan HMO
04/06/1937	F	CA	92677	CIGNA Health Plan HMO
01/08/1961	M	CA	92867	CIGNA Health Plan HMO
06/09/1977	F	CA	92802	CIGNA Health Plan HMO
08/05/1973	M	CA	92707	CIGNA Health Plan HMO
03/14/1970	M	CA	92656	CIGNA Health Plan HMO
03/03/1983	M	CA	92886	CIGNA Health Plan HMO
09/06/1984	M	CA	92647	CIGNA Health Plan HMO
10/23/1953	F	CA	92701	CIGNA Health Plan HMO
07/31/1980	F	CA	92882	CIGNA Health Plan HMO
07/18/1962	F	CA	92672	CIGNA Health Plan HMO
01/23/1961	M	CA	90740	CIGNA Health Plan HMO
01/11/1959	F	CA	92683	CIGNA Health Plan HMO
05/29/1971	M	CA	92626	CIGNA Health Plan HMO

05/03/1976	F	CA	92867	CIGNA Health Plan HMO
12/13/1982	M	CA	92701	CIGNA Health Plan HMO
05/08/1968	F	CA	92866	CIGNA Health Plan HMO
12/15/1986	M	CA	93030	CIGNA Health Plan HMO
08/13/1962	F	CA	92868	CIGNA Health Plan HMO
03/15/1957	M	CA	90720	CIGNA Health Plan HMO
03/21/1958	F	CA	92821	CIGNA Health Plan HMO
10/14/1971	F	CA	90808	CIGNA Health Plan HMO
05/07/1953	F	CA	92703	CIGNA Health Plan HMO
01/15/1958	F	CA	92506	CIGNA Health Plan HMO
10/29/1963	M	CA	92865	CIGNA Health Plan HMO
01/10/1979	F	CA	91768	CIGNA Health Plan HMO
12/25/1967	F	CA	92867	CIGNA Health Plan HMO
11/29/1948	F	CA	92708	CIGNA Health Plan HMO
12/15/1949	F	CA	92653	CIGNA Health Plan HMO
08/22/1950	M	CA	92630	CIGNA Health Plan HMO
06/17/1954	F	CA	92707	CIGNA Health Plan HMO
07/21/1965	M	CA	92780	CIGNA Health Plan HMO
05/22/1956	M	CA	92626	CIGNA Health Plan HMO
06/25/1959	M	CA	92870	CIGNA Health Plan HMO
10/10/1976	F	CA	91792	CIGNA Health Plan HMO
06/20/1967	M	CA	92869	CIGNA Health Plan HMO
12/04/1976	F	CA	92705	CIGNA Health Plan HMO
07/02/1966	F	CA	92869	CIGNA Health Plan HMO
01/03/1945	F	CA	92646	CIGNA Health Plan HMO
03/04/1983	M	CA	92706	CIGNA Health Plan HMO
09/14/1950	F	CA	90720	CIGNA Health Plan HMO
11/13/1981	F	CA	92804	CIGNA Health Plan HMO
11/13/1954	F	CA	92886	CIGNA Health Plan HMO
02/04/1955	F	CA	92807	CIGNA Health Plan HMO
10/26/1971	F	CA	92880	CIGNA Health Plan HMO
10/27/1961	F	CA	92673	CIGNA Health Plan HMO
09/15/1958	M	CA	92626	CIGNA Health Plan HMO
08/07/1961	M	CA	92602	CIGNA Health Plan HMO
03/28/1968	M	CA	92707	CIGNA Health Plan HMO
02/05/1962	F	CA	92866	CIGNA Health Plan HMO
09/09/1960	F	CA	92865	CIGNA Health Plan HMO
04/05/1963	F	CA	92705	CIGNA Health Plan HMO
06/28/1966	F	CA	92683	CIGNA Health Plan HMO
11/29/1983	F	CA	92630	CIGNA Health Plan HMO
10/26/1961	F	CA	92841	CIGNA Health Plan HMO
04/24/1980	M	CA	92782	CIGNA Health Plan HMO
09/04/1972	M	CA	92780	CIGNA Health Plan HMO
11/14/1962	F	CA	92866	CIGNA Health Plan HMO
04/20/1973	F	CA	91501	CIGNA Health Plan HMO
02/23/1969	F	CA	90630	CIGNA Health Plan HMO
12/12/1961	M	CA	92649	CIGNA Health Plan HMO
01/02/1943	F	CA	90631	CIGNA Health Plan HMO
04/12/1947	F	CA	92782	CIGNA Health Plan HMO
09/19/1947	F	CA	92705	CIGNA Health Plan HMO
11/18/1968	F	CA	92691	CIGNA Health Plan HMO
12/28/1970	F	CA	92803	CIGNA Health Plan HMO

11/29/1953	F	CA	92056	CIGNA Health Plan HMO
04/29/1970	F	CA	90720	CIGNA Health Plan HMO
01/16/1971	M	CA	90802	CIGNA Health Plan HMO
08/15/1969	F	CA	90630	CIGNA Health Plan HMO
09/02/1957	F	CA	92648	CIGNA Health Plan HMO
12/26/1963	F	CA	92708	CIGNA Health Plan HMO
08/06/1982	F	CA	92807	CIGNA Health Plan HMO
02/23/1978	F	CA	92646	CIGNA Health Plan HMO
03/02/1983	F	CA	92604	CIGNA Health Plan HMO
10/22/1957	F	CA	92835	CIGNA Health Plan HMO
02/16/1971	F	CA	92646	CIGNA Health Plan HMO
05/06/1960	M	CA	92606	CIGNA Health Plan HMO
04/23/1959	F	CA	92821	CIGNA Health Plan HMO
04/07/1966	F	CA	92703	CIGNA Health Plan HMO
10/31/1958	M	CA	92628	CIGNA Health Plan HMO
08/26/1974	F	CA	91761	CIGNA Health Plan HMO
10/05/1939	M	CA	92869	CIGNA Health Plan HMO
03/10/1966	F	CA	92801	CIGNA Health Plan HMO
04/05/1974	M	CA	92804	CIGNA Health Plan HMO
05/28/1949	F	CA	92637	CIGNA Health Plan HMO
03/23/1985	M	CA	92843	CIGNA Health Plan HMO
09/10/1962	F	CA	92804	CIGNA Health Plan HMO
10/09/1949	F	CA	92870	CIGNA Health Plan HMO
08/01/1952	F	CA	92655	CIGNA Health Plan HMO
11/23/1958	M	CA	92845	CIGNA Health Plan HMO
01/05/1972	F	CA	90680	CIGNA Health Plan HMO
11/06/1969	F	CA	92805	CIGNA Health Plan HMO
07/09/1958	F	CA	92821	CIGNA Health Plan HMO
03/20/1960	F	CA	927032353	CIGNA Health Plan HMO
06/20/1966	M	CA	90630	CIGNA Health Plan HMO
01/16/1961	F	CA	92882	CIGNA Health Plan HMO
04/16/1962	F	CA	90638	CIGNA Health Plan HMO
06/07/1945	M	CA	926472043	CIGNA Health Plan HMO
12/15/1970	F	CA	92704	CIGNA Health Plan HMO
04/22/1974	F	CA	92869	CIGNA Health Plan HMO
08/18/1982	M	CA	92504	CIGNA Health Plan HMO
02/17/1968	M	CA	92707	CIGNA Health Plan HMO
10/13/1983	F	CA	92626	CIGNA Health Plan HMO
01/16/1974	M	CA	92780	CIGNA Health Plan HMO
12/24/1969	M	CA	92841	CIGNA Health Plan HMO
12/20/1965	F	CA	92879	CIGNA Health Plan HMO
08/27/1974	F	CA	92653	CIGNA Health Plan HMO
12/29/1960	M	CA	90806	CIGNA Health Plan HMO
03/06/1968	F	CA	92886	CIGNA Health Plan HMO
03/15/1961	F	CA	92707	CIGNA Health Plan HMO
01/20/1970	F	CA	92707	CIGNA Health Plan HMO
01/14/1959	F	CA	92831	CIGNA Health Plan HMO
06/19/1962	F	CA	92708	CIGNA Health Plan HMO
02/02/1976	F	CA	92843	CIGNA Health Plan HMO
06/29/1972	M	CA	90720	CIGNA Health Plan HMO
04/11/1946	F	CA	92702	CIGNA Health Plan HMO
08/25/1982	F	CA	90703	CIGNA Health Plan HMO

04/08/1947	M	CA	92860	CIGNA Health Plan HMO
12/03/1981	F	CA	92803	CIGNA Health Plan HMO
12/03/1982	M	CA	92706	CIGNA Health Plan HMO
04/26/1953	F	CA	92596	CIGNA Health Plan HMO
03/25/1951	F	CA	90701	CIGNA Health Plan HMO
05/09/1980	F	CA	91773	CIGNA Health Plan HMO
03/17/1957	F	CA	92703	CIGNA Health Plan HMO
03/19/1953	F	CA	92869	CIGNA Health Plan HMO
08/06/1944	F	CA	92683	CIGNA Health Plan HMO
01/02/1954	F	CA	92707	CIGNA Health Plan HMO
07/16/1973	F	CA	92618	CIGNA Health Plan HMO
12/30/1976	F	CA	92672	CIGNA Health Plan HMO
02/26/1972	F	CA	92804	CIGNA Health Plan HMO
06/02/1980	F	CA	92706	CIGNA Health Plan HMO
12/23/1965	F	CA	92602	CIGNA Health Plan HMO
05/27/1971	F	CA	90620	CIGNA Health Plan HMO
01/07/1954	M	CA	92801	CIGNA Health Plan HMO
10/04/1954	F	CA	90630	CIGNA Health Plan HMO
01/09/1969	F	CA	92880	CIGNA Health Plan HMO
01/23/1961	M	CA	92844	CIGNA Health Plan HMO
03/03/1973	F	CA	92623	CIGNA Health Plan HMO
01/03/1978	M	CA	90018	CIGNA Health Plan HMO
04/26/1964	M	CA	92691	CIGNA Health Plan HMO
01/18/1949	M	CA	92604	CIGNA Health Plan HMO
05/29/1983	F	CA	92646	CIGNA Health Plan HMO
09/20/1961	F	CA	92805	CIGNA Health Plan HMO
10/15/1963	F	CA	90023	CIGNA Health Plan HMO
08/21/1979	F	CA	92707	CIGNA Health Plan HMO
06/07/1977	F	CA	92869	CIGNA Health Plan HMO
08/23/1955	F	CA	92056	CIGNA Health Plan HMO
11/07/1955	F	CA	92869	CIGNA Health Plan HMO
04/21/1975	M	CA	92704	CIGNA Health Plan HMO
06/11/1953	F	CA	926536014	CIGNA Health Plan HMO
01/06/1954	M	CA	92610	CIGNA Health Plan HMO
09/11/1961	F	CA	92604	CIGNA Health Plan HMO
05/01/1951	F	CA	92604	CIGNA Health Plan HMO
09/30/1959	F	CA	92614	CIGNA Health Plan HMO
06/19/1973	F	CA	92704	CIGNA Health Plan HMO
09/20/1964	F	CA	92684	CIGNA Health Plan HMO
09/05/1959	F	CA	92869	CIGNA Health Plan HMO
10/20/1985	F	CA	90249	CIGNA Health Plan HMO
09/03/1970	M	CA	90804	CIGNA Health Plan HMO
11/16/1967	F	CA	92592	CIGNA Health Plan HMO
08/30/1963	M	CA	92804	CIGNA Health Plan HMO
08/05/1981	M	CA	92843	CIGNA Health Plan HMO
01/05/1964	F	CA	92701	CIGNA Health Plan HMO
01/08/1973	F	CA	90680	CIGNA Health Plan HMO
11/17/1970	M	CA	92780	CIGNA Health Plan HMO
12/17/1956	F	CA	92802	CIGNA Health Plan HMO
02/12/1984	F	CA	91731	CIGNA Health Plan HMO
12/07/1973	F	CA	92866	CIGNA Health Plan HMO
03/02/1978	M	CA	92782	CIGNA Health Plan HMO

10/21/1982	F	CA	90803	CIGNA Health Plan HMO
05/20/1975	F	CA	92868	CIGNA Health Plan HMO
05/31/1978	F	CA	92624	CIGNA Health Plan HMO
12/03/1981	M	CA	92646	CIGNA Health Plan HMO
02/18/1971	F	CA	91706	CIGNA Health Plan HMO
09/07/1966	F	CA	92604	CIGNA Health Plan HMO
03/22/1971	F	CA	92807	CIGNA Health Plan HMO
04/02/1974	F	CA	92602	CIGNA Health Plan HMO
11/25/1961	F	CA	92651	CIGNA Health Plan HMO
04/10/1978	M	CA	90680	CIGNA Health Plan HMO
06/30/1980	F	CA	90680	CIGNA Health Plan HMO
10/23/1990	F	CA	92843	CIGNA Health Plan HMO
06/26/1973	F	CA	92869	CIGNA Health Plan HMO
03/16/1970	M	CA	92808	CIGNA Health Plan HMO
08/28/1978	F	CA	92683	CIGNA Health Plan HMO
05/03/1980	M	CA	92844	CIGNA Health Plan HMO
12/03/1948	F	CA	92503	CIGNA Health Plan HMO
05/27/1983	F	CA	92646	CIGNA Health Plan HMO
05/21/1984	F	CA	92646	CIGNA Health Plan HMO
09/08/1989	F	CA	92656	CIGNA Health Plan HMO
10/18/1972	F	CA	92841	CIGNA Health Plan HMO
04/24/1974	M	CA	92591	CIGNA Health Plan HMO
05/14/1977	F	CA	92610	CIGNA Health Plan HMO
10/23/1970	M	CA	92882	CIGNA Health Plan HMO
08/02/1982	F	CA	92630	CIGNA Health Plan HMO
09/21/1983	F	CA	92707	CIGNA Health Plan HMO
07/19/1985	F	CA	90631	CIGNA Health Plan HMO
09/28/1981	F	CA	92831	CIGNA Health Plan HMO
07/06/1973	F	CA	90740	CIGNA Health Plan HMO
09/09/1973	F	CA	92706	CIGNA Health Plan HMO
11/20/1979	F	CA	92606	CIGNA Health Plan HMO
10/26/1980	M	CA	92706	CIGNA Health Plan HMO
12/27/1973	M	CA	92804	CIGNA Health Plan HMO
09/02/1973	F	CA	92616	CIGNA Health Plan HMO
10/09/1977	M	CA	92842	CIGNA Health Plan HMO
03/03/1982	M	CA	92867	CIGNA Health Plan HMO
06/13/1973	M	CA	92707	CIGNA Health Plan HMO
07/14/1975	F	CA	92880	CIGNA Health Plan HMO
09/11/1979	F	CA	92660	CIGNA Health Plan HMO
07/11/1979	F	CA	92868	CIGNA Health Plan HMO
11/17/1966	F	CA	92606	CIGNA Health Plan HMO
09/16/1969	F	CA	90623	CIGNA Health Plan HMO
09/17/1965	F	CA	92865	CIGNA Health Plan HMO
01/03/1971	F	CA	92675	CIGNA Health Plan HMO
06/02/1984	F	CA	92563	CIGNA Health Plan HMO
09/30/1982	F	CA	92869	CIGNA Health Plan HMO
04/02/1952	F	CA	92707	CIGNA Health Plan HMO
09/16/1977	F	CA	92880	CIGNA Health Plan HMO
07/31/1971	M	CA	92703	CIGNA Health Plan HMO
06/02/1973	F	CA	92503	CIGNA Health Plan HMO
07/13/1976	M	CA	92618	CIGNA Health Plan HMO
03/09/1980	M	CA	92780	CIGNA Health Plan HMO

01/14/1970	F	CA	92708	CIGNA Health Plan HMO
04/16/1975	M	CA	92865	CIGNA Health Plan HMO
11/23/1961	M	CA	92602	CIGNA Health Plan HMO
03/15/1974	M	CA	92703	CIGNA Health Plan HMO
10/14/1981	F	CA	91744	CIGNA Health Plan HMO
11/15/1981	F	CA	92683	CIGNA Health Plan HMO
04/11/1983	F	CA	90631	CIGNA Health Plan HMO
03/29/1976	F	CA	91710	CIGNA Health Plan HMO
06/15/1974	F	CA	91745	CIGNA Health Plan HMO
07/02/1973	F	CA	92707	CIGNA Health Plan HMO
07/26/1972	F	CA	92626	CIGNA Health Plan HMO
02/15/1970	F	CA	92683	CIGNA Health Plan HMO
09/20/1972	F	CA	92806	CIGNA Health Plan HMO
04/11/1983	M	CA	92704	CIGNA Health Plan HMO
05/09/1971	M	CA	92843	CIGNA Health Plan HMO
04/19/1980	M	CA	92704	CIGNA Health Plan HMO
09/29/1979	M	CA	92373	CIGNA Health Plan HMO
06/17/1976	F	CA	92807	CIGNA Health Plan HMO
03/06/1986	F	CA	92649	CIGNA Health Plan HMO
08/28/1978	F	CA	92843	CIGNA Health Plan HMO
01/24/1978	F	CA	92707	CIGNA Health Plan HMO
07/07/1960	M	CA	92840	CIGNA Health Plan HMO
06/11/1981	F	CA	92704	CIGNA Health Plan HMO
10/25/1959	F	CA	92835	CIGNA Health Plan HMO
07/26/1964	F	CA	92707	CIGNA Health Plan HMO
11/27/1975	M	CA	92706	CIGNA Health Plan HMO
07/11/1975	F	CA	91761	CIGNA Health Plan HMO
05/08/1972	F	CA	92647	CIGNA Health Plan HMO
02/13/1959	M	CA	92602	CIGNA Health Plan HMO
10/31/1974	F	CA	92660	CIGNA Health Plan HMO
02/08/1970	M	CA	92706	CIGNA Health Plan HMO
11/10/1955	F	CA	92869	CIGNA Health Plan HMO
08/13/1982	M	CA	92706	CIGNA Health Plan HMO
04/03/1974	F	CA	92706	CIGNA Health Plan HMO
05/02/1984	F	CA	91709	CIGNA Health Plan HMO
04/23/1975	M	CA	90262	CIGNA Health Plan HMO
02/24/1982	F	CA	92804	CIGNA Health Plan HMO
09/12/1947	M	CA	92801	CIGNA Health Plan HMO
10/03/1975	F	CA	92683	CIGNA Health Plan HMO
02/13/1985	F	CA	92708	CIGNA Health Plan HMO
01/25/1984	M	CA	92656	CIGNA Health Plan HMO
09/08/1959	M	CA	92803	CIGNA Health Plan HMO
10/22/1978	M	CA	92843	CIGNA Health Plan HMO
12/15/1968	M	CA	92780	CIGNA Health Plan HMO
04/28/1964	F	CA	92835	CIGNA Health Plan HMO
10/05/1963	F	CA	90808	CIGNA Health Plan HMO
09/22/1958	M	CA	90034	CIGNA Health Plan HMO
08/03/1960	F	CA	92677	CIGNA Health Plan HMO
04/09/1947	F	CA	92708	CIGNA Health Plan HMO
09/05/1971	F	CA	92630	CIGNA Health Plan HMO
08/21/1956	M	CA	92508	CIGNA Health Plan HMO
05/12/1962	F	CA	92626	CIGNA Health Plan HMO

08/28/1972	F	CA	90808	CIGNA Health Plan HMO
07/18/1946	F	CA	92886	CIGNA Health Plan HMO
11/13/1971	F	CA	92694	CIGNA Health Plan HMO
07/23/1950	F	CA	92677	CIGNA Health Plan HMO
08/01/1965	F	CA	927081118	CIGNA Health Plan HMO
03/22/1952	F	CA	92647	CIGNA Health Plan HMO
02/19/1950	F	CA	92831	CIGNA Health Plan HMO
02/11/1966	F	CA	92630	CIGNA Health Plan HMO
10/20/1962	F	CA	92844	CIGNA Health Plan HMO
11/15/1945	F	CA	92691	CIGNA Health Plan HMO
12/25/1970	F	CA	92780	CIGNA Health Plan HMO
02/18/1956	F	CA	92841	CIGNA Health Plan HMO
01/07/1958	F	CA	92656	CIGNA Health Plan HMO
12/27/1951	F	CA	92866	CIGNA Health Plan HMO
11/12/1979	F	CA	91731	CIGNA Health Plan HMO
06/25/1974	F	CA	92692	CIGNA Health Plan HMO
11/12/1952	F	CA	90703	CIGNA Health Plan HMO
07/09/1952	M	CA	92804	CIGNA Health Plan HMO
02/27/1960	F	CA	92683	CIGNA Health Plan HMO
08/05/1974	F	CA	92627	CIGNA Health Plan HMO
04/13/1954	F	CA	92675	CIGNA Health Plan HMO
09/12/1952	F	CA	92821	CIGNA Health Plan HMO
03/26/1949	F	CA	92780	CIGNA Health Plan HMO
10/27/1970	F	CA	92821	CIGNA Health Plan HMO
11/19/1968	F	CA	92610	CIGNA Health Plan HMO
08/06/1977	F	CA	92630	CIGNA Health Plan HMO
03/14/1944	F	CA	92612	CIGNA Health Plan HMO
11/06/1982	F	CA	92627	CIGNA Health Plan HMO
08/06/1979	M	CA	92831	CIGNA Health Plan HMO
10/05/1980	F	CA	92882	CIGNA Health Plan HMO
12/02/1970	M	CA	92707	CIGNA Health Plan HMO
08/22/1954	F	CA	92869	CIGNA Health Plan HMO
11/11/1944	F	CA	92663	CIGNA Health Plan HMO
06/06/1978	F	CA	92869	CIGNA Health Plan HMO
06/09/1978	M	CA	90807	CIGNA Health Plan HMO
07/17/1968	F	CA	92647	CIGNA Health Plan HMO
01/13/1978	F	CA	92627	CIGNA Health Plan HMO
11/13/1965	F	CA	92596	CIGNA Health Plan HMO
02/01/1953	M	CA	92821	CIGNA Health Plan HMO
11/11/1969	M	CA	92843	CIGNA Health Plan HMO
05/31/1969	F	CA	90706	CIGNA Health Plan HMO
05/21/1969	F	CA	902494113	CIGNA Health Plan HMO
01/25/1976	F	CA	92532	CIGNA Health Plan HMO
11/25/1951	F	CA	92629	CIGNA Health Plan HMO
07/05/1978	F	CA	92679	CIGNA Health Plan HMO
12/06/1979	F	CA	90402	CIGNA Health Plan HMO
06/20/1965	F	CA	92804	CIGNA Health Plan HMO
10/09/1958	F	CA	92082	CIGNA Health Plan HMO
01/12/1969	F	CA	90601	CIGNA Health Plan HMO
10/05/1975	F	CA	92606	CIGNA Health Plan HMO
08/07/1956	F	CA	928414927	CIGNA Health Plan HMO
12/12/1953	F	CA	92683	CIGNA Health Plan HMO

11/27/1965	F	CA	92651	CIGNA Health Plan HMO
09/25/1948	F	CA	92675	CIGNA Health Plan HMO
05/04/1969	F	CA	92057	CIGNA Health Plan HMO
01/24/1973	F	CA	92802	CIGNA Health Plan HMO
01/18/1969	M	CA	92646	CIGNA Health Plan HMO
11/13/1981	F	CA	90301	CIGNA Health Plan HMO
11/14/1963	M	CA	92705	CIGNA Health Plan HMO
04/10/1976	F	CA	90713	CIGNA Health Plan HMO
11/03/1967	F	CA	92870	CIGNA Health Plan HMO
07/10/1972	F	CA	92694	CIGNA Health Plan HMO
06/23/1962	F	CA	92707	CIGNA Health Plan HMO
07/04/1945	M	CA	926124051	CIGNA Health Plan HMO
01/01/1973	F	CA	92868	CIGNA Health Plan HMO
07/13/1950	M	CA	92821	CIGNA Health Plan HMO
02/10/1966	F	CA	90808	CIGNA Health Plan HMO
12/20/1975	F	CA	92832	CIGNA Health Plan HMO
01/06/1968	F	CA	92685	CIGNA Health Plan HMO
10/12/1962	F	CA	92869	CIGNA Health Plan HMO
05/03/1970	F	CA	92612	CIGNA Health Plan HMO
03/16/1947	F	CA	92637	CIGNA Health Plan HMO
01/11/1963	F	CA	92870	CIGNA Health Plan HMO
11/12/1971	F	CA	92780	CIGNA Health Plan HMO
08/06/1954	F	CA	90703	CIGNA Health Plan HMO
11/04/1952	F	CA	92870	CIGNA Health Plan HMO
10/08/1981	F	CA	92704	CIGNA Health Plan HMO
04/12/1963	F	CA	92707	CIGNA Health Plan HMO
11/18/1957	F	CA	92612	CIGNA Health Plan HMO
04/30/1965	F	CA	90755	CIGNA Health Plan HMO
03/08/1960	F	CA	92870	CIGNA Health Plan HMO
07/29/1979	F	CA	92835	CIGNA Health Plan HMO
01/23/1954	F	CA	92707	CIGNA Health Plan HMO
03/14/1960	F	CA	90620	CIGNA Health Plan HMO
03/07/1964	F	CA	92808	CIGNA Health Plan HMO
09/10/1960	F	CA	92626	CIGNA Health Plan HMO
02/07/1959	F	CA	92028	CIGNA Health Plan HMO
06/19/1970	F	CA	92691	CIGNA Health Plan HMO
01/29/1956	F	CA	92630	CIGNA Health Plan HMO
06/13/1946	F	CA	92688	CIGNA Health Plan HMO
12/07/1982	F	CA	92803	CIGNA Health Plan HMO
10/15/1976	F	CA	90701	CIGNA Health Plan HMO
04/04/1965	F	CA	90805	CIGNA Health Plan HMO
08/06/1972	F	CA	92780	CIGNA Health Plan HMO
06/04/1960	F	CA	92869	CIGNA Health Plan HMO
10/24/1978	F	CA	90703	CIGNA Health Plan HMO
09/07/1981	F	CA	92870	CIGNA Health Plan HMO
08/10/1961	F	CA	92780	CIGNA Health Plan HMO
09/16/1961	F	CA	90630	CIGNA Health Plan HMO
02/12/1984	F	CA	91765	CIGNA Health Plan HMO
05/26/1970	M	CA	927020081	CIGNA Health Plan HMO
12/28/1966	M	CA	92844	CIGNA Health Plan HMO
08/13/1968	M	CA	92866	CIGNA Health Plan HMO
12/23/1957	F	CA	92708	CIGNA Health Plan HMO

09/28/1960	F	CA	90803	CIGNA Health Plan HMO
03/16/1958	F	CA	91709	CIGNA Health Plan HMO
06/17/1958	F	CA	92614	CIGNA Health Plan HMO
02/26/1955	F	CA	928045074	CIGNA Health Plan HMO
02/22/1955	F	CA	92677	CIGNA Health Plan HMO
05/23/1984	F	CA	92883	CIGNA Health Plan HMO
08/25/1972	F	CA	90638	CIGNA Health Plan HMO
03/18/1958	F	CA	91762	CIGNA Health Plan HMO
12/28/1965	F	CA	92677	CIGNA Health Plan HMO
01/04/1960	M	CA	90815	CIGNA Health Plan HMO
09/10/1968	F	CA	92610	CIGNA Health Plan HMO
09/17/1963	F	CA	92584	CIGNA Health Plan HMO
04/25/1981	M	CA	92879	CIGNA Health Plan HMO
04/08/1977	F	CA	90703	CIGNA Health Plan HMO
05/02/1976	F	CA	92649	CIGNA Health Plan HMO
12/10/1975	F	CA	92653	CIGNA Health Plan HMO
04/24/1984	F	CA	92861	CIGNA Health Plan HMO
03/28/1974	F	CA	92646	CIGNA Health Plan HMO
09/13/1983	F	CA	92679	CIGNA Health Plan HMO
12/20/1959	F	CA	92844	CIGNA Health Plan HMO
12/21/1975	F	CA	92881	CIGNA Health Plan HMO
01/01/1951	F	CA	92843	CIGNA Health Plan HMO
10/13/1978	F	CA	91709	CIGNA Health Plan HMO
04/23/1974	F	CA	92805	CIGNA Health Plan HMO
08/30/1982	F	CA	92602	CIGNA Health Plan HMO
03/12/1980	M	CA	92691	CIGNA Health Plan HMO
12/16/1975	F	CA	90712	CIGNA Health Plan HMO
11/08/1973	M	CA	92694	CIGNA Health Plan HMO
02/21/1979	F	CA	92833	CIGNA Health Plan HMO
05/13/1983	F	CA	92614	CIGNA Health Plan HMO
08/15/1952	M	CA	92647	CIGNA Health Plan HMO
11/07/1981	F	CA	92675	CIGNA Health Plan HMO
01/10/1966	F	CA	92706	CIGNA Health Plan HMO
06/16/1970	F	CA	92870	CIGNA Health Plan HMO
11/01/1953	F	CA	92704	CIGNA Health Plan HMO
10/01/1985	F	CA	92503	CIGNA Health Plan HMO
07/24/1983	F	CA	92704	CIGNA Health Plan HMO
04/17/1966	F	CA	92780	CIGNA Health Plan HMO
02/08/1984	F	CA	92706	CIGNA Health Plan HMO
10/03/1982	F	CA	90810	CIGNA Health Plan HMO
07/17/1980	F	CA	92627	CIGNA Health Plan HMO
12/10/1973	M	CA	92703	CIGNA Health Plan HMO
09/09/1973	F	CA	92704	CIGNA Health Plan HMO
10/11/1974	F	CA	92630	CIGNA Health Plan HMO
09/20/1979	M	CA	92703	CIGNA Health Plan HMO
05/08/1968	F	CA	92804	CIGNA Health Plan HMO
12/26/1955	F	CA	92780	CIGNA Health Plan HMO
03/25/1964	F	CA	92675	CIGNA Health Plan HMO
01/04/1983	F	CA	92663	CIGNA Health Plan HMO
08/12/1962	M	CA	92677	CIGNA Health Plan HMO
12/31/1954	F	CA	92653	CIGNA Health Plan HMO
12/15/1954	F	CA	92841	CIGNA Health Plan HMO

01/15/1949	F	CA	92701	CIGNA Health Plan HMO
10/24/1962	F	CA	90630	CIGNA Health Plan HMO
06/27/1961	F	CA	92704	CIGNA Health Plan HMO
05/14/1959	F	CA	92677	CIGNA Health Plan HMO
09/29/1962	F	CA	92630	CIGNA Health Plan HMO
03/20/1967	F	CA	92845	CIGNA Health Plan HMO
09/30/1977	M	CA	92883	CIGNA Health Plan HMO
06/07/1956	F	CA	92692	CIGNA Health Plan HMO
04/12/1980	F	CA	92630	CIGNA Health Plan HMO
01/11/1959	M	CA	90808	CIGNA Health Plan HMO
04/21/1963	M	CA	92887	CIGNA Health Plan HMO
07/03/1965	F	CA	92882	CIGNA Health Plan HMO
04/15/1946	F	CA	92870	CIGNA Health Plan HMO
10/24/1981	M	CA	92679	CIGNA Health Plan HMO
09/14/1963	F	CA	92831	CIGNA Health Plan HMO
12/07/1953	F	CA	92677	CIGNA Health Plan HMO
09/27/1953	F	CA	92843	CIGNA Health Plan HMO
01/18/1968	M	CA	91765	CIGNA Health Plan HMO
06/23/1952	F	CA	92870	CIGNA Health Plan HMO
03/05/1965	F	CA	92886	CIGNA Health Plan HMO
11/26/1951	F	CA	92808	CIGNA Health Plan HMO
05/16/1968	M	CA	92843	CIGNA Health Plan HMO
06/19/1958	M	CA	92881	CIGNA Health Plan HMO
10/15/1960	F	CA	92647	CIGNA Health Plan HMO
03/13/1963	F	CA	90706	CIGNA Health Plan HMO
08/27/1948	F	CA	92683	CIGNA Health Plan HMO
07/15/1956	F	CA	90620	CIGNA Health Plan HMO
11/30/1965	F	CA	926102330	CIGNA Health Plan HMO
09/26/1970	F	CA	91765	CIGNA Health Plan HMO
08/30/1958	F	CA	92626	CIGNA Health Plan HMO
12/21/1955	M	CA	92677	CIGNA Health Plan HMO
04/19/1962	M	CA	92620	CIGNA Health Plan HMO
02/27/1974	F	CA	92612	CIGNA Health Plan HMO
03/29/1968	F	CA	928452144	CIGNA Health Plan HMO
08/30/1960	F	CA	92620	CIGNA Health Plan HMO
05/14/1952	F	CA	90680	CIGNA Health Plan HMO
05/26/1970	F	CA	92656	CIGNA Health Plan HMO
11/22/1959	F	CA	91761	CIGNA Health Plan HMO
10/03/1967	F	CA	92653	CIGNA Health Plan HMO
02/10/1971	M	CA	92646	CIGNA Health Plan HMO
01/29/1942	M	CA	92807	CIGNA Health Plan HMO
09/27/1951	M	CA	90266	CIGNA Health Plan HMO
07/18/1954	F	CA	90059	CIGNA Health Plan HMO
08/17/1963	M	CA	92604	CIGNA Health Plan HMO
08/10/1955	F	CA	92866	CIGNA Health Plan HMO
12/26/1955	F	CA	92870	CIGNA Health Plan HMO
12/02/1966	M	CA	92612	CIGNA Health Plan HMO
07/14/1968	M	CA	90814	CIGNA Health Plan HMO
01/03/1963	F	CA	90807	CIGNA Health Plan HMO
03/18/1974	F	CA	91724	CIGNA Health Plan HMO
09/25/1966	F	CA	92692	CIGNA Health Plan HMO
01/26/1951	F	CA	92705	CIGNA Health Plan HMO

09/24/1969	F	CA	92845	CIGNA Health Plan HMO
07/01/1953	M	CA	92706	CIGNA Health Plan HMO
12/23/1960	F	CA	92626	CIGNA Health Plan HMO
11/04/1946	F	CA	92648	CIGNA Health Plan HMO
07/11/1954	M	CA	92807	CIGNA Health Plan HMO
12/19/1964	F	CA	928661052	CIGNA Health Plan HMO
12/17/1959	F	CA	90803	CIGNA Health Plan HMO
10/03/1958	M	CA	92833	CIGNA Health Plan HMO
10/21/1964	F	CA	92656	CIGNA Health Plan HMO
04/14/1963	F	CA	92807	CIGNA Health Plan HMO
04/30/1977	M	CA	90715	CIGNA Health Plan HMO
09/13/1957	M	CA	92620	CIGNA Health Plan HMO
09/12/1977	M	CA	92626	CIGNA Health Plan HMO
12/13/1956	F	CA	92831	CIGNA Health Plan HMO
10/15/1960	F	CA	92869	CIGNA Health Plan HMO
12/05/1962	M	CA	90638	CIGNA Health Plan HMO
12/19/1947	M	CA	92704	CIGNA Health Plan HMO
07/06/1959	M	CA	92840	CIGNA Health Plan HMO
08/27/1972	F	CA	92704	CIGNA Health Plan HMO
04/21/1969	M	CA	92706	CIGNA Health Plan HMO
10/29/1968	F	CA	92881	CIGNA Health Plan HMO
10/05/1962	F	CA	92804	CIGNA Health Plan HMO
06/09/1949	F	CA	92646	CIGNA Health Plan HMO
04/10/1954	F	CA	92868	CIGNA Health Plan HMO
04/17/1955	F	CA	92841	CIGNA Health Plan HMO
01/09/1956	M	CA	92624	CIGNA Health Plan HMO
05/16/1963	M	CA	92610	CIGNA Health Plan HMO
11/21/1956	M	CA	92610	CIGNA Health Plan HMO
05/03/1965	M	CA	92651	CIGNA Health Plan HMO
07/01/1972	M	CA	92805	CIGNA Health Plan HMO
10/29/1954	F	CA	92883	CIGNA Health Plan HMO
09/03/1973	F	CA	92869	CIGNA Health Plan HMO
08/22/1968	M	CA	92868	CIGNA Health Plan HMO
05/19/1951	F	CA	92706	CIGNA Health Plan HMO
12/16/1968	F	CA	92801	CIGNA Health Plan HMO
11/29/1956	F	CA	92867	CIGNA Health Plan HMO
09/28/1981	F	CA	92707	CIGNA Health Plan HMO
09/12/1956	M	CA	92690	CIGNA Health Plan HMO
10/16/1969	F	CA	92879	CIGNA Health Plan HMO
05/07/1972	F	CA	92821	CIGNA Health Plan HMO
06/23/1968	F	CA	92602	CIGNA Health Plan HMO
10/18/1961	F	CA	92707	CIGNA Health Plan HMO
08/01/1979	F	CA	90638	CIGNA Health Plan HMO
03/21/1961	M	CA	90640	CIGNA Health Plan HMO
07/23/1970	M	CA	92688	CIGNA Health Plan HMO
01/10/1958	F	CA	92653	CIGNA Health Plan HMO
08/21/1954	F	CA	92626	CIGNA Health Plan HMO
11/30/1954	M	CA	92886	CIGNA Health Plan HMO
01/30/1950	F	CA	92806	CIGNA Health Plan HMO
04/30/1972	M	CA	92707	CIGNA Health Plan HMO
03/30/1942	M	CA	91709	CIGNA Health Plan HMO
05/26/1982	F	CA	92882	CIGNA Health Plan HMO

09/07/1960	F	CA	92865	CIGNA Health Plan HMO
05/18/1968	F	CA	92603	CIGNA Health Plan HMO
07/18/1977	F	CA	92509	CIGNA Health Plan HMO
01/01/1964	F	CA	92688	CIGNA Health Plan HMO
07/04/1974	F	CA	90638	CIGNA Health Plan HMO
03/06/1976	F	CA	90620	CIGNA Health Plan HMO
10/30/1979	F	CA	92870	CIGNA Health Plan HMO
08/04/1977	F	CA	90602	CIGNA Health Plan HMO
04/19/1966	F	CA	92868	CIGNA Health Plan HMO
06/20/1960	M	CA	92653	CIGNA Health Plan HMO
02/16/1984	F	CA	92653	CIGNA Health Plan HMO
08/19/1986	F	CA	90620	CIGNA Health Plan HMO
09/03/1955	F	CA	92880	CIGNA Health Plan HMO
07/14/1963	F	CA	92688	CIGNA Health Plan HMO
04/22/1948	F	CA	92802	CIGNA Health Plan HMO
05/24/1973	F	CA	92679	CIGNA Health Plan HMO
12/30/1952	M	CA	92629	CIGNA Health Plan HMO
11/27/1960	F	CA	92705	CIGNA Health Plan HMO
11/13/1962	F	CA	92625	CIGNA Health Plan HMO
06/25/1959	M	CA	92833	CIGNA Health Plan HMO
05/10/1946	F	CA	92802	CIGNA Health Plan HMO
09/12/1961	M	CA	92705	CIGNA Health Plan HMO
10/26/1956	M	CA	92501	CIGNA Health Plan HMO
12/07/1981	M	CA	90805	CIGNA Health Plan HMO
01/27/1956	M	CA	92802	CIGNA Health Plan HMO
04/20/1989	M	CA	92802	CIGNA Health Plan HMO
01/11/1960	M	CA	90680	CIGNA Health Plan HMO
10/19/1969	M	CA	92691	CIGNA Health Plan HMO
02/05/1983	M	CA	91786	CIGNA Health Plan HMO
09/16/1976	M	CA	92626	CIGNA Health Plan HMO
09/07/1959	M	CA	92869	CIGNA Health Plan HMO
07/12/1972	M	CA	90620	CIGNA Health Plan HMO
11/09/1959	M	CA	92840	CIGNA Health Plan HMO
08/30/1977	M	CA	92840	CIGNA Health Plan HMO
09/21/1980	M	CA	92869	CIGNA Health Plan HMO
11/11/1971	M	CA	92868	CIGNA Health Plan HMO
11/09/1953	F	CA	90630	CIGNA Health Plan HMO
02/28/1968	M	CA	92705	CIGNA Health Plan HMO
08/05/1951	M	CA	92869	CIGNA Health Plan HMO
06/01/1986	M	CA	92780	CIGNA Health Plan HMO
09/06/1956	F	CA	92703	CIGNA Health Plan HMO
10/16/1958	M	CA	92870	CIGNA Health Plan HMO
12/03/1976	M	CA	90808	CIGNA Health Plan HMO
05/17/1979	M	CA	92705	CIGNA Health Plan HMO
09/06/1977	M	CA	92879	CIGNA Health Plan HMO
12/22/1968	M	CA	92821	CIGNA Health Plan HMO
11/05/1958	M	CA	92688	CIGNA Health Plan HMO
03/15/1966	M	CA	92867	CIGNA Health Plan HMO
03/13/1948	M	CA	92871	CIGNA Health Plan HMO
03/10/1948	F	CA	92868	CIGNA Health Plan HMO
10/22/1982	M	CA	92701	CIGNA Health Plan HMO
02/19/1986	M	CA	92701	CIGNA Health Plan HMO

02/21/1955	M	CA	92706	CIGNA Health Plan HMO
07/22/1960	M	CA	90630	CIGNA Health Plan HMO
07/28/1954	M	CA	92801	CIGNA Health Plan HMO
11/01/1959	M	CA	90650	CIGNA Health Plan HMO
10/30/1958	M	CA	92887	CIGNA Health Plan HMO
10/17/1954	M	CA	91761	CIGNA Health Plan HMO
05/20/1963	M	CA	92707	CIGNA Health Plan HMO
12/13/1958	M	CA	92708	CIGNA Health Plan HMO
02/11/1959	M	CA	92843	CIGNA Health Plan HMO
02/07/1967	M	CA	92675	CIGNA Health Plan HMO
06/15/1953	M	CA	92676	CIGNA Health Plan HMO
11/19/1963	M	CA	92867	CIGNA Health Plan HMO
05/22/1955	M	CA	92707	CIGNA Health Plan HMO
08/23/1948	M	CA	92780	CIGNA Health Plan HMO
06/24/1983	F	CA	92704	CIGNA Health Plan HMO
04/07/1957	F	CA	92688	CIGNA Health Plan HMO
07/15/1964	M	CA	92883	CIGNA Health Plan HMO
06/29/1976	M	CA	92683	CIGNA Health Plan HMO
07/19/1978	M	CA	92683	CIGNA Health Plan HMO
02/09/1957	M	CA	92701	CIGNA Health Plan HMO
10/02/1970	M	CA	92840	CIGNA Health Plan HMO
02/16/1981	M	CA	92704	CIGNA Health Plan HMO
07/17/1964	M	CA	92882	CIGNA Health Plan HMO
12/22/1949	F	CA	92672	CIGNA Health Plan HMO
03/18/1955	M	CA	92780	CIGNA Health Plan HMO
01/29/1974	M	CA	92868	CIGNA Health Plan HMO
10/12/1959	M	CA	92672	CIGNA Health Plan HMO
11/18/1939	F	CA	92845	CIGNA Health Plan HMO
01/12/1984	M	CA	92840	CIGNA Health Plan HMO
10/30/1986	M	CA	92865	CIGNA Health Plan HMO
07/24/1942	F	CA	92865	CIGNA Health Plan HMO
08/07/1978	M	CA	92508	CIGNA Health Plan HMO
12/27/1983	M	CA	90680	CIGNA Health Plan HMO
07/03/1984	M	CA	91761	CIGNA Health Plan HMO
09/24/1984	M	CA	92882	CIGNA Health Plan HMO
06/29/1984	M	CA	92868	CIGNA Health Plan HMO
08/03/1978	M	CA	92677	CIGNA Health Plan HMO
06/19/1984	M	CA	92707	CIGNA Health Plan HMO
07/13/1967	M	CA	92703	CIGNA Health Plan HMO
05/05/1987	M	CA	92691	CIGNA Health Plan HMO
02/10/1965	M	CA	902801435	CIGNA Health Plan HMO
11/17/1986	F	CA	90680	CIGNA Health Plan HMO
05/14/1975	F	CA	90640	CIGNA Health Plan HMO
12/21/1970	F	CA	926091525	CIGNA Health Plan HMO
09/08/1962	F	CA	92582	CIGNA Health Plan HMO
04/05/1973	M	CA	92688	CIGNA Health Plan HMO
10/28/1973	M	CA	92869	CIGNA Health Plan HMO
09/04/1957	M	CA	92869	CIGNA Health Plan HMO
08/05/1963	F	CA	90712	CIGNA Health Plan HMO
11/22/1963	F	CA	90815	CIGNA Health Plan HMO
05/16/1957	F	CA	92869	CIGNA Health Plan HMO
08/10/1946	M	CA	92649	CIGNA Health Plan HMO

07/09/1970	F	CA	92860	CIGNA Health Plan HMO
03/29/1963	F	CA	92672	CIGNA Health Plan HMO
12/05/1946	M	CA	90808	CIGNA Health Plan HMO
03/07/1955	F	CA	92624	CIGNA Health Plan HMO
07/31/1971	F	CA	92688	CIGNA Health Plan HMO
09/02/1976	F	CA	92870	CIGNA Health Plan HMO
11/28/1978	M	CA	92867	CIGNA Health Plan HMO
10/04/1983	F	CA	92882	CIGNA Health Plan HMO
09/15/1971	M	CA	92503	CIGNA Health Plan HMO
11/03/1958	F	CA	92629	CIGNA Health Plan HMO
06/15/1969	M	CA	91710	CIGNA Health Plan HMO
02/24/1976	F	CA	92807	CIGNA Health Plan HMO
04/16/1959	M	CA	92656	CIGNA Health Plan HMO
06/05/1975	M	CA	92870	CIGNA Health Plan HMO
04/03/1958	M	CA	92630	CIGNA Health Plan HMO
06/24/1979	F	CA	92694	CIGNA Health Plan HMO
09/01/1981	F	CA	92647	CIGNA Health Plan HMO
03/17/1972	M	CA	90277	CIGNA Health Plan HMO
06/26/1955	M	CA	92807	CIGNA Health Plan HMO
04/24/1963	F	CA	92865	CIGNA Health Plan HMO
08/24/1974	F	CA	90631	CIGNA Health Plan HMO
10/01/1978	M	CA	92865	CIGNA Health Plan HMO
03/05/1965	F	CA	92807	CIGNA Health Plan HMO
06/15/1967	F	CA	92780	CIGNA Health Plan HMO
03/09/1980	F	CA	92842	CIGNA Health Plan HMO
04/07/1983	F	CA	92801	CIGNA Health Plan HMO
08/05/1953	M	CA	92626	CIGNA Health Plan HMO
12/19/1955	M	CA	90606	CIGNA Health Plan HMO
02/10/1976	F	CA	90650	CIGNA Health Plan HMO
01/25/1976	F	CA	92551	CIGNA Health Plan HMO
12/31/1973	F	CA	91784	CIGNA Health Plan HMO
12/15/1959	M	CA	92844	CIGNA Health Plan HMO
10/15/1966	F	CA	92630	CIGNA Health Plan HMO
03/26/1973	F	CA	90740	CIGNA Health Plan HMO
06/12/1982	M	CA	92886	CIGNA Health Plan HMO
04/05/1949	F	CA	92704	CIGNA Health Plan HMO
12/20/1968	F	CA	92553	CIGNA Health Plan HMO
07/11/1973	M	CA	90603	CIGNA Health Plan HMO
04/19/1983	M	CA	90623	CIGNA Health Plan HMO
09/08/1968	F	CA	92683	CIGNA Health Plan HMO
02/24/1976	F	CA	90605	CIGNA Health Plan HMO
01/12/1967	F	CA	90807	CIGNA Health Plan HMO
04/06/1979	F	CA	91768	CIGNA Health Plan HMO
08/08/1979	F	CA	92840	CIGNA Health Plan HMO
11/17/1976	F	CA	92841	CIGNA Health Plan HMO
02/10/1977	F	CA	92880	CIGNA Health Plan HMO
04/06/1983	M	CA	92704	CIGNA Health Plan HMO
04/17/1983	M	CA	90804	CIGNA Health Plan HMO
04/10/1951	M	CA	92704	CIGNA Health Plan HMO
12/28/1952	M	CA	92807	CIGNA Health Plan HMO
09/10/1974	M	CA	92627	CIGNA Health Plan HMO
02/06/1972	M	CA	92507	CIGNA Health Plan HMO

03/02/1978	F	CA	90631	CIGNA Health Plan HMO
12/18/1979	F	CA	90061	CIGNA Health Plan HMO
11/21/1951	F	CA	90804	CIGNA Health Plan HMO
10/23/1964	M	CA	92883	CIGNA Health Plan HMO
10/20/1983	M	CA	92880	CIGNA Health Plan HMO
02/15/1956	F	CA	92805	CIGNA Health Plan HMO
01/08/1956	M	CA	926882679	CIGNA Health Plan HMO
01/17/1964	F	CA	92866	CIGNA Health Plan HMO
03/05/1974	M	CA	92882	CIGNA Health Plan HMO
04/27/1980	F	CA	90712	CIGNA Health Plan HMO
01/06/1979	F	CA	91708	CIGNA Health Plan HMO
05/09/1981	F	CA	91786	CIGNA Health Plan HMO
12/28/1965	F	CA	92595	CIGNA Health Plan HMO
02/05/1981	M	CA	92802	CIGNA Health Plan HMO
07/20/1969	M	CA	92887	CIGNA Health Plan HMO
06/23/1969	F	CA	91765	CIGNA Health Plan HMO
05/12/1965	M	CA	92648	CIGNA Health Plan HMO
03/04/1967	M	CA	92880	CIGNA Health Plan HMO
04/21/1967	F	CA	92821	CIGNA Health Plan HMO
08/30/1970	M	CA	92509	CIGNA Health Plan HMO
08/22/1972	F	CA	92808	CIGNA Health Plan HMO
02/02/1972	F	CA	90813	CIGNA Health Plan HMO
02/23/1977	F	CA	92801	CIGNA Health Plan HMO
02/19/1975	M	CA	92886	CIGNA Health Plan HMO
10/08/1962	M	CA	92530	CIGNA Health Plan HMO
05/09/1978	F	CA	92703	CIGNA Health Plan HMO
09/14/1973	F	CA	92883	CIGNA Health Plan HMO
06/15/1973	M	CA	92647	CIGNA Health Plan HMO
09/15/1977	F	CA	91202	CIGNA Health Plan HMO
03/07/1964	F	CA	92620	CIGNA Health Plan HMO
08/30/1974	M	CA	91768	CIGNA Health Plan HMO
06/11/1954	F	CA	92866	CIGNA Health Plan HMO
12/27/1971	F	CA	91730	CIGNA Health Plan HMO
04/06/1976	F	CA	92647	CIGNA Health Plan HMO
11/02/1962	F	CA	90755	CIGNA Health Plan HMO
11/23/1970	F	CA	90502	CIGNA Health Plan HMO
09/18/1950	F	CA	92629	CIGNA Health Plan HMO
05/12/1973	M	CA	92610	CIGNA Health Plan HMO
08/18/1968	M	CA	92882	CIGNA Health Plan HMO
12/28/1971	M	CA	90703	CIGNA Health Plan HMO
03/22/1979	F	CA	92868	CIGNA Health Plan HMO
10/26/1971	M	CA	92703	CIGNA Health Plan HMO
11/14/1967	M	CA	92867	CIGNA Health Plan HMO
10/31/1983	F	CA	92571	CIGNA Health Plan HMO
03/05/1973	F	CA	92673	CIGNA Health Plan HMO
09/28/1979	F	CA	92701	CIGNA Health Plan HMO
11/13/1973	F	CA	92807	CIGNA Health Plan HMO
02/18/1961	F	CA	90638	CIGNA Health Plan HMO
12/03/1971	M	CA	92870	CIGNA Health Plan HMO
12/20/1971	F	CA	92614	CIGNA Health Plan HMO
03/16/1974	F	CA	92867	CIGNA Health Plan HMO
07/07/1967	F	CA	92886	CIGNA Health Plan HMO

07/12/1955	F	CA	92648	CIGNA Health Plan HMO
12/05/1955	M	CA	92887	CIGNA Health Plan HMO
06/18/1961	F	CA	90755	CIGNA Health Plan HMO
05/29/1973	M	CA	92649	CIGNA Health Plan HMO
04/25/1973	M	CA	92629	CIGNA Health Plan HMO
01/03/1981	F	CA	90715	CIGNA Health Plan HMO
12/08/1977	F	CA	90717	CIGNA Health Plan HMO
07/07/1977	F	CA	92562	CIGNA Health Plan HMO
08/13/1979	F	CA	90503	CIGNA Health Plan HMO
07/29/1974	F	CA	92868	CIGNA Health Plan HMO
05/28/1977	F	CA	90744	CIGNA Health Plan HMO
11/06/1980	F	CA	90057	CIGNA Health Plan HMO
06/26/1972	F	CA	92835	CIGNA Health Plan HMO
02/21/1981	F	CA	90620	CIGNA Health Plan HMO
09/01/1982	F	CA	92866	CIGNA Health Plan HMO
12/24/1975	M	CA	92870	CIGNA Health Plan HMO
02/10/1978	F	CA	90293	CIGNA Health Plan HMO
11/20/1983	F	CA	91744	CIGNA Health Plan HMO
03/26/1987	M	CA	92870	CIGNA Health Plan HMO
12/30/1978	F	CA	90262	CIGNA Health Plan HMO
08/27/1975	F	CA	92879	CIGNA Health Plan HMO
11/19/1978	M	CA	90803	CIGNA Health Plan HMO
04/01/1983	F	CA	92868	CIGNA Health Plan HMO
07/18/1983	F	CA	91745	CIGNA Health Plan HMO
09/13/1977	M	CA	92220	CIGNA Health Plan HMO
08/21/1984	F	CA	92886	CIGNA Health Plan HMO
02/09/1974	M	CA	90815	CIGNA Health Plan HMO
05/30/1978	F	CA	90803	CIGNA Health Plan HMO
04/05/1979	M	CA	90713	CIGNA Health Plan HMO
11/01/1978	F	CA	92867	CIGNA Health Plan HMO
10/28/1945	F	CA	92805	CIGNA Health Plan HMO
05/29/1941	F	CA	92707	CIGNA Health Plan HMO
09/07/1967	F	CA	90621	CIGNA Health Plan HMO
06/10/1970	F	CA	92708	CIGNA Health Plan HMO
08/02/1975	F	CA	92647	CIGNA Health Plan HMO
04/22/1958	M	CA	92656	CIGNA Health Plan HMO
10/04/1982	F	CA	92625	CIGNA Health Plan HMO
01/02/1969	F	CA	92646	CIGNA Health Plan HMO
12/27/1962	F	CA	92649	CIGNA Health Plan HMO
06/10/1970	M	CA	92648	CIGNA Health Plan HMO
05/18/1956	F	CA	92838	CIGNA Health Plan HMO
09/14/1946	F	CA	92780	CIGNA Health Plan HMO
05/17/1950	M	CA	92780	CIGNA Health Plan HMO
08/09/1940	M	CA	928823051	CIGNA Health Plan HMO
08/04/1978	F	CA	90806	CIGNA Health Plan HMO
12/26/1953	F	CA	92869	CIGNA Health Plan HMO
02/03/1951	M	CA	92869	CIGNA Health Plan HMO
08/12/1937	F	CA	92780	CIGNA Health Plan HMO
07/06/1980	M	CA	92831	CIGNA Health Plan HMO
10/17/1984	M	CA	92843	CIGNA Health Plan HMO
06/22/1958	F	CA	90604	CIGNA Health Plan HMO
10/26/1970	F	CA	92882	CIGNA Health Plan HMO

07/15/1951	F	CA	92683	CIGNA Health Plan HMO
03/25/1964	F	CA	92880	CIGNA Health Plan HMO
07/04/1959	F	CA	92703	CIGNA Health Plan HMO
05/04/1954	F	CA	92708	CIGNA Health Plan HMO
06/01/1954	M	CA	91748	CIGNA Health Plan HMO
12/14/1969	F	CA	92705	CIGNA Health Plan HMO
10/17/1959	F	CA	92705	CIGNA Health Plan HMO
12/14/1975	F	CA	92703	CIGNA Health Plan HMO
11/30/1973	M	CA	92735	CIGNA Health Plan HMO
04/09/1962	F	CA	92703	CIGNA Health Plan HMO
10/19/1978	F	CA	92707	CIGNA Health Plan HMO
10/28/1968	F	CA	92804	CIGNA Health Plan HMO
07/11/1986	F	CA	92708	CIGNA Health Plan HMO
12/10/1963	M	CA	92688	CIGNA Health Plan HMO
08/04/1954	F	CA	92649	CIGNA Health Plan HMO
11/01/1957	F	CA	90621	CIGNA Health Plan HMO
11/27/1973	F	CA	90640	CIGNA Health Plan HMO
09/09/1953	F	CA	92708	CIGNA Health Plan HMO
03/07/1949	F	CA	92840	CIGNA Health Plan HMO
11/13/1968	F	CA	92799	CIGNA Health Plan HMO
10/10/1963	F	CA	92679	CIGNA Health Plan HMO
08/23/1954	M	CA	92868	CIGNA Health Plan HMO
08/01/1981	F	CA	92627	CIGNA Health Plan HMO
01/21/1982	F	CA	92706	CIGNA Health Plan HMO
01/19/1967	M	CA	92805	CIGNA Health Plan HMO
01/18/1959	F	CA	92869	CIGNA Health Plan HMO
06/29/1971	F	CA	92880	CIGNA Health Plan HMO
04/15/1965	F	CA	92683	CIGNA Health Plan HMO
07/17/1970	F	CA	92806	CIGNA Health Plan HMO
04/05/1958	F	CA	92656	CIGNA Health Plan HMO
11/16/1957	F	CA	92677	CIGNA Health Plan HMO
04/16/1961	F	CA	92821	CIGNA Health Plan HMO
01/26/1945	F	CA	92845	CIGNA Health Plan HMO
10/08/1985	F	CA	92833	CIGNA Health Plan HMO
02/22/1952	F	CA	92647	CIGNA Health Plan HMO
12/26/1957	F	CA	92805	CIGNA Health Plan HMO
09/15/1975	F	CA	92704	CIGNA Health Plan HMO
12/21/1945	F	CA	92705	CIGNA Health Plan HMO
12/25/1955	F	CA	92707	CIGNA Health Plan HMO
07/29/1954	F	CA	92612	CIGNA Health Plan HMO
05/30/1964	F	CA	92840	CIGNA Health Plan HMO
05/12/1962	F	CA	92618	CIGNA Health Plan HMO
04/17/1982	F	CA	92707	CIGNA Health Plan HMO
06/16/1981	M	CA	92705	CIGNA Health Plan HMO
05/17/1978	F	CA	92701	CIGNA Health Plan HMO
03/07/1971	F	CA	92867	CIGNA Health Plan HMO
10/04/1969	F	CA	92706	CIGNA Health Plan HMO
09/09/1956	F	CA	92869	CIGNA Health Plan HMO
11/04/1975	F	CA	92704	CIGNA Health Plan HMO
08/06/1983	F	CA	92618	CIGNA Health Plan HMO
07/11/1953	F	CA	90631	CIGNA Health Plan HMO
05/30/1961	F	CA	92780	CIGNA Health Plan HMO

04/24/1983	F	CA	90604	CIGNA Health Plan HMO
05/10/1958	F	CA	92704	CIGNA Health Plan HMO
04/26/1957	F	CA	92708	CIGNA Health Plan HMO
10/08/1944	F	CA	92683	CIGNA Health Plan HMO
04/28/1947	M	CA	92868	CIGNA Health Plan HMO
11/14/1951	F	CA	92843	CIGNA Health Plan HMO
11/06/1985	F	CA	92704	CIGNA Health Plan HMO
06/22/1954	F	CA	92835	CIGNA Health Plan HMO
07/21/1972	M	CA	91748	CIGNA Health Plan HMO
06/01/1979	M	CA	92683	CIGNA Health Plan HMO
07/19/1981	F	CA	92704	CIGNA Health Plan HMO
05/05/1968	M	CA	90713	CIGNA Health Plan HMO
10/16/1953	F	CA	928412650	CIGNA Health Plan HMO
03/16/1952	F	CA	92804	CIGNA Health Plan HMO
11/15/1958	F	CA	90631	CIGNA Health Plan HMO
09/02/1958	F	CA	92866	CIGNA Health Plan HMO
10/17/1982	F	CA	92602	CIGNA Health Plan HMO
08/12/1972	M	CA	92780	CIGNA Health Plan HMO
09/07/1957	F	CA	92604	CIGNA Health Plan HMO
06/12/1977	F	CA	92805	CIGNA Health Plan HMO
04/19/1982	F	CA	92704	CIGNA Health Plan HMO
01/12/1978	F	CA	92707	CIGNA Health Plan HMO
07/28/1960	F	CA	92692	CIGNA Health Plan HMO
02/03/1941	F	CA	92843	CIGNA Health Plan HMO
11/08/1972	F	CA	90620	CIGNA Health Plan HMO
09/20/1952	F	CA	92708	CIGNA Health Plan HMO
04/15/1971	F	CA	92832	CIGNA Health Plan HMO
09/08/1969	F	CA	92865	CIGNA Health Plan HMO
10/21/1976	M	CA	92705	CIGNA Health Plan HMO
06/13/1984	M	CA	92869	CIGNA Health Plan HMO
08/30/1971	F	CA	92806	CIGNA Health Plan HMO
03/07/1959	M	CA	92649	CIGNA Health Plan HMO
05/25/1977	F	CA	92780	CIGNA Health Plan HMO
09/27/1967	M	CA	92804	CIGNA Health Plan HMO
09/24/1979	M	CA	927024241	CIGNA Health Plan HMO
09/20/1982	F	CA	92705	CIGNA Health Plan HMO
05/07/1951	F	CA	92807	CIGNA Health Plan HMO
10/20/1967	M	CA	92626	CIGNA Health Plan HMO
07/01/1973	F	CA	92833	CIGNA Health Plan HMO
01/18/1958	F	CA	92867	CIGNA Health Plan HMO
07/23/1961	F	CA	92841	CIGNA Health Plan HMO
09/03/1948	F	CA	92867	CIGNA Health Plan HMO
12/22/1968	F	CA	92840	CIGNA Health Plan HMO
08/29/1982	M	CA	92701	CIGNA Health Plan HMO
11/24/1953	F	CA	92703	CIGNA Health Plan HMO
02/19/1953	F	CA	92821	CIGNA Health Plan HMO
08/14/1972	M	CA	92704	CIGNA Health Plan HMO
05/05/1964	F	CA	92805	CIGNA Health Plan HMO
05/06/1968	F	CA	92623	CIGNA Health Plan HMO
01/15/1960	M	CA	92869	CIGNA Health Plan HMO
01/15/1960	F	CA	92833	CIGNA Health Plan HMO
01/24/1962	F	CA	92708	CIGNA Health Plan HMO

08/17/1970	F	CA	92806	CIGNA Health Plan HMO
07/05/1981	F	CA	92704	CIGNA Health Plan HMO
05/26/1947	F	CA	92868	CIGNA Health Plan HMO
04/25/1967	F	CA	90631	CIGNA Health Plan HMO
03/08/1947	F	CA	92708	CIGNA Health Plan HMO
03/23/1954	F	CA	92780	CIGNA Health Plan HMO
01/07/1972	F	CA	92801	CIGNA Health Plan HMO
05/02/1961	F	CA	92867	CIGNA Health Plan HMO
04/11/1984	M	CA	92802	CIGNA Health Plan HMO
05/11/1970	M	CA	92832	CIGNA Health Plan HMO
07/28/1959	M	CA	92801	CIGNA Health Plan HMO
12/02/1971	F	CA	92840	CIGNA Health Plan HMO
09/16/1978	F	CA	92801	CIGNA Health Plan HMO
10/12/1954	F	CA	92840	CIGNA Health Plan HMO
07/22/1953	M	CA	92626	CIGNA Health Plan HMO
11/04/1960	F	CA	92886	CIGNA Health Plan HMO
08/08/1942	F	CA	92703	CIGNA Health Plan HMO
04/09/1943	F	CA	92801	CIGNA Health Plan HMO
02/18/1975	M	CA	92649	CIGNA Health Plan HMO
03/28/1968	M	CA	90703	CIGNA Health Plan HMO
12/21/1978	F	CA	90606	CIGNA Health Plan HMO
07/09/1974	F	CA	92845	CIGNA Health Plan HMO
11/01/1983	F	CA	92704	CIGNA Health Plan HMO
12/06/1983	F	CA	91766	CIGNA Health Plan HMO
06/10/1961	F	CA	926122715	CIGNA Health Plan HMO
03/31/1946	F	CA	92647	CIGNA Health Plan HMO
06/03/1981	F	CA	92868	CIGNA Health Plan HMO
09/20/1982	F	CA	92887	CIGNA Health Plan HMO
07/02/1953	F	CA	92629	CIGNA Health Plan HMO
06/07/1980	F	CA	92707	CIGNA Health Plan HMO
05/05/1981	M	CA	90242	CIGNA Health Plan HMO
10/18/1958	F	CA	92602	CIGNA Health Plan HMO
07/04/1982	F	CA	92806	CIGNA Health Plan HMO
06/28/1967	F	CA	92805	CIGNA Health Plan HMO
04/27/1972	F	CA	91730	CIGNA Health Plan HMO
10/12/1953	F	CA	92649	CIGNA Health Plan HMO
05/19/1955	F	CA	90631	CIGNA Health Plan HMO
10/19/1971	M	CA	92620	CIGNA Health Plan HMO
03/08/1976	F	CA	92780	CIGNA Health Plan HMO
08/13/1966	F	CA	92708	CIGNA Health Plan HMO
02/03/1952	F	CA	92870	CIGNA Health Plan HMO
04/20/1965	F	CA	92604	CIGNA Health Plan HMO
03/02/1968	F	CA	926165074	CIGNA Health Plan HMO
10/02/1961	F	CA	92843	CIGNA Health Plan HMO
07/16/1952	F	CA	92653	CIGNA Health Plan HMO
06/15/1981	F	CA	90620	CIGNA Health Plan HMO
07/02/1982	F	CA	92840	CIGNA Health Plan HMO
05/10/1978	F	CA	92833	CIGNA Health Plan HMO
08/25/1980	M	CA	92865	CIGNA Health Plan HMO
11/06/1976	F	CA	92832	CIGNA Health Plan HMO
05/15/1958	F	CA	92647	CIGNA Health Plan HMO
06/01/1973	F	CA	92646	CIGNA Health Plan HMO

04/02/1984	F	CA	92627	CIGNA Health Plan HMO
06/11/1974	F	CA	92692	CIGNA Health Plan HMO
10/11/1981	M	CA	92704	CIGNA Health Plan HMO
08/08/1982	F	CA	92626	CIGNA Health Plan HMO
02/08/1986	F	CA	92806	CIGNA Health Plan HMO
01/12/1986	F	CA	92703	CIGNA Health Plan HMO
07/19/1984	F	CA	92704	CIGNA Health Plan HMO
05/16/1985	F	CA	92821	CIGNA Health Plan HMO
02/05/1975	F	CA	92802	CIGNA Health Plan HMO
07/29/1981	F	CA	92655	CIGNA Health Plan HMO
07/14/1983	F	CA	92704	CIGNA Health Plan HMO
05/26/1970	F	CA	92606	CIGNA Health Plan HMO
03/22/1984	F	CA	92835	CIGNA Health Plan HMO
10/19/1974	F	CA	92804	CIGNA Health Plan HMO
12/04/1973	F	CA	92843	CIGNA Health Plan HMO
12/31/1975	F	CA	92804	CIGNA Health Plan HMO
01/17/1978	F	CA	92801	CIGNA Health Plan HMO
03/10/1985	F	CA	92706	CIGNA Health Plan HMO
12/30/1978	F	CA	92870	CIGNA Health Plan HMO
06/23/1981	F	CA	92801	CIGNA Health Plan HMO
11/26/1976	M	CA	92683	CIGNA Health Plan HMO
12/25/1977	F	CA	92505	CIGNA Health Plan HMO
09/19/1986	F	CA	91748	CIGNA Health Plan HMO
12/25/1960	F	CA	92833	CIGNA Health Plan HMO
02/06/1955	M	CA	92879	CIGNA Health Plan HMO
02/25/1955	F	CA	92656	CIGNA Health Plan HMO
04/21/1961	M	CA	90802	CIGNA Health Plan HMO
01/18/1952	M	CA	92652	CIGNA Health Plan HMO
09/22/1947	F	CA	92618	CIGNA Health Plan HMO
01/17/1949	F	CA	928619484	CIGNA Health Plan HMO
10/07/1963	M	CA	91709	CIGNA Health Plan HMO
01/17/1986	M	CA	92679	CIGNA Health Plan HMO
11/06/1950	F	CA	92646	CIGNA Health Plan HMO
02/21/1961	M	CA	92630	CIGNA Health Plan HMO
03/03/1944	M	CA	92656	CIGNA Health Plan HMO
11/10/1952	F	CA	92553	CIGNA Health Plan HMO
06/15/1973	F	CA	92627	CIGNA Health Plan HMO
09/28/1935	F	CA	90680	CIGNA Health Plan HMO
08/26/1969	F	CA	92804	CIGNA Health Plan HMO
02/02/1959	F	CA	92870	CIGNA Health Plan HMO
02/07/1955	M	CA	92706	CIGNA Health Plan HMO
10/01/1945	F	CA	92860	CIGNA Health Plan HMO
07/09/1950	M	CA	92620	CIGNA Health Plan HMO
11/26/1934	F	CA	92802	CIGNA Health Plan HMO
09/21/1949	F	CA	92677	CIGNA Health Plan HMO
06/21/1945	F	CA	92649	CIGNA Health Plan HMO
01/19/1950	F	CA	92866	CIGNA Health Plan HMO
10/23/1976	F	CA	92630	CIGNA Health Plan HMO
12/17/1953	F	CA	92802	CIGNA Health Plan HMO
05/18/1951	F	CA	92867	CIGNA Health Plan HMO
09/22/1954	F	CA	92663	CIGNA Health Plan HMO
05/20/1952	M	CA	92806	CIGNA Health Plan HMO

04/24/1964	M	CA	90803	CIGNA Health Plan HMO
08/25/1958	F	CA	92801	CIGNA Health Plan HMO
07/03/1948	F	CA	90703	CIGNA Health Plan HMO
07/09/1962	F	CA	92708	CIGNA Health Plan HMO
09/11/1952	F	CA	90755	CIGNA Health Plan HMO
10/09/1975	M	CA	90680	CIGNA Health Plan HMO
12/13/1944	F	CA	92688	CIGNA Health Plan HMO
02/09/1968	M	CA	92653	CIGNA Health Plan HMO
04/25/1953	F	CA	92604	CIGNA Health Plan HMO
08/23/1970	F	CA	92683	CIGNA Health Plan HMO
06/07/1947	F	CA	92708	CIGNA Health Plan HMO
08/10/1954	M	CA	92691	CIGNA Health Plan HMO
11/26/1944	F	CA	92648	CIGNA Health Plan HMO
08/19/1968	M	CA	92604	CIGNA Health Plan HMO
02/25/1948	F	CA	92833	CIGNA Health Plan HMO
09/14/1932	F	CA	92867	CIGNA Health Plan HMO
11/22/1961	M	CA	90802	CIGNA Health Plan HMO
08/04/1970	M	CA	92870	CIGNA Health Plan HMO
11/19/1938	F	CA	90631	CIGNA Health Plan HMO
08/28/1979	F	CA	92688	CIGNA Health Plan HMO
05/29/1950	F	CA	92706	CIGNA Health Plan HMO
10/19/1972	F	CA	90712	CIGNA Health Plan HMO
06/18/1954	M	CA	92562	CIGNA Health Plan HMO
08/28/1965	M	CA	92660	CIGNA Health Plan HMO
09/30/1947	M	CA	92678	CIGNA Health Plan HMO
04/14/1959	F	CA	92649	CIGNA Health Plan HMO
11/21/1965	M	CA	92084	CIGNA Health Plan HMO
12/14/1961	F	CA	92882	CIGNA Health Plan HMO
10/21/1952	M	CA	92508	CIGNA Health Plan HMO
03/19/1948	F	CA	92845	CIGNA Health Plan HMO
12/03/1958	F	CA	92780	CIGNA Health Plan HMO
04/21/1964	M	CA	92703	CIGNA Health Plan HMO
10/14/1967	F	CA	92867	CIGNA Health Plan HMO
10/22/1966	F	CA	90277	CIGNA Health Plan HMO
02/10/1967	M	CA	92867	CIGNA Health Plan HMO
08/01/1962	F	CA	90755	CIGNA Health Plan HMO
07/26/1963	M	CA	92649	CIGNA Health Plan HMO
03/04/1955	M	CA	92868	CIGNA Health Plan HMO
10/17/1952	F	CA	92804	CIGNA Health Plan HMO
09/13/1957	F	CA	90621	CIGNA Health Plan HMO
10/17/1952	F	CA	92805	CIGNA Health Plan HMO
05/30/1954	M	CA	92679	CIGNA Health Plan HMO
01/08/1965	M	CA	92648	CIGNA Health Plan HMO
04/06/1953	F	CA	92869	CIGNA Health Plan HMO
05/28/1952	M	CA	92866	CIGNA Health Plan HMO
07/11/1959	F	CA	92845	CIGNA Health Plan HMO
12/06/1979	F	CA	92840	CIGNA Health Plan HMO
04/24/1958	F	CA	92503	CIGNA Health Plan HMO
05/01/1971	F	CA	92503	CIGNA Health Plan HMO
10/13/1974	F	CA	92707	CIGNA Health Plan HMO
05/05/1968	F	CA	92707	CIGNA Health Plan HMO
06/05/1956	M	CA	92807	CIGNA Health Plan HMO

04/27/1973	M	CA	92867	CIGNA Health Plan HMO
11/02/1961	M	CA	92879	CIGNA Health Plan HMO
01/12/1943	F	CA	92780	CIGNA Health Plan HMO
04/06/1973	M	CA	92656	CIGNA Health Plan HMO
05/31/1957	F	CA	92688	CIGNA Health Plan HMO
09/07/1968	F	CA	92683	CIGNA Health Plan HMO
02/13/1959	F	CA	90631	CIGNA Health Plan HMO
11/26/1959	F	CA	92879	CIGNA Health Plan HMO
04/11/1977	M	CA	92571	CIGNA Health Plan HMO
09/10/1967	M	CA	92821	CIGNA Health Plan HMO
04/22/1970	F	CA	90630	CIGNA Health Plan HMO
11/21/1952	M	CA	92868	CIGNA Health Plan HMO
05/16/1955	F	CA	92867	CIGNA Health Plan HMO
01/08/1956	F	CA	92707	CIGNA Health Plan HMO
07/05/1957	F	CA	92705	CIGNA Health Plan HMO
02/18/1958	F	CA	92677	CIGNA Health Plan HMO
10/19/1974	M	CA	92591	CIGNA Health Plan HMO
05/12/1960	F	CA	90605	CIGNA Health Plan HMO
09/26/1957	F	CA	92610	CIGNA Health Plan HMO
03/31/1942	F	CA	92863	CIGNA Health Plan HMO
09/13/1978	M	CA	92648	CIGNA Health Plan HMO
12/21/1950	M	CA	92703	CIGNA Health Plan HMO
06/22/1977	F	CA	92704	CIGNA Health Plan HMO
11/14/1951	M	CA	92805	CIGNA Health Plan HMO
12/09/1966	M	CA	92707	CIGNA Health Plan HMO
11/04/1969	F	CA	92503	CIGNA Health Plan HMO
01/07/1956	F	CA	90632	CIGNA Health Plan HMO
05/02/1960	F	CA	92844	CIGNA Health Plan HMO
02/08/1965	M	CA	92705	CIGNA Health Plan HMO
12/25/1965	F	CA	92706	CIGNA Health Plan HMO
05/22/1947	F	CA	92866	CIGNA Health Plan HMO
07/23/1949	F	CA	92629	CIGNA Health Plan HMO
08/29/1975	F	CA	92677	CIGNA Health Plan HMO
12/10/1948	F	CA	92804	CIGNA Health Plan HMO
10/27/1975	M	CA	91789	CIGNA Health Plan HMO
09/12/1956	F	CA	92886	CIGNA Health Plan HMO
10/18/1957	M	CA	92706	CIGNA Health Plan HMO
02/03/1955	F	CA	92679	CIGNA Health Plan HMO
03/23/1959	F	CA	92808	CIGNA Health Plan HMO
10/26/1960	M	CA	92703	CIGNA Health Plan HMO
01/10/1961	F	CA	92860	CIGNA Health Plan HMO
11/03/1964	F	CA	92886	CIGNA Health Plan HMO
06/28/1948	F	CA	90620	CIGNA Health Plan HMO
03/07/1950	F	CA	92503	CIGNA Health Plan HMO
12/22/1967	M	CA	92868	CIGNA Health Plan HMO
01/04/1952	F	CA	92804	CIGNA Health Plan HMO
09/24/1971	F	CA	92879	CIGNA Health Plan HMO
02/09/1957	F	CA	92883	CIGNA Health Plan HMO
02/01/1956	F	CA	92780	CIGNA Health Plan HMO
11/04/1961	F	CA	90631	CIGNA Health Plan HMO
03/20/1965	F	CA	92833	CIGNA Health Plan HMO
03/02/1956	F	CA	927062009	CIGNA Health Plan HMO

01/19/1961	M	CA	90731	CIGNA Health Plan HMO
08/28/1950	F	CA	92805	CIGNA Health Plan HMO
09/28/1978	M	CA	91709	CIGNA Health Plan HMO
09/29/1954	F	CA	92868	CIGNA Health Plan HMO
04/14/1956	F	CA	90630	CIGNA Health Plan HMO
07/24/1956	F	CA	92630	CIGNA Health Plan HMO
04/05/1959	M	CA	92801	CIGNA Health Plan HMO
08/30/1966	F	CA	90807	CIGNA Health Plan HMO
08/02/1963	M	CA	90807	CIGNA Health Plan HMO
06/30/1948	F	CA	92691	CIGNA Health Plan HMO
08/27/1961	F	CA	92805	CIGNA Health Plan HMO
05/20/1966	F	CA	92692	CIGNA Health Plan HMO
03/19/1964	M	CA	92647	CIGNA Health Plan HMO
05/14/1962	F	CA	92866	CIGNA Health Plan HMO
02/03/1964	F	CA	92806	CIGNA Health Plan HMO
03/19/1962	F	CA	92821	CIGNA Health Plan HMO
06/06/1951	F	CA	92867	CIGNA Health Plan HMO
08/09/1951	M	CA	92882	CIGNA Health Plan HMO
03/31/1960	M	CA	92707	CIGNA Health Plan HMO
07/31/1978	F	CA	91761	CIGNA Health Plan HMO
06/26/1965	M	CA	92677	CIGNA Health Plan HMO
11/18/1946	F	CA	92649	CIGNA Health Plan HMO
01/18/1950	F	CA	90650	CIGNA Health Plan HMO
04/04/1985	M	CA	90680	CIGNA Health Plan HMO
11/25/1952	F	CA	92703	CIGNA Health Plan HMO
11/30/1957	F	CA	92677	CIGNA Health Plan HMO
12/09/1954	F	CA	92530	CIGNA Health Plan HMO
09/13/1979	F	CA	92808	CIGNA Health Plan HMO
05/14/1962	F	CA	92708	CIGNA Health Plan HMO
11/20/1955	F	CA	92626	CIGNA Health Plan HMO
10/20/1962	F	CA	92866	CIGNA Health Plan HMO
10/28/1960	F	CA	92867	CIGNA Health Plan HMO
12/01/1956	F	CA	92865	CIGNA Health Plan HMO
11/15/1958	F	CA	92880	CIGNA Health Plan HMO
05/25/1963	M	CA	92630	CIGNA Health Plan HMO
06/18/1979	F	CA	92882	CIGNA Health Plan HMO
01/30/1967	F	CA	92835	CIGNA Health Plan HMO
03/18/1972	F	CA	92647	CIGNA Health Plan HMO
06/28/1949	F	CA	90630	CIGNA Health Plan HMO
04/02/1949	M	CA	92704	CIGNA Health Plan HMO
04/22/1953	F	CA	92648	CIGNA Health Plan HMO
07/29/1956	M	CA	92629	CIGNA Health Plan HMO
11/19/1958	F	CA	92627	CIGNA Health Plan HMO
11/22/1957	F	CA	92780	CIGNA Health Plan HMO
02/09/1976	F	CA	92780	CIGNA Health Plan HMO
07/26/1966	F	CA	90620	CIGNA Health Plan HMO
04/20/1982	F	CA	92672	CIGNA Health Plan HMO
03/13/1960	M	CA	92708	CIGNA Health Plan HMO
06/27/1960	M	CA	92627	CIGNA Health Plan HMO
08/02/1958	M	CA	92688	CIGNA Health Plan HMO
03/17/1959	M	CA	92704	CIGNA Health Plan HMO
04/09/1963	M	CA	92883	CIGNA Health Plan HMO

08/22/1967	F	CA	92708	CIGNA Health Plan HMO
03/03/1958	F	CA	92801	CIGNA Health Plan HMO
06/17/1960	M	CA	91709	CIGNA Health Plan HMO
01/01/1953	M	CA	92626	CIGNA Health Plan HMO
07/06/1959	F	CA	92806	CIGNA Health Plan HMO
02/29/1972	F	CA	90604	CIGNA Health Plan HMO
07/29/1959	F	CA	926561744	CIGNA Health Plan HMO
10/09/1963	F	CA	92705	CIGNA Health Plan HMO
01/21/1965	M	CA	92702	CIGNA Health Plan HMO
01/14/1961	F	CA	92808	CIGNA Health Plan HMO
02/28/1966	F	CA	92870	CIGNA Health Plan HMO
05/04/1961	M	CA	92653	CIGNA Health Plan HMO
01/03/1960	M	CA	92630	CIGNA Health Plan HMO
02/08/1948	F	CA	92679	CIGNA Health Plan HMO
03/28/1955	F	CA	90807	CIGNA Health Plan HMO
03/31/1953	M	CA	92840	CIGNA Health Plan HMO
10/13/1950	F	CA	92886	CIGNA Health Plan HMO
11/11/1962	F	CA	92656	CIGNA Health Plan HMO
06/27/1962	M	CA	92672	CIGNA Health Plan HMO
04/08/1979	F	CA	92805	CIGNA Health Plan HMO
12/16/1964	F	CA	92706	CIGNA Health Plan HMO
11/10/1958	F	CA	92620	CIGNA Health Plan HMO
12/04/1951	F	CA	91710	CIGNA Health Plan HMO
10/19/1955	F	CA	92602	CIGNA Health Plan HMO
09/08/1966	M	CA	92691	CIGNA Health Plan HMO
12/29/1962	M	CA	92704	CIGNA Health Plan HMO
12/11/1959	F	CA	92836	CIGNA Health Plan HMO
01/24/1940	F	CA	92651	CIGNA Health Plan HMO
04/16/1967	M	CA	92653	CIGNA Health Plan HMO
12/18/1952	F	CA	92882	CIGNA Health Plan HMO
04/24/1977	M	CA	92802	CIGNA Health Plan HMO
08/22/1957	M	CA	91786	CIGNA Health Plan HMO
09/20/1958	F	CA	90680	CIGNA Health Plan HMO
04/07/1967	M	CA	92647	CIGNA Health Plan HMO
08/06/1972	F	CA	90620	CIGNA Health Plan HMO
09/13/1971	F	CA	92840	CIGNA Health Plan HMO
07/16/1966	F	CA	92646	CIGNA Health Plan HMO
05/22/1947	F	CA	90680	CIGNA Health Plan HMO
03/14/1952	F	CA	92706	CIGNA Health Plan HMO
07/14/1946	F	CA	92870	CIGNA Health Plan HMO
06/14/1952	F	CA	92870	CIGNA Health Plan HMO
04/07/1984	F	CA	92707	CIGNA Health Plan HMO
06/01/1954	M	CA	92567	CIGNA Health Plan HMO
06/07/1983	M	CA	90805	CIGNA Health Plan HMO
07/22/1964	M	CA	92656	CIGNA Health Plan HMO
08/05/1966	M	CA	92706	CIGNA Health Plan HMO
06/27/1983	F	CA	92707	CIGNA Health Plan HMO
02/17/1971	M	CA	91766	CIGNA Health Plan HMO
05/31/1977	F	CA	92679	CIGNA Health Plan HMO
05/20/1974	F	CA	92603	CIGNA Health Plan HMO
10/22/1943	F	CA	92845	CIGNA Health Plan HMO
10/04/1949	F	CA	92882	CIGNA Health Plan HMO

03/25/1972	M	CA	92883	CIGNA Health Plan HMO
07/15/1962	F	CA	91766	CIGNA Health Plan HMO
08/25/1962	F	CA	92841	CIGNA Health Plan HMO
01/28/1966	M	CA	90703	CIGNA Health Plan HMO
07/16/1967	M	CA	91748	CIGNA Health Plan HMO
02/02/1966	F	CA	92691	CIGNA Health Plan HMO
12/02/1954	M	CA	92688	CIGNA Health Plan HMO
11/29/1959	F	CA	92620	CIGNA Health Plan HMO
08/15/1962	F	CA	92707	CIGNA Health Plan HMO
09/11/1961	F	CA	92703	CIGNA Health Plan HMO
04/16/1948	M	CA	92630	CIGNA Health Plan HMO
11/30/1955	M	CA	92553	CIGNA Health Plan HMO
08/16/1955	F	CA	92870	CIGNA Health Plan HMO
07/16/1954	F	CA	92626	CIGNA Health Plan HMO
12/28/1954	F	CA	92692	CIGNA Health Plan HMO
06/30/1961	F	CA	92630	CIGNA Health Plan HMO
10/07/1971	M	CA	92831	CIGNA Health Plan HMO
08/27/1936	F	CA	92705	CIGNA Health Plan HMO
10/17/1966	M	CA	92801	CIGNA Health Plan HMO
04/05/1949	M	CA	90604	CIGNA Health Plan HMO
01/09/1950	F	CA	92626	CIGNA Health Plan HMO
10/01/1967	F	CA	92805	CIGNA Health Plan HMO
07/13/1951	F	CA	92630	CIGNA Health Plan HMO
08/14/1953	F	CA	92692	CIGNA Health Plan HMO
03/27/1957	F	CA	90630	CIGNA Health Plan HMO
11/05/1954	F	CA	92868	CIGNA Health Plan HMO
12/07/1955	F	CA	92866	CIGNA Health Plan HMO
11/13/1978	F	CA	92704	CIGNA Health Plan HMO
09/02/1973	F	CA	92630	CIGNA Health Plan HMO
03/30/1947	F	CA	90815	CIGNA Health Plan HMO
08/09/1950	M	CA	92704	CIGNA Health Plan HMO
07/02/1951	F	CA	92869	CIGNA Health Plan HMO
02/19/1953	M	CA	92780	CIGNA Health Plan HMO
09/03/1953	F	CA	92782	CIGNA Health Plan HMO
12/20/1951	F	CA	92604	CIGNA Health Plan HMO
11/08/1955	F	CA	92708	CIGNA Health Plan HMO
03/01/1961	F	CA	92683	CIGNA Health Plan HMO
09/28/1960	F	CA	92614	CIGNA Health Plan HMO
08/05/1979	F	CA	92867	CIGNA Health Plan HMO
08/19/1972	F	CA	92808	CIGNA Health Plan HMO
05/13/1969	F	CA	92840	CIGNA Health Plan HMO
03/31/1951	F	CA	92871	CIGNA Health Plan HMO
01/21/1967	F	CA	92683	CIGNA Health Plan HMO
06/05/1972	F	CA	92821	CIGNA Health Plan HMO
11/17/1979	M	CA	92683	CIGNA Health Plan HMO
11/01/1956	F	CA	92806	CIGNA Health Plan HMO
02/13/1969	F	CA	92626	CIGNA Health Plan HMO
01/28/1952	F	CA	92780	CIGNA Health Plan HMO
11/10/1969	M	CA	91740	CIGNA Health Plan HMO
05/20/1951	F	CA	92804	CIGNA Health Plan HMO
03/28/1977	M	CA	92552	CIGNA Health Plan HMO
09/13/1977	F	CA	92782	CIGNA Health Plan HMO

06/30/1987	M	CA	92532	CIGNA Health Plan HMO
04/14/1954	F	CA	92570	CIGNA Health Plan HMO
11/01/1967	M	CA	92844	CIGNA Health Plan HMO
12/21/1972	F	CA	92868	CIGNA Health Plan HMO
11/09/1980	M	CA	92705	CIGNA Health Plan HMO
12/01/1981	M	CA	92707	CIGNA Health Plan HMO
04/23/1956	F	CA	92604	CIGNA Health Plan HMO
07/03/1972	F	CA	92886	CIGNA Health Plan HMO
04/17/1961	F	CA	92840	CIGNA Health Plan HMO
10/22/1971	M	CA	92626	CIGNA Health Plan HMO
05/10/1969	M	CA	92503	CIGNA Health Plan HMO
08/20/1984	M	CA	92653	CIGNA Health Plan HMO
12/09/1953	M	CA	92688	CIGNA Health Plan HMO
12/31/1963	M	CA	92688	CIGNA Health Plan HMO
05/13/1958	M	CA	92879	CIGNA Health Plan HMO
09/15/1981	F	CA	92866	CIGNA Health Plan HMO
08/19/1967	F	CA	90746	CIGNA Health Plan HMO
09/11/1976	F	CA	92571	CIGNA Health Plan HMO
12/15/1976	M	CA	92780	CIGNA Health Plan HMO
03/19/1969	M	CA	92703	CIGNA Health Plan HMO
09/01/1962	M	CA	92675	CIGNA Health Plan HMO
03/16/1973	M	CA	92835	CIGNA Health Plan HMO
03/01/1965	F	CA	90638	CIGNA Health Plan HMO
10/06/1975	M	CA	92630	CIGNA Health Plan HMO
12/13/1981	M	CA	92870	CIGNA Health Plan HMO
02/12/1972	F	CA	92833	CIGNA Health Plan HMO
06/12/1963	F	CA	92805	CIGNA Health Plan HMO
04/28/1970	M	CA	92802	CIGNA Health Plan HMO
09/14/1965	M	CA	92626	CIGNA Health Plan HMO
03/17/1961	F	CA	92870	CIGNA Health Plan HMO
08/24/1963	F	CA	92614	CIGNA Health Plan HMO
12/29/1966	M	CA	92887	CIGNA Health Plan HMO
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09/18/1945	M	CA	92610	CIGNA Health Plan HMO
03/20/1971	M	CA	92703	CIGNA Health Plan HMO
10/09/1955	M	CA	92711	CIGNA Health Plan HMO
02/21/1976	F	CA	92704	CIGNA Health Plan HMO
11/03/1948	M	CA	92649	CIGNA Health Plan HMO
12/29/1961	F	CA	92505	CIGNA Health Plan HMO
06/24/1972	M	CA	92832	CIGNA Health Plan HMO
12/31/1969	F	CA	92882	CIGNA Health Plan HMO
08/15/1969	F	CA	92603	CIGNA Health Plan HMO
09/04/1984	M	CA	92879	CIGNA Health Plan HMO
03/26/1976	F	CA	92503	CIGNA Health Plan HMO
11/17/1981	M	CA	92691	CIGNA Health Plan HMO
08/27/1971	M	CA	92672	CIGNA Health Plan HMO
10/20/1977	M	CA	90720	CIGNA Health Plan HMO
01/24/1986	M	CA	90808	CIGNA Health Plan HMO
11/16/1984	M	CA	92630	CIGNA Health Plan HMO
10/11/1976	F	CA	92620	CIGNA Health Plan HMO
09/18/1962	F	CA	92691	CIGNA Health Plan HMO
10/09/1973	F	CA	92701	CIGNA Health Plan HMO

11/28/1951	F	CA	92602	CIGNA Health Plan HMO
09/15/1956	F	CA	92683	CIGNA Health Plan HMO
04/07/1966	F	CA	92801	CIGNA Health Plan HMO
09/27/1957	F	CA	91748	CIGNA Health Plan HMO
04/02/1977	F	CA	90623	CIGNA Health Plan HMO
09/06/1959	F	CA	92867	CIGNA Health Plan HMO
02/10/1971	F	CA	92705	CIGNA Health Plan HMO
11/11/1945	F	CA	90803	CIGNA Health Plan HMO
07/14/1980	F	CA	92708	CIGNA Health Plan HMO
09/06/1962	F	CA	92703	CIGNA Health Plan HMO
09/07/1954	M	CA	92821	CIGNA Health Plan HMO
12/31/1956	F	CA	92630	CIGNA Health Plan HMO
12/28/1957	F	CA	92630	CIGNA Health Plan HMO
07/25/1967	F	CA	92869	CIGNA Health Plan HMO
12/27/1980	F	CA	92707	CIGNA Health Plan HMO
04/06/1963	F	CA	92840	CIGNA Health Plan HMO
10/21/1975	M	CA	92703	CIGNA Health Plan HMO
03/21/1966	M	CA	92870	CIGNA Health Plan HMO
04/11/1954	F	CA	92843	CIGNA Health Plan HMO
08/23/1960	F	CA	90804	CIGNA Health Plan HMO
01/18/1982	F	CA	92683	CIGNA Health Plan HMO
04/14/1982	M	CA	92840	CIGNA Health Plan HMO
11/24/1956	M	CA	92868	CIGNA Health Plan HMO
11/11/1954	M	CA	92626	CIGNA Health Plan HMO
11/16/1946	F	CA	92658	CIGNA Health Plan HMO
12/30/1953	F	CA	92865	CIGNA Health Plan HMO
05/20/1961	M	CA	92648	CIGNA Health Plan HMO
10/21/1952	F	CA	90740	CIGNA Health Plan HMO
01/29/1966	M	CA	91761	Kaiser Health Plan HMO
08/11/1955	F	CA	92705	Kaiser Health Plan HMO
10/11/1972	M	CA	92602	Kaiser Health Plan HMO
01/19/1967	M	CA	92780	Kaiser Health Plan HMO
12/04/1946	F	CA	90620	Kaiser Health Plan HMO
11/29/1970	F	CA	92505	Kaiser Health Plan HMO
09/09/1952	F	CA	92804	Kaiser Health Plan HMO
05/22/1950	F	CA	92691	Kaiser Health Plan HMO
03/01/1953	F	CA	92807	Kaiser Health Plan HMO
07/18/1943	M	CA	92780	Kaiser Health Plan HMO
09/26/1969	M	CA	92602	Kaiser Health Plan HMO
05/13/1949	M	CA	92821	Kaiser Health Plan HMO
07/29/1981	F	CA	90022	Kaiser Health Plan HMO
08/20/1983	F	CA	92879	Kaiser Health Plan HMO
01/23/1982	M	CA	92841	Kaiser Health Plan HMO
04/17/1982	F	CA	92653	Kaiser Health Plan HMO
08/11/1975	F	CA	92869	Kaiser Health Plan HMO
04/11/1955	F	CA	90703	Kaiser Health Plan HMO
04/17/1971	M	CA	92880	Kaiser Health Plan HMO
10/22/1976	F	CA	92883	Kaiser Health Plan HMO
03/26/1958	M	CA	92879	Kaiser Health Plan HMO
06/06/1983	M	CA	92843	Kaiser Health Plan HMO
04/09/1940	M	CA	92867	Kaiser Health Plan HMO
12/07/1959	M	CA	92801	Kaiser Health Plan HMO

06/05/1976	F	CA	92880	Kaiser Health Plan HMO
05/18/1962	F	CA	92530	Kaiser Health Plan HMO
10/26/1950	M	CA	92688	Kaiser Health Plan HMO
06/09/1953	M	CA	92835	Kaiser Health Plan HMO
09/06/1951	M	CA	92706	Kaiser Health Plan HMO
02/05/1943	M	CA	92660	Kaiser Health Plan HMO
10/20/1950	F	CA	92692	Kaiser Health Plan HMO
03/24/1957	F	CA	92692	Kaiser Health Plan HMO
05/25/1952	M	CA	92656	Kaiser Health Plan HMO
05/26/1961	F	CA	92841	Kaiser Health Plan HMO
09/11/1975	M	CA	92610	Kaiser Health Plan HMO
01/28/1972	M	CA	92868	Kaiser Health Plan HMO
11/21/1973	F	CA	92610	Kaiser Health Plan HMO
09/30/1957	M	CA	90680	Kaiser Health Plan HMO
05/13/1965	M	CA	92557	Kaiser Health Plan HMO
05/14/1952	M	CA	92870	Kaiser Health Plan HMO
08/15/1959	M	CA	92504	Kaiser Health Plan HMO
11/08/1970	F	CA	92868	Kaiser Health Plan HMO
06/25/1954	M	CA	92867	Kaiser Health Plan HMO
08/10/1980	M	CA	90623	Kaiser Health Plan HMO
05/22/1981	F	CA	92867	Kaiser Health Plan HMO
01/04/1978	F	CA	92683	Kaiser Health Plan HMO
05/23/1955	M	CA	92867	Kaiser Health Plan HMO
03/13/1956	M	CA	92708	Kaiser Health Plan HMO
06/20/1981	M	CA	92821	Kaiser Health Plan HMO
11/08/1946	M	CA	92804	Kaiser Health Plan HMO
10/30/1976	M	CA	90802	Kaiser Health Plan HMO
03/27/1970	M	CA	92706	Kaiser Health Plan HMO
05/20/1971	M	CA	92704	Kaiser Health Plan HMO
02/06/1957	F	CA	92780	Kaiser Health Plan HMO
12/12/1973	F	CA	92782	Kaiser Health Plan HMO
09/21/1971	F	CA	90620	Kaiser Health Plan HMO
06/23/1976	F	CA	92646	Kaiser Health Plan HMO
11/29/1964	F	CA	91765	Kaiser Health Plan HMO
09/14/1973	F	CA	92865	Kaiser Health Plan HMO
03/28/1950	M	CA	92653	Kaiser Health Plan HMO
03/15/1975	M	CA	92780	Kaiser Health Plan HMO
01/13/1957	F	CA	92821	Kaiser Health Plan HMO
10/13/1966	F	CA	92882	Kaiser Health Plan HMO
10/13/1971	F	CA	90604	Kaiser Health Plan HMO
08/03/1970	F	CA	92603	Kaiser Health Plan HMO
04/05/1970	F	CA	92869	Kaiser Health Plan HMO
06/18/1972	M	CA	92804	Kaiser Health Plan HMO
08/26/1973	M	CA	92844	Kaiser Health Plan HMO
04/01/1968	F	CA	92708	Kaiser Health Plan HMO
01/31/1975	M	CA	92840	Kaiser Health Plan HMO
07/19/1974	M	CA	90620	Kaiser Health Plan HMO
03/22/1956	F	CA	91709	Kaiser Health Plan HMO
03/05/1963	M	CA	90620	Kaiser Health Plan HMO
11/12/1969	M	CA	92807	Kaiser Health Plan HMO
12/22/1969	F	CA	92881	Kaiser Health Plan HMO
11/04/1954	M	CA	91709	Kaiser Health Plan HMO

09/15/1962	F	CA	92840	Kaiser Health Plan HMO
10/13/1972	M	CA	92703	Kaiser Health Plan HMO
09/06/1955	F	CA	92647	Kaiser Health Plan HMO
09/26/1959	M	CA	92870	Kaiser Health Plan HMO
01/01/1972	F	CA	92620	Kaiser Health Plan HMO
01/16/1961	M	CA	90706	Kaiser Health Plan HMO
10/26/1975	M	CA	92780	Kaiser Health Plan HMO
02/01/1982	M	CA	92802	Kaiser Health Plan HMO
06/23/1955	M	CA	92870	Kaiser Health Plan HMO
03/14/1964	F	CA	92705	Kaiser Health Plan HMO
09/08/1956	M	CA	90621	Kaiser Health Plan HMO
09/27/1982	M	CA	92840	Kaiser Health Plan HMO
11/12/1972	F	CA	92869	Kaiser Health Plan HMO
02/25/1956	M	CA	92870	Kaiser Health Plan HMO
04/01/1973	M	CA	92882	Kaiser Health Plan HMO
12/15/1975	F	CA	92833	Kaiser Health Plan HMO
08/23/1971	F	CA	92503	Kaiser Health Plan HMO
05/12/1966	F	CA	92509	Kaiser Health Plan HMO
04/18/1976	F	CA	92868	Kaiser Health Plan HMO
04/05/1966	F	CA	92706	Kaiser Health Plan HMO
03/09/1974	M	CA	92880	Kaiser Health Plan HMO
05/23/1964	F	CA	92840	Kaiser Health Plan HMO
12/26/1959	M	CA	92805	Kaiser Health Plan HMO
12/19/1973	M	CA	90720	Kaiser Health Plan HMO
06/11/1958	M	CA	92870	Kaiser Health Plan HMO
05/14/1958	M	CA	92867	Kaiser Health Plan HMO
09/25/1969	M	CA	91752	Kaiser Health Plan HMO
10/28/1978	M	CA	92831	Kaiser Health Plan HMO
03/04/1961	F	CA	92708	Kaiser Health Plan HMO
09/10/1953	M	CA	92881	Kaiser Health Plan HMO
02/21/1960	M	CA	91710	Kaiser Health Plan HMO
04/12/1962	M	CA	92801	Kaiser Health Plan HMO
12/14/1967	F	CA	92805	Kaiser Health Plan HMO
09/12/1963	F	CA	92630	Kaiser Health Plan HMO
05/04/1961	M	CA	92806	Kaiser Health Plan HMO
11/21/1961	M	CA	92706	Kaiser Health Plan HMO
08/07/1965	F	CA	92804	Kaiser Health Plan HMO
08/25/1967	F	CA	92821	Kaiser Health Plan HMO
08/27/1974	M	CA	92865	Kaiser Health Plan HMO
08/10/1960	M	CA	92807	Kaiser Health Plan HMO
01/10/1973	F	CA	92618	Kaiser Health Plan HMO
04/13/1974	M	CA	92880	Kaiser Health Plan HMO
10/02/1970	F	CA	92807	Kaiser Health Plan HMO
02/12/1977	F	CA	92656	Kaiser Health Plan HMO
12/15/1954	M	CA	92694	Kaiser Health Plan HMO
11/23/1958	F	CA	92880	Kaiser Health Plan HMO
07/08/1960	F	CA	92870	Kaiser Health Plan HMO
11/16/1975	M	CA	92886	Kaiser Health Plan HMO
08/31/1973	F	CA	92704	Kaiser Health Plan HMO
08/21/1963	M	CA	92807	Kaiser Health Plan HMO
06/20/1956	M	CA	92804	Kaiser Health Plan HMO
06/02/1960	F	CA	92808	Kaiser Health Plan HMO

11/03/1951	M	CA	92870	Kaiser Health Plan HMO
06/25/1951	M	CA	92675	Kaiser Health Plan HMO
05/29/1979	M	CA	92506	Kaiser Health Plan HMO
06/11/1961	M	CA	92845	Kaiser Health Plan HMO
09/04/1950	M	CA	90706	Kaiser Health Plan HMO
08/20/1963	M	CA	92867	Kaiser Health Plan HMO
09/28/1965	M	CA	92886	Kaiser Health Plan HMO
08/08/1970	F	CA	92679	Kaiser Health Plan HMO
01/10/1970	M	CA	92505	Kaiser Health Plan HMO
09/13/1953	M	CA	92807	Kaiser Health Plan HMO
06/06/1971	M	CA	92844	Kaiser Health Plan HMO
07/29/1972	M	CA	92880	Kaiser Health Plan HMO
05/20/1977	M	CA	92815	Kaiser Health Plan HMO
03/24/1969	M	CA	92880	Kaiser Health Plan HMO
12/12/1968	F	CA	92584	Kaiser Health Plan HMO
11/05/1972	M	CA	92807	Kaiser Health Plan HMO
11/27/1975	M	CA	92703	Kaiser Health Plan HMO
07/26/1976	F	CA	92705	Kaiser Health Plan HMO
04/08/1975	F	CA	92706	Kaiser Health Plan HMO
07/07/1969	M	CA	91722	Kaiser Health Plan HMO
11/05/1977	M	CA	91761	Kaiser Health Plan HMO
06/01/1978	M	CA	92630	Kaiser Health Plan HMO
12/28/1968	M	CA	92706	Kaiser Health Plan HMO
04/12/1983	F	CA	92870	Kaiser Health Plan HMO
01/26/1947	M	CA	92780	Kaiser Health Plan HMO
09/08/1964	M	CA	92865	Kaiser Health Plan HMO
03/09/1970	F	CA	92707	Kaiser Health Plan HMO
05/19/1969	M	CA	92706	Kaiser Health Plan HMO
07/16/1966	M	CA	92683	Kaiser Health Plan HMO
05/06/1965	F	CA	92870	Kaiser Health Plan HMO
08/15/1959	M	CA	92504	Kaiser Health Plan HMO
07/02/1957	F	CA	92679	Kaiser Health Plan HMO
10/14/1969	M	CA	92626	Kaiser Health Plan HMO
08/06/1970	M	CA	90630	Kaiser Health Plan HMO
12/20/1979	F	CA	92882	Kaiser Health Plan HMO
01/03/1964	M	CA	91768	Kaiser Health Plan HMO
09/19/1957	M	CA	92705	Kaiser Health Plan HMO
03/15/1966	M	CA	92870	Kaiser Health Plan HMO
05/07/1974	F	CA	92630	Kaiser Health Plan HMO
07/20/1969	M	CA	92711	Kaiser Health Plan HMO
04/03/1973	F	CA	92870	Kaiser Health Plan HMO
07/15/1971	M	CA	92880	Kaiser Health Plan HMO
09/20/1964	M	CA	92691	Kaiser Health Plan HMO
05/02/1968	M	CA	92882	Kaiser Health Plan HMO
06/20/1981	M	CA	92821	Kaiser Health Plan HMO
03/22/1970	F	CA	92881	Kaiser Health Plan HMO
08/17/1972	M	CA	92780	Kaiser Health Plan HMO
05/27/1962	M	CA	92831	Kaiser Health Plan HMO
09/10/1951	M	CA	92555	Kaiser Health Plan HMO
11/16/1974	M	CA	92870	Kaiser Health Plan HMO
10/03/1976	F	CA	92703	Kaiser Health Plan HMO
03/05/1973	F	CA	92602	Kaiser Health Plan HMO

09/20/1973	M	CA	92782	Kaiser Health Plan HMO
11/13/1979	M	PA	19008	Kaiser Health Plan HMO
09/18/1971	M	CA	92604	Kaiser Health Plan HMO
06/07/1981	F	CA	92646	Kaiser Health Plan HMO
12/01/1971	F	CA	92883	Kaiser Health Plan HMO
01/26/1956	F	CA	91711	Kaiser Health Plan HMO
02/11/1948	M	CA	92630	Kaiser Health Plan HMO
05/20/1970	M	CA	90803	Kaiser Health Plan HMO
10/05/1962	F	CA	92823	Kaiser Health Plan HMO
09/14/1972	F	CA	90240	Kaiser Health Plan HMO
01/18/1975	F	CA	92676	Kaiser Health Plan HMO
12/03/1979	M	CA	92821	Kaiser Health Plan HMO
01/29/1981	M	CA	927051923	Kaiser Health Plan HMO
06/11/1980	F	CA	92807	Kaiser Health Plan HMO
10/29/1980	M	CA	92614	Kaiser Health Plan HMO
11/19/1979	M	CA	92677	Kaiser Health Plan HMO
01/01/1975	M	CA	92688	Kaiser Health Plan HMO
10/14/1980	F	CA	92694	Kaiser Health Plan HMO
10/30/1982	M	CA	91709	Kaiser Health Plan HMO
01/26/1943	F	CA	92886	Kaiser Health Plan HMO
10/02/1968	F	CA	92602	Kaiser Health Plan HMO
02/08/1958	F	CA	92630	Kaiser Health Plan HMO
03/28/1954	F	CA	92807	Kaiser Health Plan HMO
08/03/1972	F	CA	92707	Kaiser Health Plan HMO
10/16/1963	F	CA	92845	Kaiser Health Plan HMO
04/14/1971	F	CA	92866	Kaiser Health Plan HMO
04/06/1953	F	CA	92704	Kaiser Health Plan HMO
05/27/1965	F	CA	92691	Kaiser Health Plan HMO
08/11/1968	F	CA	92337	Kaiser Health Plan HMO
06/21/1948	F	CA	92821	Kaiser Health Plan HMO
10/17/1974	F	CA	90808	Kaiser Health Plan HMO
03/06/1971	F	CA	90605	Kaiser Health Plan HMO
05/14/1965	F	CA	90293	Kaiser Health Plan HMO
09/04/1981	M	CA	92688	Kaiser Health Plan HMO
07/14/1982	F	CA	92708	Kaiser Health Plan HMO
08/11/1952	F	CA	92627	Kaiser Health Plan HMO
12/10/1948	F	CA	92647	Kaiser Health Plan HMO
05/19/1965	F	CA	92688	Kaiser Health Plan HMO
10/07/1950	M	CA	92869	Kaiser Health Plan HMO
09/06/1970	M	CA	92843	Kaiser Health Plan HMO
02/17/1973	F	CA	92782	Kaiser Health Plan HMO
04/29/1950	F	CA	92504	Kaiser Health Plan HMO
02/12/1960	F	CA	92692	Kaiser Health Plan HMO
12/22/1946	M	CA	92557	Kaiser Health Plan HMO
03/26/1957	M	CA	90621	Kaiser Health Plan HMO
01/10/1975	F	CA	92882	Kaiser Health Plan HMO
05/31/1962	M	CA	92630	Kaiser Health Plan HMO
06/10/1942	F	CA	92781	Kaiser Health Plan HMO
06/11/1940	M	CA	926902274	Kaiser Health Plan HMO
09/29/1952	M	CA	92821	Kaiser Health Plan HMO
07/05/1947	F	CA	92701	Kaiser Health Plan HMO
11/26/1948	M	CA	90620	Kaiser Health Plan HMO

12/25/1946	F	CA	92867	Kaiser Health Plan HMO
02/03/1949	F	CA	92530	Kaiser Health Plan HMO
02/25/1975	F	CA	92503	Kaiser Health Plan HMO
02/20/1949	M	CA	92886	Kaiser Health Plan HMO
08/07/1942	F	CA	92801	Kaiser Health Plan HMO
08/19/1952	F	CA	92868	Kaiser Health Plan HMO
01/12/1965	F	CA	92886	Kaiser Health Plan HMO
09/12/1977	F	CA	92683	Kaiser Health Plan HMO
09/07/1985	F	CA	92707	Kaiser Health Plan HMO
11/20/1981	F	CA	91762	Kaiser Health Plan HMO
11/20/1981	F	CA	91762	Kaiser Health Plan HMO
07/11/1961	F	CA	92808	Kaiser Health Plan HMO
10/14/1963	F	CA	92704	Kaiser Health Plan HMO
04/27/1955	F	CA	92887	Kaiser Health Plan HMO
07/08/1951	F	CA	92804	Kaiser Health Plan HMO
05/25/1949	F	CA	92841	Kaiser Health Plan HMO
11/15/1963	F	CA	90620	Kaiser Health Plan HMO
05/10/1985	F	CA	90631	Kaiser Health Plan HMO
03/01/1986	F	CA	92832	Kaiser Health Plan HMO
09/12/1954	M	CA	92799	Kaiser Health Plan HMO
06/12/1964	F	CA	92840	Kaiser Health Plan HMO
12/11/1973	F	CA	92703	Kaiser Health Plan HMO
10/15/1963	F	CA	90308	Kaiser Health Plan HMO
07/05/1973	F	CA	92805	Kaiser Health Plan HMO
06/24/1980	M	CA	91709	Kaiser Health Plan HMO
04/19/1959	F	CA	92703	Kaiser Health Plan HMO
09/18/1963	F	CA	92056	Kaiser Health Plan HMO
01/28/1951	F	CA	92804	Kaiser Health Plan HMO
11/03/1953	F	CA	92801	Kaiser Health Plan HMO
04/03/1977	M	CA	92707	Kaiser Health Plan HMO
12/09/1982	M	CA	92703	Kaiser Health Plan HMO
11/02/1969	F	CA	92831	Kaiser Health Plan HMO
03/22/1986	M	CA	92703	Kaiser Health Plan HMO
02/22/1947	F	CA	90703	Kaiser Health Plan HMO
07/07/1962	F	CA	92802	Kaiser Health Plan HMO
07/19/1949	F	CA	92882	Kaiser Health Plan HMO
10/05/1954	F	CA	91724	Kaiser Health Plan HMO
04/08/1966	F	CA	92866	Kaiser Health Plan HMO
12/20/1956	F	CA	92701	Kaiser Health Plan HMO
12/07/1969	F	CA	92840	Kaiser Health Plan HMO
08/21/1970	F	CA	92840	Kaiser Health Plan HMO
04/09/1978	F	CA	92707	Kaiser Health Plan HMO
09/07/1965	F	CA	92805	Kaiser Health Plan HMO
10/05/1960	F	CA	92805	Kaiser Health Plan HMO
05/03/1953	F	CA	92646	Kaiser Health Plan HMO
01/16/1964	F	CA	92804	Kaiser Health Plan HMO
11/17/1962	F	CA	92701	Kaiser Health Plan HMO
11/20/1980	F	CA	92704	Kaiser Health Plan HMO
04/29/1981	M	CA	92804	Kaiser Health Plan HMO
12/25/1948	F	CA	92801	Kaiser Health Plan HMO
12/30/1958	F	CA	92647	Kaiser Health Plan HMO
07/31/1942	M	CA	92706	Kaiser Health Plan HMO

06/20/1944	M	CA	92807	Kaiser Health Plan HMO
08/18/1955	F	CA	92307	Kaiser Health Plan HMO
04/16/1983	F	CA	91764	Kaiser Health Plan HMO
10/01/1982	F	CA	92704	Kaiser Health Plan HMO
02/07/1960	F	CA	92801	Kaiser Health Plan HMO
09/24/1979	M	CA	92831	Kaiser Health Plan HMO
09/04/1956	F	CA	92868	Kaiser Health Plan HMO
09/11/1972	F	CA	92845	Kaiser Health Plan HMO
08/10/1960	F	CA	92833	Kaiser Health Plan HMO
07/09/1982	F	CA	92509	Kaiser Health Plan HMO
11/09/1979	F	CA	92504	Kaiser Health Plan HMO
12/24/1969	F	CA	92801	Kaiser Health Plan HMO
03/28/1942	M	CA	92868	Kaiser Health Plan HMO
03/21/1953	F	CA	92882	Kaiser Health Plan HMO
08/26/1978	M	CA	92683	Kaiser Health Plan HMO
01/02/1974	F	CA	92843	Kaiser Health Plan HMO
09/22/1960	F	CA	92801	Kaiser Health Plan HMO
09/13/1963	F	CA	92683	Kaiser Health Plan HMO
05/05/1976	F	CA	92707	Kaiser Health Plan HMO
03/04/1942	F	CA	90623	Kaiser Health Plan HMO
07/14/1946	F	CA	92844	Kaiser Health Plan HMO
05/08/1964	F	CA	92602	Kaiser Health Plan HMO
11/10/1971	F	CA	90631	Kaiser Health Plan HMO
02/21/1970	F	CA	92704	Kaiser Health Plan HMO
05/04/1950	F	CA	92630	Kaiser Health Plan HMO
05/29/1950	M	CA	92833	Kaiser Health Plan HMO
07/22/1956	F	CA	92844	Kaiser Health Plan HMO
08/23/1956	F	CA	92706	Kaiser Health Plan HMO
06/18/1959	F	CA	92802	Kaiser Health Plan HMO
12/28/1962	F	CA	92735	Kaiser Health Plan HMO
09/21/1957	F	CA	92867	Kaiser Health Plan HMO
05/14/1980	F	CA	92831	Kaiser Health Plan HMO
05/21/1956	F	CA	92882	Kaiser Health Plan HMO
01/09/1960	F	CA	92604	Kaiser Health Plan HMO
01/19/1949	F	CA	90650	Kaiser Health Plan HMO
07/19/1964	F	CA	90680	Kaiser Health Plan HMO
09/10/1967	F	CA	90620	Kaiser Health Plan HMO
12/14/1951	F	CA	92614	Kaiser Health Plan HMO
10/30/1983	F	CA	92840	Kaiser Health Plan HMO
05/22/1964	F	CA	92505	Kaiser Health Plan HMO
03/12/1973	F	CA	92880	Kaiser Health Plan HMO
07/09/1963	F	CA	90650	Kaiser Health Plan HMO
11/19/1960	F	CA	92804	Kaiser Health Plan HMO
09/01/1981	F	CA	92701	Kaiser Health Plan HMO
04/11/1985	F	CA	92882	Kaiser Health Plan HMO
05/19/1983	F	CA	91342	Kaiser Health Plan HMO
07/13/1954	F	CA	92867	Kaiser Health Plan HMO
01/20/1966	F	CA	92801	Kaiser Health Plan HMO
08/23/1960	F	CA	92780	Kaiser Health Plan HMO
05/10/1945	F	CA	92655	Kaiser Health Plan HMO
06/22/1978	F	CA	92704	Kaiser Health Plan HMO
06/20/1952	F	CA	92626	Kaiser Health Plan HMO

12/19/1958	F	CA	92831	Kaiser Health Plan HMO
11/20/1948	F	CA	90802	Kaiser Health Plan HMO
01/24/1967	F	CA	92844	Kaiser Health Plan HMO
10/01/1967	F	CA	92692	Kaiser Health Plan HMO
08/10/1971	F	CA	92831	Kaiser Health Plan HMO
08/27/1982	M	CA	92701	Kaiser Health Plan HMO
11/08/1962	F	CA	91764	Kaiser Health Plan HMO
03/22/1977	F	CA	90606	Kaiser Health Plan HMO
08/08/1946	F	CA	92840	Kaiser Health Plan HMO
10/02/1962	F	CA	92869	Kaiser Health Plan HMO
05/11/1984	F	CA	92883	Kaiser Health Plan HMO
08/07/1982	M	CA	92706	Kaiser Health Plan HMO
07/28/1978	F	CA	92683	Kaiser Health Plan HMO
11/30/1953	F	CA	92505	Kaiser Health Plan HMO
09/15/1979	M	CA	90701	Kaiser Health Plan HMO
06/22/1949	M	CA	90620	Kaiser Health Plan HMO
05/02/1961	F	CA	92708	Kaiser Health Plan HMO
02/08/1987	M	CA	92843	Kaiser Health Plan HMO
05/11/1983	F	CA	92887	Kaiser Health Plan HMO
11/28/1985	F	CA	92808	Kaiser Health Plan HMO
01/03/1985	M	CA	92708	Kaiser Health Plan HMO
12/03/1980	F	CA	92801	Kaiser Health Plan HMO
04/27/1975	F	CA	92711	Kaiser Health Plan HMO
11/14/1984	F	CA	92882	Kaiser Health Plan HMO
09/06/1981	F	CA	92840	Kaiser Health Plan HMO
05/08/1973	F	CA	92802	Kaiser Health Plan HMO
06/05/1977	F	CA	92602	Kaiser Health Plan HMO
10/03/1984	F	CA	92882	Kaiser Health Plan HMO
11/21/1952	F	CA	92604	Kaiser Health Plan HMO
07/14/1948	F	CA	928797722	Kaiser Health Plan HMO
01/01/1985	F	CA	92704	Kaiser Health Plan HMO
09/19/1984	F	CA	90680	Kaiser Health Plan HMO
04/22/1973	F	CA	92805	Kaiser Health Plan HMO
08/24/1982	F	CA	92703	Kaiser Health Plan HMO
07/04/1958	F	CA	92653	Kaiser Health Plan HMO
01/16/1981	F	CA	92801	Kaiser Health Plan HMO
03/07/1957	F	CA	92688	Kaiser Health Plan HMO
08/22/1984	M	CA	91744	Kaiser Health Plan HMO
03/03/1949	M	CA	90242	Kaiser Health Plan HMO
02/18/1982	F	CA	92841	Kaiser Health Plan HMO
08/22/1987	F	CA	92780	Kaiser Health Plan HMO
10/01/1967	M	CA	92840	Kaiser Health Plan HMO
05/14/1977	M	CA	92806	Kaiser Health Plan HMO
07/31/1984	F	CA	90650	Kaiser Health Plan HMO
02/28/1968	F	CA	90706	Kaiser Health Plan HMO
12/16/1986	F	CA	92703	Kaiser Health Plan HMO
10/24/1978	F	CA	92706	Kaiser Health Plan HMO
07/25/1979	M	CA	92840	Kaiser Health Plan HMO
08/11/1963	F	CA	92843	Kaiser Health Plan HMO
10/20/1974	F	CA	92841	Kaiser Health Plan HMO
03/20/1969	M	CA	90680	Kaiser Health Plan HMO
08/12/1986	M	CA	92840	Kaiser Health Plan HMO

09/29/1950	M	CA	92870	Kaiser Health Plan HMO
12/15/1954	M	CA	90680	Kaiser Health Plan HMO
03/17/1945	M	CA	91761	Kaiser Health Plan HMO
07/15/1940	M	CA	92508	Kaiser Health Plan HMO
10/18/1952	M	CA	92570	Kaiser Health Plan HMO
01/14/1961	M	CA	906381004	Kaiser Health Plan HMO
06/06/1957	M	CA	92704	Kaiser Health Plan HMO
11/18/1950	M	CA	90638	Kaiser Health Plan HMO
10/16/1947	M	CA	92806	Kaiser Health Plan HMO
03/29/1962	M	CA	92627	Kaiser Health Plan HMO
07/02/1957	M	CA	92865	Kaiser Health Plan HMO
07/11/1946	M	CA	92821	Kaiser Health Plan HMO
08/21/1950	F	CA	92056	Kaiser Health Plan HMO
08/11/1942	F	CA	92688	Kaiser Health Plan HMO
05/27/1935	F	CA	92395	Kaiser Health Plan HMO
01/01/1957	M	CA	92879	Kaiser Health Plan HMO
01/26/1972	F	CA	90815	Kaiser Health Plan HMO
08/24/1981	M	CA	92701	Kaiser Health Plan HMO
03/03/1956	F	CA	92610	Kaiser Health Plan HMO
07/24/1963	F	CA	92831	Kaiser Health Plan HMO
09/12/1956	F	CA	92832	Kaiser Health Plan HMO
07/21/1957	F	CA	92840	Kaiser Health Plan HMO
05/24/1952	F	CA	92867	Kaiser Health Plan HMO
03/31/1962	F	CA	92865	Kaiser Health Plan HMO
02/26/1946	F	CA	92604	Kaiser Health Plan HMO
03/03/1971	F	CA	92627	Kaiser Health Plan HMO
05/18/1980	F	CA	92806	Kaiser Health Plan HMO
10/15/1970	F	CA	90066	Kaiser Health Plan HMO
08/25/1960	F	CA	92801	Kaiser Health Plan HMO
03/22/1972	F	CA	92505	Kaiser Health Plan HMO
11/05/1965	F	CA	92551	Kaiser Health Plan HMO
02/15/1975	M	CA	92880	Kaiser Health Plan HMO
03/08/1977	F	CA	90201	Kaiser Health Plan HMO
11/17/1963	F	CA	92647	Kaiser Health Plan HMO
10/26/1975	F	CA	90605	Kaiser Health Plan HMO
11/05/1950	F	CA	92683	Kaiser Health Plan HMO
07/21/1958	F	CA	92883	Kaiser Health Plan HMO
09/09/1960	F	CA	90305	Kaiser Health Plan HMO
01/05/1968	F	CA	92841	Kaiser Health Plan HMO
05/04/1956	F	CA	92868	Kaiser Health Plan HMO
05/03/1957	F	CA	92706	Kaiser Health Plan HMO
05/04/1977	F	CA	90240	Kaiser Health Plan HMO
08/11/1967	F	CA	90604	Kaiser Health Plan HMO
09/07/1944	F	CA	92603	Kaiser Health Plan HMO
01/27/1964	M	CA	92821	Kaiser Health Plan HMO
02/19/1954	M	CA	92706	Kaiser Health Plan HMO
05/07/1960	F	CA	90807	Kaiser Health Plan HMO
06/28/1969	M	CA	92805	Kaiser Health Plan HMO
02/20/1949	F	CA	91763	Kaiser Health Plan HMO
02/01/1965	M	CA	92831	Kaiser Health Plan HMO
12/12/1980	F	CA	92870	Kaiser Health Plan HMO
11/15/1978	F	CA	90716	Kaiser Health Plan HMO

11/04/1973	M	CA	91761	Kaiser Health Plan HMO
11/10/1976	F	CA	90620	Kaiser Health Plan HMO
04/18/1970	F	CA	92843	Kaiser Health Plan HMO
11/05/1955	F	CA	92691	Kaiser Health Plan HMO
07/16/1940	M	CA	92503	Kaiser Health Plan HMO
11/03/1972	F	CA	92691	Kaiser Health Plan HMO
02/23/1954	F	CA	90660	Kaiser Health Plan HMO
04/24/1953	M	CA	92627	Kaiser Health Plan HMO
01/04/1960	F	CA	90806	Kaiser Health Plan HMO
10/22/1942	F	CA	90638	Kaiser Health Plan HMO
06/22/1957	F	CA	92844	Kaiser Health Plan HMO
07/28/1945	F	CA	92691	Kaiser Health Plan HMO
03/25/1961	F	CA	92867	Kaiser Health Plan HMO
02/03/1953	M	CA	92630	Kaiser Health Plan HMO
02/12/1972	F	CA	92821	Kaiser Health Plan HMO
08/09/1955	M	CA	92865	Kaiser Health Plan HMO
07/13/1955	F	CA	92831	Kaiser Health Plan HMO
11/03/1947	F	CA	92614	Kaiser Health Plan HMO
01/05/1975	F	CA	92843	Kaiser Health Plan HMO
04/22/1976	F	CA	92840	Kaiser Health Plan HMO
01/10/1943	M	CA	92606	Kaiser Health Plan HMO
09/22/1969	F	CA	92705	Kaiser Health Plan HMO
11/29/1975	F	CA	92802	Kaiser Health Plan HMO
07/07/1952	M	CA	91761	Kaiser Health Plan HMO
11/01/1960	F	CA	91710	Kaiser Health Plan HMO
01/09/1966	F	CA	92614	Kaiser Health Plan HMO
04/26/1962	F	CA	92691	Kaiser Health Plan HMO
02/25/1974	F	CA	91765	Kaiser Health Plan HMO
08/08/1973	F	CA	92656	Kaiser Health Plan HMO
04/19/1981	F	CA	92708	Kaiser Health Plan HMO
09/12/1949	F	CA	92612	Kaiser Health Plan HMO
09/13/1952	F	CA	90703	Kaiser Health Plan HMO
04/28/1971	F	CA	92780	Kaiser Health Plan HMO
10/16/1963	F	CA	92649	Kaiser Health Plan HMO
06/15/1973	F	CA	92782	Kaiser Health Plan HMO
03/18/1955	F	CA	92629	Kaiser Health Plan HMO
10/25/1945	M	CA	92705	Kaiser Health Plan HMO
04/24/1947	F	CA	92831	Kaiser Health Plan HMO
08/08/1956	M	CA	92649	Kaiser Health Plan HMO
01/24/1951	F	CA	92835	Kaiser Health Plan HMO
03/28/1963	F	CA	92860	Kaiser Health Plan HMO
08/29/1965	M	CA	92706	Kaiser Health Plan HMO
08/04/1951	M	CA	92808	Kaiser Health Plan HMO
06/19/1940	M	CA	92658	Kaiser Health Plan HMO
04/02/1952	F	CA	92007	Kaiser Health Plan HMO
09/22/1967	F	CA	92620	Kaiser Health Plan HMO
08/22/1957	F	CA	92804	Kaiser Health Plan HMO
07/07/1969	F	CA	92782	Kaiser Health Plan HMO
12/08/1967	F	CA	90723	Kaiser Health Plan HMO
06/07/1946	F	CA	92841	Kaiser Health Plan HMO
08/28/1956	F	CA	92630	Kaiser Health Plan HMO
10/09/1947	F	CA	92882	Kaiser Health Plan HMO

11/13/1950	F	CA	92675	Kaiser Health Plan HMO
04/05/1957	F	CA	92804	Kaiser Health Plan HMO
12/23/1978	M	CA	92701	Kaiser Health Plan HMO
08/04/1978	F	CA	92805	Kaiser Health Plan HMO
03/18/1967	F	CA	92703	Kaiser Health Plan HMO
06/02/1977	F	CA	90703	Kaiser Health Plan HMO
04/08/1979	M	CA	90620	Kaiser Health Plan HMO
06/30/1972	M	CA	92630	Kaiser Health Plan HMO
12/29/1962	F	CA	92840	Kaiser Health Plan HMO
07/22/1981	F	CA	92109	Kaiser Health Plan HMO
11/01/1976	M	CA	90650	Kaiser Health Plan HMO
07/19/1955	F	CA	92843	Kaiser Health Plan HMO
09/19/1950	M	CA	92683	Kaiser Health Plan HMO
07/14/1971	F	CA	91766	Kaiser Health Plan HMO
02/04/1949	F	CA	90720	Kaiser Health Plan HMO
01/03/1970	F	CA	90660	Kaiser Health Plan HMO
01/27/1955	F	CA	92881	Kaiser Health Plan HMO
03/30/1980	F	CA	92805	Kaiser Health Plan HMO
07/28/1965	F	CA	92831	Kaiser Health Plan HMO
05/11/1961	F	CA	928677634	Kaiser Health Plan HMO
11/14/1972	F	CA	92882	Kaiser Health Plan HMO
11/13/1953	F	CA	92821	Kaiser Health Plan HMO
06/04/1946	F	CA	92626	Kaiser Health Plan HMO
08/04/1981	F	CA	90241	Kaiser Health Plan HMO
08/26/1984	M	CA	92870	Kaiser Health Plan HMO
04/10/1965	F	CA	92840	Kaiser Health Plan HMO
07/14/1976	F	CA	92703	Kaiser Health Plan HMO
08/20/1981	F	CA	92821	Kaiser Health Plan HMO
06/07/1979	F	CA	92841	Kaiser Health Plan HMO
08/06/1985	F	CA	92868	Kaiser Health Plan HMO
05/21/1963	F	CA	92841	Kaiser Health Plan HMO
07/08/1981	F	CA	90810	Kaiser Health Plan HMO
10/15/1949	F	CA	92869	Kaiser Health Plan HMO
09/29/1975	F	CA	92704	Kaiser Health Plan HMO
07/15/1939	F	CA	92595	Kaiser Health Plan HMO
03/06/1950	F	CA	92606	Kaiser Health Plan HMO
07/09/1965	F	CA	92806	Kaiser Health Plan HMO
11/02/1970	F	CA	92707	Kaiser Health Plan HMO
05/23/1948	F	CA	91711	Kaiser Health Plan HMO
08/11/1954	F	CA	90221	Kaiser Health Plan HMO
09/01/1957	M	CA	91722	Kaiser Health Plan HMO
06/04/1980	F	CA	92869	Kaiser Health Plan HMO
06/27/1974	F	CA	92805	Kaiser Health Plan HMO
02/28/1963	F	CA	92701	Kaiser Health Plan HMO
06/01/1963	F	CA	90660	Kaiser Health Plan HMO
06/28/1962	F	CA	92804	Kaiser Health Plan HMO
12/24/1983	F	CA	91761	Kaiser Health Plan HMO
04/26/1978	F	CA	92806	Kaiser Health Plan HMO
01/27/1981	F	CA	92806	Kaiser Health Plan HMO
02/27/1950	M	CA	92836	Kaiser Health Plan HMO
01/13/1945	F	CA	92683	Kaiser Health Plan HMO
12/20/1962	F	CA	92706	Kaiser Health Plan HMO

05/25/1948	M	CA	92844	Kaiser Health Plan HMO
11/26/1974	F	CA	92801	Kaiser Health Plan HMO
06/05/1985	F	CA	92869	Kaiser Health Plan HMO
03/10/1978	F	CA	92655	Kaiser Health Plan HMO
06/25/1973	F	CA	90650	Kaiser Health Plan HMO
05/26/1939	F	CA	92840	Kaiser Health Plan HMO
06/09/1981	F	CA	92868	Kaiser Health Plan HMO
02/16/1979	F	CA	92806	Kaiser Health Plan HMO
05/21/1952	F	CA	90620	Kaiser Health Plan HMO
12/09/1981	F	CA	91709	Kaiser Health Plan HMO
10/06/1957	F	CA	928046707	Kaiser Health Plan HMO
07/06/1973	M	CA	92705	Kaiser Health Plan HMO
08/08/1968	F	CA	92688	Kaiser Health Plan HMO
09/14/1956	M	CA	926291415	Kaiser Health Plan HMO
12/01/1980	F	CA	92867	Kaiser Health Plan HMO
01/21/1952	F	CA	92701	Kaiser Health Plan HMO
12/19/1967	M	CA	92509	Kaiser Health Plan HMO
10/15/1961	M	CA	90620	Kaiser Health Plan HMO
12/25/1954	M	CA	92116	Kaiser Health Plan HMO
04/22/1972	M	CA	92115	Kaiser Health Plan HMO
04/05/1953	M	CA	92782	Kaiser Health Plan HMO
04/09/1957	M	CA	92880	Kaiser Health Plan HMO
05/14/1953	M	CA	92612	Kaiser Health Plan HMO
10/26/1976	M	CA	92780	Kaiser Health Plan HMO
11/28/1954	F	CA	92883	Kaiser Health Plan HMO
02/14/1981	F	CA	92831	Kaiser Health Plan HMO
08/28/1960	M	CA	92692	Kaiser Health Plan HMO
09/06/1969	M	CA	92630	Kaiser Health Plan HMO
06/29/1952	M	CA	928828732	Kaiser Health Plan HMO
07/22/1943	F	CA	92683	Kaiser Health Plan HMO
10/06/1979	F	CA	92688	Kaiser Health Plan HMO
07/19/1951	F	CA	92843	Kaiser Health Plan HMO
10/18/1949	M	CA	92672	Kaiser Health Plan HMO
09/19/1947	M	CA	92606	Kaiser Health Plan HMO
09/25/1954	F	CA	92551	Kaiser Health Plan HMO
08/24/1978	M	CA	93063	Kaiser Health Plan HMO
09/21/1983	F	CA	92805	Kaiser Health Plan HMO
08/06/1972	M	CA	92887	Kaiser Health Plan HMO
02/13/1950	M	CA	926021658	Kaiser Health Plan HMO
07/01/1974	M	CA	90604	Kaiser Health Plan HMO
05/07/1949	F	CA	92675	Kaiser Health Plan HMO
09/12/1940	M	CA	92843	Kaiser Health Plan HMO
12/15/1961	F	CA	92804	Kaiser Health Plan HMO
04/29/1951	F	CA	92844	Kaiser Health Plan HMO
10/03/1972	F	CA	92679	Kaiser Health Plan HMO
03/07/1951	F	CA	90630	Kaiser Health Plan HMO
12/27/1952	F	CA	925535235	Kaiser Health Plan HMO
11/28/1950	M	CA	91331	Kaiser Health Plan HMO
08/23/1977	M	CA	92672	Kaiser Health Plan HMO
09/26/1975	F	CA	92646	Kaiser Health Plan HMO
09/14/1952	M	CA	92346	Kaiser Health Plan HMO
10/26/1953	M	CA	91710	Kaiser Health Plan HMO

03/31/1960	M	CA	92614	Kaiser Health Plan HMO
01/09/1964	F	CA	91764	Kaiser Health Plan HMO
12/16/1973	F	CA	92804	Kaiser Health Plan HMO
09/27/1953	M	CA	92054	Kaiser Health Plan HMO
11/27/1973	F	CA	92805	Kaiser Health Plan HMO
01/17/1971	F	CA	90631	Kaiser Health Plan HMO
09/16/1951	M	CA	92705	Kaiser Health Plan HMO
05/10/1950	M	CA	92804	Kaiser Health Plan HMO
02/22/1970	M	CA	92571	Kaiser Health Plan HMO
01/07/1948	M	CA	90703	Kaiser Health Plan HMO
11/28/1975	F	CA	92627	Kaiser Health Plan HMO
06/25/1944	M	CA	90620	Kaiser Health Plan HMO
07/26/1971	F	CA	92701	Kaiser Health Plan HMO
08/14/1984	M	CA	92705	Kaiser Health Plan HMO
06/27/1970	M	CA	92618	Kaiser Health Plan HMO
02/08/1950	M	CA	91748	Kaiser Health Plan HMO
04/18/1940	M	CA	90745	Kaiser Health Plan HMO
03/22/1963	M	CA	92860	Kaiser Health Plan HMO
05/29/1981	F	CA	92844	Kaiser Health Plan HMO
02/04/1983	M	CA	90650	Kaiser Health Plan HMO
06/23/1949	M	CA	92838	Kaiser Health Plan HMO
05/23/1952	M	CA	92886	Kaiser Health Plan HMO
08/21/1949	M	CA	92807	Kaiser Health Plan HMO
10/27/1959	M	CA	92503	Kaiser Health Plan HMO
11/16/1954	F	CA	92804	Kaiser Health Plan HMO
04/09/1951	F	CA	92708	Kaiser Health Plan HMO
10/29/1980	F	CA	92804	Kaiser Health Plan HMO
06/02/1957	M	CA	92606	Kaiser Health Plan HMO
04/16/1966	F	CA	92677	Kaiser Health Plan HMO
08/12/1968	M	CA	92868	Kaiser Health Plan HMO
06/20/1962	F	CA	92841	Kaiser Health Plan HMO
01/25/1973	F	CA	92688	Kaiser Health Plan HMO
01/26/1958	F	CA	90602	Kaiser Health Plan HMO
04/12/1962	M	CA	928015339	Kaiser Health Plan HMO
01/15/1961	F	CA	92683	Kaiser Health Plan HMO
10/02/1976	F	CA	90706	Kaiser Health Plan HMO
09/03/1938	M	CA	92656	Kaiser Health Plan HMO
11/20/1951	F	CA	90703	Kaiser Health Plan HMO
04/04/1975	F	CA	90280	Kaiser Health Plan HMO
12/07/1959	F	CA	92802	Kaiser Health Plan HMO
04/28/1961	F	CA	90221	Kaiser Health Plan HMO
01/07/1942	M	CA	90731	Kaiser Health Plan HMO
07/09/1964	M	CA	92831	Kaiser Health Plan HMO
05/05/1972	F	CA	92703	Kaiser Health Plan HMO
04/25/1980	M	CA	91710	Kaiser Health Plan HMO
12/03/1954	M	CA	92801	Kaiser Health Plan HMO
02/07/1946	M	CA	92867	Kaiser Health Plan HMO
03/11/1952	F	CA	90242	Kaiser Health Plan HMO
01/02/1961	F	CA	92708	Kaiser Health Plan HMO
03/12/1961	F	CA	91709	Kaiser Health Plan HMO
11/27/1976	M	CA	92707	Kaiser Health Plan HMO
05/25/1953	F	CA	92805	Kaiser Health Plan HMO

01/05/1968	M	CA	92867	Kaiser Health Plan HMO
11/12/1967	M	CA	92702	Kaiser Health Plan HMO
04/21/1974	M	CA	92630	Kaiser Health Plan HMO
07/08/1952	M	CA	90745	Kaiser Health Plan HMO
02/07/1958	F	CA	92887	Kaiser Health Plan HMO
01/26/1972	M	CA	92878	Kaiser Health Plan HMO
01/01/1964	F	CA	92807	Kaiser Health Plan HMO
05/05/1955	F	CA	92649	Kaiser Health Plan HMO
10/09/1965	F	CA	92692	Kaiser Health Plan HMO
12/10/1977	F	CA	91773	Kaiser Health Plan HMO
10/12/1954	F	CA	92812	Kaiser Health Plan HMO
01/10/1958	F	CA	92780	Kaiser Health Plan HMO
09/16/1969	F	CA	92694	Kaiser Health Plan HMO
08/15/1981	F	CA	90732	Kaiser Health Plan HMO
05/30/1977	F	CA	92705	Kaiser Health Plan HMO
11/26/1974	M	CA	90621	Kaiser Health Plan HMO
11/02/1954	F	CA	92806	Kaiser Health Plan HMO
04/08/1954	M	CA	92606	Kaiser Health Plan HMO
11/18/1962	M	CA	92879	Kaiser Health Plan HMO
01/25/1955	F	CA	92835	Kaiser Health Plan HMO
05/08/1953	M	CA	92648	Kaiser Health Plan HMO
12/10/1956	F	CA	92705	Kaiser Health Plan HMO
10/03/1948	M	CA	92882	Kaiser Health Plan HMO
09/07/1983	F	CA	91766	Kaiser Health Plan HMO
06/20/1944	M	CA	92868	Kaiser Health Plan HMO
05/11/1958	M	CA	92869	Kaiser Health Plan HMO
07/30/1960	M	CA	92683	Kaiser Health Plan HMO
10/24/1957	F	CA	92585	Kaiser Health Plan HMO
08/22/1964	F	CA	92595	Kaiser Health Plan HMO
02/21/1950	M	CA	90712	Kaiser Health Plan HMO
11/19/1954	M	CA	92620	Kaiser Health Plan HMO
02/28/1985	M	CA	92868	Kaiser Health Plan HMO
08/04/1956	F	CA	92804	Kaiser Health Plan HMO
10/28/1962	F	CA	92866	Kaiser Health Plan HMO
10/22/1965	M	CA	92803	Kaiser Health Plan HMO
10/21/1955	F	CA	927030385	Kaiser Health Plan HMO
01/23/1955	F	CA	92887	Kaiser Health Plan HMO
09/30/1964	F	CA	928082415	Kaiser Health Plan HMO
04/12/1962	F	CA	92879	Kaiser Health Plan HMO
06/16/1942	M	CA	90623	Kaiser Health Plan HMO
11/25/1952	M	CA	92692	Kaiser Health Plan HMO
05/08/1974	M	CA	92870	Kaiser Health Plan HMO
05/02/1958	F	CA	92867	Kaiser Health Plan HMO
04/27/1950	F	CA	92886	Kaiser Health Plan HMO
03/06/1968	F	CA	90638	Kaiser Health Plan HMO
06/24/1970	M	CA	92647	Kaiser Health Plan HMO
08/29/1954	M	CA	92805	Kaiser Health Plan HMO
06/03/1980	F	CA	90807	Kaiser Health Plan HMO
12/07/1961	M	CA	92860	Kaiser Health Plan HMO
11/11/1974	F	CA	92879	Kaiser Health Plan HMO
06/12/1948	F	CA	92503	Kaiser Health Plan HMO
01/20/1965	F	CA	92886	Kaiser Health Plan HMO

06/18/1944	M	CA	92692	Kaiser Health Plan HMO
08/19/1961	F	CA	92688	Kaiser Health Plan HMO
03/26/1961	F	CA	92869	Kaiser Health Plan HMO
05/15/1972	F	CA	90660	Kaiser Health Plan HMO
06/28/1960	M	CA	92886	Kaiser Health Plan HMO
09/11/1972	F	CA	90711	Kaiser Health Plan HMO
12/10/1960	M	CA	928064441	Kaiser Health Plan HMO
01/26/1972	F	CA	92630	Kaiser Health Plan HMO
10/04/1966	M	CA	90401	Kaiser Health Plan HMO
01/16/1962	F	CA	92861	Kaiser Health Plan HMO
01/11/1971	M	CA	92804	Kaiser Health Plan HMO
05/06/1963	F	CA	92845	Kaiser Health Plan HMO
07/06/1956	M	CA	92887	Kaiser Health Plan HMO
07/21/1956	F	CA	92807	Kaiser Health Plan HMO
10/09/1959	F	CA	91761	Kaiser Health Plan HMO
03/22/1949	F	CA	92780	Kaiser Health Plan HMO
08/01/1972	F	CA	91752	Kaiser Health Plan HMO
04/07/1951	M	CA	92806	Kaiser Health Plan HMO
06/10/1953	F	CA	91792	Kaiser Health Plan HMO
06/01/1955	F	CA	92866	Kaiser Health Plan HMO
07/29/1979	F	CA	92868	Kaiser Health Plan HMO
02/14/1947	M	CA	92866	Kaiser Health Plan HMO
08/28/1949	M	CA	92883	Kaiser Health Plan HMO
05/17/1981	F	CA	90650	Kaiser Health Plan HMO
09/10/1969	M	CA	92865	Kaiser Health Plan HMO
11/18/1950	M	CA	92570	Kaiser Health Plan HMO
04/06/1956	F	CA	92530	Kaiser Health Plan HMO
11/09/1946	F	CA	92606	Kaiser Health Plan HMO
10/11/1962	F	CA	92782	Kaiser Health Plan HMO
02/11/1954	M	CA	92708	Kaiser Health Plan HMO
01/09/1950	F	CA	92841	Kaiser Health Plan HMO
01/02/1981	F	CA	92704	Kaiser Health Plan HMO
02/10/1981	M	CA	90712	Kaiser Health Plan HMO
03/09/1977	F	CA	92843	Kaiser Health Plan HMO
12/01/1978	F	CA	90731	Kaiser Health Plan HMO
05/07/1976	F	CA	90650	Kaiser Health Plan HMO
06/30/1947	M	CA	92840	Kaiser Health Plan HMO
03/15/1979	M	CA	92806	Kaiser Health Plan HMO
08/06/1942	M	CA	928818788	Kaiser Health Plan HMO
10/26/1961	M	CA	91740	Kaiser Health Plan HMO
12/14/1962	M	CA	92802	Kaiser Health Plan HMO
11/27/1981	F	CA	92604	Kaiser Health Plan HMO
09/27/1976	F	CA	90807	Kaiser Health Plan HMO
12/27/1979	M	CA	91766	Kaiser Health Plan HMO
01/04/1973	M	CA	91762	Kaiser Health Plan HMO
09/02/1967	F	CA	92688	Kaiser Health Plan HMO
05/24/1983	F	CA	92832	Kaiser Health Plan HMO
10/03/1980	M	CA	92865	Kaiser Health Plan HMO
10/03/1982	F	CA	92801	Kaiser Health Plan HMO
08/29/1980	M	CA	92841	Kaiser Health Plan HMO
10/30/1982	F	CA	92805	Kaiser Health Plan HMO
11/29/1972	F	CA	92604	Kaiser Health Plan HMO

09/11/1982	F	CA	92807	Kaiser Health Plan HMO
06/30/1976	M	CA	92821	Kaiser Health Plan HMO
05/19/1963	F	CA	92842	Kaiser Health Plan HMO
04/30/1955	F	CA	92840	Kaiser Health Plan HMO
09/10/1959	M	CA	92804	Kaiser Health Plan HMO
07/08/1974	F	CA	92807	Kaiser Health Plan HMO
09/15/1978	M	CA	92804	Kaiser Health Plan HMO
03/23/1982	M	CA	90630	Kaiser Health Plan HMO
05/29/1983	F	CA	92701	Kaiser Health Plan HMO
03/21/1966	M	CA	90716	Kaiser Health Plan HMO
12/13/1959	F	CA	92532	Kaiser Health Plan HMO
05/25/1963	M	CA	90249	Kaiser Health Plan HMO
04/08/1981	F	CA	92704	Kaiser Health Plan HMO
02/06/1971	F	CA	90805	Kaiser Health Plan HMO
06/05/1970	F	CA	92530	Kaiser Health Plan HMO
03/18/1972	F	CA	92844	Kaiser Health Plan HMO
08/02/1952	M	CA	92503	Kaiser Health Plan HMO
04/15/1985	F	CA	92606	Kaiser Health Plan HMO
03/23/1984	M	CA	92614	Kaiser Health Plan HMO
03/19/1980	M	CA	92882	Kaiser Health Plan HMO
02/05/1983	M	CA	92508	Kaiser Health Plan HMO
09/26/1985	F	CA	92646	Kaiser Health Plan HMO
02/21/1960	F	CA	928801391	Kaiser Health Plan HMO
10/05/1951	M	CA	92057	Kaiser Health Plan HMO
03/10/1952	M	CA	914011531	Kaiser Health Plan HMO
09/18/1954	F	CA	92861	Kaiser Health Plan HMO
09/28/1961	F	CA	92704	Kaiser Health Plan HMO
04/05/1967	F	CA	92887	Kaiser Health Plan HMO
02/05/1953	M	CA	91750	Kaiser Health Plan HMO
03/26/1943	M	CA	92882	Kaiser Health Plan HMO
12/31/1952	F	CA	92840	Kaiser Health Plan HMO
07/05/1954	F	CA	92705	Kaiser Health Plan HMO
09/14/1960	M	CA	92646	Kaiser Health Plan HMO
02/22/1956	F	CA	92869	Kaiser Health Plan HMO
10/06/1978	F	CA	92870	Kaiser Health Plan HMO
06/09/1954	M	CA	92808	Kaiser Health Plan HMO
11/21/1981	F	CA	90815	Kaiser Health Plan HMO
05/21/1954	M	CA	92880	Kaiser Health Plan HMO
08/03/1944	F	CA	92653	Kaiser Health Plan HMO
06/29/1978	F	CA	92648	Kaiser Health Plan HMO
06/30/1972	M	CA	92703	Kaiser Health Plan HMO
11/16/1950	F	CA	92646	Kaiser Health Plan HMO
04/06/1960	F	CA	92618	Kaiser Health Plan HMO
10/24/1950	M	CA	92336	Kaiser Health Plan HMO
10/21/1959	F	CA	92612	Kaiser Health Plan HMO
02/26/1954	M	CA	91761	Kaiser Health Plan HMO
06/23/1949	F	CA	92708	Kaiser Health Plan HMO
05/14/1981	F	CA	92656	Kaiser Health Plan HMO
08/17/1957	F	CA	92618	Kaiser Health Plan HMO
12/28/1947	F	CA	92629	Kaiser Health Plan HMO
11/24/1966	F	CA	92677	Kaiser Health Plan HMO
05/01/1977	F	CA	92707	Kaiser Health Plan HMO

05/25/1959	F	CA	92708	Kaiser Health Plan HMO
05/24/1959	F	CA	92845	Kaiser Health Plan HMO
08/05/1952	F	CA	92711	Kaiser Health Plan HMO
08/03/1956	F	CA	92869	Kaiser Health Plan HMO
04/20/1973	F	CA	92683	Kaiser Health Plan HMO
03/09/1959	F	CA	92337	Kaiser Health Plan HMO
12/30/1948	F	CA	92831	Kaiser Health Plan HMO
11/02/1954	M	CA	92831	Kaiser Health Plan HMO
02/13/1947	F	CA	92656	Kaiser Health Plan HMO
04/24/1978	F	CA	92870	Kaiser Health Plan HMO
11/01/1958	F	CA	926916806	Kaiser Health Plan HMO
02/14/1974	F	CA	92880	Kaiser Health Plan HMO
07/29/1975	F	CA	91789	Kaiser Health Plan HMO
07/25/1979	F	CA	92835	Kaiser Health Plan HMO
01/07/1974	F	CA	92840	Kaiser Health Plan HMO
09/27/1980	F	CA	92782	Kaiser Health Plan HMO
12/22/1978	F	CA	91792	Kaiser Health Plan HMO
01/12/1969	F	CA	92707	Kaiser Health Plan HMO
11/01/1951	M	CA	92870	Kaiser Health Plan HMO
10/25/1976	F	CA	92374	Kaiser Health Plan HMO
08/29/1981	F	CA	92841	Kaiser Health Plan HMO
09/19/1974	M	CA	90620	Kaiser Health Plan HMO
06/16/1962	F	CA	92841	Kaiser Health Plan HMO
12/30/1978	F	CA	90630	Kaiser Health Plan HMO
01/31/1980	F	CA	90713	Kaiser Health Plan HMO
01/27/1956	F	CA	92692	Kaiser Health Plan HMO
08/01/1975	F	CA	90004	Kaiser Health Plan HMO
10/28/1974	F	CA	92677	Kaiser Health Plan HMO
08/17/1962	F	CA	92802	Kaiser Health Plan HMO
01/13/1952	F	CA	92692	Kaiser Health Plan HMO
07/18/1972	M	CA	92691	Kaiser Health Plan HMO
07/15/1948	F	CA	92883	Kaiser Health Plan HMO
04/24/1958	M	CA	92056	Kaiser Health Plan HMO
01/02/1954	F	CA	926194786	Kaiser Health Plan HMO
02/18/1955	F	CA	92870	Kaiser Health Plan HMO
09/16/1952	M	CA	92821	Kaiser Health Plan HMO
01/12/1962	F	CA	92624	Kaiser Health Plan HMO
06/18/1963	F	CA	92692	Kaiser Health Plan HMO
11/19/1963	F	CA	92804	Kaiser Health Plan HMO
08/06/1951	F	CA	92704	Kaiser Health Plan HMO
09/18/1949	M	CA	92807	Kaiser Health Plan HMO
01/05/1957	F	CA	92804	Kaiser Health Plan HMO
04/28/1953	M	CA	92688	Kaiser Health Plan HMO
09/25/1943	M	CA	92604	Kaiser Health Plan HMO
12/31/1980	F	CA	92506	Kaiser Health Plan HMO
12/11/1961	M	CA	92692	Kaiser Health Plan HMO
10/16/1959	F	CA	92780	Kaiser Health Plan HMO
12/30/1957	M	CA	92866	Kaiser Health Plan HMO
09/07/1954	F	CA	90630	Kaiser Health Plan HMO
10/19/1959	F	CA	92882	Kaiser Health Plan HMO
04/05/1962	F	CA	92804	Kaiser Health Plan HMO
04/21/1958	M	CA	92706	Kaiser Health Plan HMO

03/26/1968	F	CA	90713	Kaiser Health Plan HMO
12/16/1954	M	CA	92780	Kaiser Health Plan HMO
11/14/1959	F	CA	92701	Kaiser Health Plan HMO
09/14/1957	F	CA	92840	Kaiser Health Plan HMO
10/30/1951	F	CA	92620	Kaiser Health Plan HMO
01/12/1968	F	CA	92821	Kaiser Health Plan HMO
05/10/1969	F	CA	92805	Kaiser Health Plan HMO
04/04/1956	F	CA	92691	Kaiser Health Plan HMO
07/09/1967	F	CA	91739	Kaiser Health Plan HMO
03/29/1972	F	CA	92647	Kaiser Health Plan HMO
04/14/1958	F	CA	92782	Kaiser Health Plan HMO
10/21/1956	M	CA	92691	Kaiser Health Plan HMO
04/22/1970	F	CA	92806	Kaiser Health Plan HMO
10/01/1963	F	CA	92324	Kaiser Health Plan HMO
12/08/1968	F	CA	92702	Kaiser Health Plan HMO
06/30/1950	F	CA	92841	Kaiser Health Plan HMO
04/08/1952	M	CA	92630	Kaiser Health Plan HMO
05/08/1962	F	CA	92869	Kaiser Health Plan HMO
05/23/1953	F	CA	926791121	Kaiser Health Plan HMO
12/17/1960	M	CA	92705	Kaiser Health Plan HMO
10/07/1955	F	CA	92708	Kaiser Health Plan HMO
11/16/1948	F	CA	92691	Kaiser Health Plan HMO
06/25/1952	F	CA	92886	Kaiser Health Plan HMO
06/07/1965	M	CA	92610	Kaiser Health Plan HMO
08/31/1968	M	CA	92886	Kaiser Health Plan HMO
11/21/1956	M	CA	92530	Kaiser Health Plan HMO
04/07/1956	M	CA	92653	Kaiser Health Plan HMO
12/08/1947	F	CA	92606	Kaiser Health Plan HMO
04/24/1956	F	CA	91010	Kaiser Health Plan HMO
03/02/1952	F	CA	92860	Kaiser Health Plan HMO
12/07/1959	F	CA	90631	Kaiser Health Plan HMO
04/08/1962	F	CA	92509	Kaiser Health Plan HMO
09/05/1947	F	CA	90808	Kaiser Health Plan HMO
10/17/1980	M	CA	92620	Kaiser Health Plan HMO
01/18/1955	M	CA	92883	Kaiser Health Plan HMO
03/27/1954	F	CA	92807	Kaiser Health Plan HMO
06/19/1964	F	CA	92806	Kaiser Health Plan HMO
05/23/1982	M	CA	92807	Kaiser Health Plan HMO
07/30/1968	M	CA	92880	Kaiser Health Plan HMO
10/10/1973	F	CA	92692	Kaiser Health Plan HMO
10/24/1975	M	CA	90631	Kaiser Health Plan HMO
05/30/1963	M	CA	92887	Kaiser Health Plan HMO
08/29/1961	F	CA	92881	Kaiser Health Plan HMO
10/17/1967	F	CA	92614	Kaiser Health Plan HMO
01/14/1943	M	CA	92646	Kaiser Health Plan HMO
12/10/1952	M	CA	90703	Kaiser Health Plan HMO
11/11/1956	M	CA	91710	Kaiser Health Plan HMO
09/02/1970	M	CA	92805	Kaiser Health Plan HMO
09/06/1955	M	CA	92840	Kaiser Health Plan HMO
07/19/1954	M	CA	92879	Kaiser Health Plan HMO
04/01/1978	M	CA	90706	Kaiser Health Plan HMO
02/09/1960	M	CA	92530	Kaiser Health Plan HMO

10/25/1966	M	CA	92692	Kaiser Health Plan HMO
06/29/1978	M	CA	90680	Kaiser Health Plan HMO
07/15/1978	M	CA	92808	Kaiser Health Plan HMO
07/25/1956	M	CA	92843	Kaiser Health Plan HMO
03/06/1964	M	CA	92677	Kaiser Health Plan HMO
04/07/1948	F	CA	92840	Kaiser Health Plan HMO
04/12/1945	M	CA	92835	Kaiser Health Plan HMO
01/20/1980	M	CA	92840	Kaiser Health Plan HMO
03/24/1958	M	CA	92570	Kaiser Health Plan HMO
09/22/1956	M	CA	92869	Kaiser Health Plan HMO
12/01/1948	M	CA	90650	Kaiser Health Plan HMO
12/12/1955	M	CA	92530	Kaiser Health Plan HMO
08/01/1955	M	CA	92868	Kaiser Health Plan HMO
12/24/1974	M	CA	91711	Kaiser Health Plan HMO
11/15/1957	M	CA	92530	Kaiser Health Plan HMO
09/29/1965	M	CA	92879	Kaiser Health Plan HMO
10/22/1957	M	CA	92880	Kaiser Health Plan HMO
03/05/1955	M	CA	90703	Kaiser Health Plan HMO
02/29/1960	M	CA	92882	Kaiser Health Plan HMO
03/16/1955	M	CA	92570	Kaiser Health Plan HMO
05/17/1974	M	CA	90805	Kaiser Health Plan HMO
08/19/1969	M	CA	92504	Kaiser Health Plan HMO
03/25/1953	M	CA	90621	Kaiser Health Plan HMO
05/17/1956	M	CA	92571	Kaiser Health Plan HMO
10/20/1964	M	CA	92843	Kaiser Health Plan HMO
07/24/1951	F	CA	92570	Kaiser Health Plan HMO
01/28/1965	M	CA	92780	Kaiser Health Plan HMO
01/09/1981	F	CA	92630	Kaiser Health Plan HMO
06/15/1960	F	CA	92801	Kaiser Health Plan HMO
01/01/1952	M	CA	92803	Kaiser Health Plan HMO
12/28/1987	M	CA	92626	Kaiser Health Plan HMO
02/16/1984	M	CA	92677	Kaiser Health Plan HMO
03/22/1947	M	CA	92863	Kaiser Health Plan HMO
10/22/1960	M	CA	92505	Kaiser Health Plan HMO
03/10/1969	M	CA	92555	Kaiser Health Plan HMO
10/17/1977	F	CA	90804	Kaiser Health Plan HMO
03/25/1985	M	CA	91801	Kaiser Health Plan HMO
12/18/1962	M	CA	92843	Kaiser Health Plan HMO
09/29/1951	M	CA	92223	Kaiser Health Plan HMO
03/18/1955	M	CA	90620	Kaiser Health Plan HMO
05/26/1975	F	CA	90248	Kaiser Health Plan HMO
03/06/1969	F	CA	92552	Kaiser Health Plan HMO
10/31/1978	F	CA	91733	Kaiser Health Plan HMO
06/25/1978	F	CA	90660	Kaiser Health Plan HMO
07/15/1949	M	CA	923774781	Kaiser Health Plan HMO
08/16/1971	F	CA	90011	Kaiser Health Plan HMO
02/27/1952	F	CA	92648	Kaiser Health Plan HMO
02/09/1968	F	CA	92677	Kaiser Health Plan HMO
06/01/1982	M	CA	91744	Kaiser Health Plan HMO
06/26/1971	F	CA	92840	Kaiser Health Plan HMO
10/11/1982	M	CA	90712	Kaiser Health Plan HMO
09/24/1971	F	CA	92835	Kaiser Health Plan HMO

11/20/1975	M	CA	92883	Kaiser Health Plan HMO
10/06/1949	F	CA	90621	Kaiser Health Plan HMO
01/18/1961	M	CA	92530	Kaiser Health Plan HMO
03/30/1982	M	CA	92532	Kaiser Health Plan HMO
01/31/1968	M	CA	92602	Kaiser Health Plan HMO
02/17/1961	M	CA	92705	Kaiser Health Plan HMO
04/10/1963	F	CA	90712	Kaiser Health Plan HMO
07/15/1975	F	CA	92870	Kaiser Health Plan HMO
08/05/1965	F	CA	92647	Kaiser Health Plan HMO
11/07/1958	M	CA	92880	Kaiser Health Plan HMO
06/05/1950	F	CA	90061	Kaiser Health Plan HMO
02/15/1982	F	CA	91803	Kaiser Health Plan HMO
05/28/1948	F	CA	92532	Kaiser Health Plan HMO
08/30/1980	F	CA	90250	Kaiser Health Plan HMO
08/30/1956	M	CA	92692	Kaiser Health Plan HMO
04/25/1975	M	CA	90201	Kaiser Health Plan HMO
09/07/1961	F	CA	90806	Kaiser Health Plan HMO
12/28/1968	F	CA	91702	Kaiser Health Plan HMO
01/07/1977	M	CA	91792	Kaiser Health Plan HMO
01/21/1955	F	CA	91761	Kaiser Health Plan HMO
10/04/1957	F	CA	92647	Kaiser Health Plan HMO
07/03/1967	F	CA	91792	Kaiser Health Plan HMO
10/01/1973	M	CA	92868	Kaiser Health Plan HMO
08/03/1975	M	CA	92882	Kaiser Health Plan HMO
07/20/1961	F	CA	92868	Kaiser Health Plan HMO
10/17/1981	F	CA	92806	Kaiser Health Plan HMO
10/18/1976	M	CA	90034	Kaiser Health Plan HMO
12/17/1976	M	CA	90605	Kaiser Health Plan HMO
12/30/1983	M	CA	92555	Kaiser Health Plan HMO
06/19/1980	F	CA	92584	Kaiser Health Plan HMO
06/19/1980	F	CA	92584	Kaiser Health Plan HMO
05/28/1971	F	CA	92808	Kaiser Health Plan HMO
08/17/1952	F	CA	92870	Kaiser Health Plan HMO
01/21/1947	F	CA	91710	Kaiser Health Plan HMO
11/17/1965	F	CA	92627	Kaiser Health Plan HMO
12/14/1972	F	CA	92870	Kaiser Health Plan HMO
01/21/1976	F	CA	90660	Kaiser Health Plan HMO
08/01/1968	F	CA	92833	Kaiser Health Plan HMO
01/15/1943	M	CA	90630	Kaiser Health Plan HMO
09/10/1952	M	CA	91789	Kaiser Health Plan HMO
10/28/1945	M	CA	92705	Kaiser Health Plan HMO
05/25/1982	M	CA	91766	Kaiser Health Plan HMO
08/30/1983	F	CA	92653	Kaiser Health Plan HMO
08/05/1972	F	CA	92701	Kaiser Health Plan HMO
02/20/1960	F	CA	92802	Kaiser Health Plan HMO
12/01/1962	F	CA	92882	Kaiser Health Plan HMO
09/14/1983	F	CA	92831	Kaiser Health Plan HMO
12/06/1958	F	CA	92805	Kaiser Health Plan HMO
08/10/1971	M	CA	92705	Kaiser Health Plan HMO
12/12/1962	F	CA	90623	Kaiser Health Plan HMO
11/28/1967	F	CA	92804	Kaiser Health Plan HMO
10/05/1962	F	CA	92329	Kaiser Health Plan HMO

01/22/1975	F	CA	92802	Kaiser Health Plan HMO
07/14/1979	F	CA	91731	Kaiser Health Plan HMO
08/19/1953	M	CA	92530	Kaiser Health Plan HMO
02/14/1986	M	CA	90720	Kaiser Health Plan HMO
08/08/1944	F	CA	92807	Kaiser Health Plan HMO
10/15/1958	M	CA	92711	Kaiser Health Plan HMO
06/29/1979	F	CA	91761	Kaiser Health Plan HMO
03/31/1964	F	CA	92630	Kaiser Health Plan HMO
03/06/1981	M	CA	92801	Kaiser Health Plan HMO
04/03/1953	F	CA	92804	Kaiser Health Plan HMO
06/30/1969	M	CA	92407	Kaiser Health Plan HMO
01/13/1957	F	CA	90650	Kaiser Health Plan HMO
05/19/1964	F	CA	92707	Kaiser Health Plan HMO
10/16/1962	F	CA	91765	Kaiser Health Plan HMO
03/18/1957	F	CA	92840	Kaiser Health Plan HMO
06/14/1968	F	CA	90630	Kaiser Health Plan HMO
07/12/1961	F	CA	92869	Kaiser Health Plan HMO
11/18/1952	M	CA	92780	Kaiser Health Plan HMO
02/18/1975	F	CA	92867	Kaiser Health Plan HMO
09/04/1956	F	CA	92708	Kaiser Health Plan HMO
08/09/1965	M	CA	92647	Kaiser Health Plan HMO
06/07/1966	M	CA	92801	Kaiser Health Plan HMO
05/09/1980	M	CA	92806	Kaiser Health Plan HMO
08/10/1963	F	CA	92869	Kaiser Health Plan HMO
01/15/1959	F	CA	92883	Kaiser Health Plan HMO
12/02/1961	F	CA	92832	Kaiser Health Plan HMO
06/04/1960	F	CA	92880	Kaiser Health Plan HMO
11/21/1959	F	CA	90631	Kaiser Health Plan HMO
01/12/1982	F	CA	90638	Kaiser Health Plan HMO
09/26/1957	F	CA	92805	Kaiser Health Plan HMO
07/20/1977	F	CA	92704	Kaiser Health Plan HMO
09/21/1958	F	CA	92880	Kaiser Health Plan HMO
07/02/1976	F	CA	92701	Kaiser Health Plan HMO
08/05/1954	F	CA	92705	Kaiser Health Plan HMO
03/30/1957	F	CA	92649	Kaiser Health Plan HMO
06/11/1949	F	CA	92808	Kaiser Health Plan HMO
07/03/1962	F	CA	90814	Kaiser Health Plan HMO
12/03/1951	M	CA	92506	Kaiser Health Plan HMO
06/10/1974	F	CA	92807	Kaiser Health Plan HMO
04/01/1965	F	CA	92840	Kaiser Health Plan HMO
06/24/1977	M	CA	92706	Kaiser Health Plan HMO
06/21/1961	F	CA	92701	Kaiser Health Plan HMO
02/22/1973	F	CA	92703	Kaiser Health Plan HMO
04/19/1957	F	CA	92879	Kaiser Health Plan HMO
02/24/1962	M	CA	92870	Kaiser Health Plan HMO
07/28/1941	F	CA	92843	Kaiser Health Plan HMO
03/21/1949	F	CA	928823013	Kaiser Health Plan HMO
11/26/1952	M	CA	92057	Kaiser Health Plan HMO
07/04/1944	M	CA	92832	Kaiser Health Plan HMO
07/23/1959	F	CA	92503	Kaiser Health Plan HMO
01/04/1972	F	CA	92707	Kaiser Health Plan HMO
04/15/1953	F	CA	92691	Kaiser Health Plan HMO

12/25/1948	F	CA	92886	Kaiser Health Plan HMO
05/17/1960	M	CA	92589	Kaiser Health Plan HMO
08/18/1954	F	CA	92324	Kaiser Health Plan HMO
06/30/1968	F	CA	92882	Kaiser Health Plan HMO
05/25/1953	F	CA	92831	Kaiser Health Plan HMO
05/18/1964	F	CA	90631	Kaiser Health Plan HMO
10/17/1967	F	CA	92807	Kaiser Health Plan HMO
03/26/1960	M	CA	90623	Kaiser Health Plan HMO
11/05/1955	M	CA	90631	Kaiser Health Plan HMO
11/15/1946	M	CA	92553	Kaiser Health Plan HMO
02/04/1946	F	CA	92821	Kaiser Health Plan HMO
11/05/1947	M	CA	92835	Kaiser Health Plan HMO
07/13/1953	F	CA	92647	Kaiser Health Plan HMO
06/22/1971	M	CA	92782	Kaiser Health Plan HMO
06/02/1957	F	CA	90240	Kaiser Health Plan HMO
08/01/1978	F	CA	92627	Kaiser Health Plan HMO
06/04/1956	F	CA	92840	Kaiser Health Plan HMO
09/17/1958	M	CA	92708	Kaiser Health Plan HMO
08/10/1956	M	CA	92840	Kaiser Health Plan HMO
04/16/1943	F	CA	92840	Kaiser Health Plan HMO
09/03/1949	M	CA	92346	Kaiser Health Plan HMO
11/04/1956	F	CA	92804	Kaiser Health Plan HMO
02/14/1969	F	CA	92506	Kaiser Health Plan HMO
10/02/1976	F	CA	92677	Kaiser Health Plan HMO
09/26/1955	M	CA	92692	Kaiser Health Plan HMO
06/02/1957	F	CA	926304794	Kaiser Health Plan HMO
06/20/1969	M	CA	90630	Kaiser Health Plan HMO
10/08/1957	F	CA	91708	Kaiser Health Plan HMO
10/04/1953	M	CA	91786	Kaiser Health Plan HMO
04/21/1964	M	CA	92618	Kaiser Health Plan HMO
05/04/1967	M	CA	92833	Kaiser Health Plan HMO
05/23/1962	F	CA	90242	Kaiser Health Plan HMO
10/24/1960	M	CA	92882	Kaiser Health Plan HMO
02/12/1968	F	CA	90047	Kaiser Health Plan HMO
12/25/1965	F	CA	92869	Kaiser Health Plan HMO
04/01/1948	F	CA	92630	Kaiser Health Plan HMO
06/21/1953	F	CA	92844	Kaiser Health Plan HMO
09/02/1974	F	CA	92882	Kaiser Health Plan HMO
07/13/1980	M	CA	92530	Kaiser Health Plan HMO
12/07/1951	F	CA	92807	Kaiser Health Plan HMO
08/19/1966	F	CA	90280	Kaiser Health Plan HMO
05/29/1952	F	CA	92703	Kaiser Health Plan HMO
12/24/1956	F	CA	92708	Kaiser Health Plan HMO
03/05/1971	F	CA	92691	Kaiser Health Plan HMO
04/23/1947	F	CA	92691	Kaiser Health Plan HMO
04/13/1951	F	CA	92870	Kaiser Health Plan HMO
06/05/1967	F	CA	92807	Kaiser Health Plan HMO
12/05/1958	M	CA	92505	Kaiser Health Plan HMO
03/12/1958	M	CA	92651	Kaiser Health Plan HMO
07/24/1949	M	CA	92691	Kaiser Health Plan HMO
03/21/1951	F	CA	92630	Kaiser Health Plan HMO
06/09/1950	M	CA	92391	Kaiser Health Plan HMO

01/26/1961	F	CA	92804	Kaiser Health Plan HMO
12/03/1964	F	CA	92706	Kaiser Health Plan HMO
03/23/1958	F	CA	92677	Kaiser Health Plan HMO
02/01/1966	F	CA	92866	Kaiser Health Plan HMO
10/10/1977	F	CA	92821	Kaiser Health Plan HMO
11/04/1961	M	CA	92683	Kaiser Health Plan HMO
02/05/1968	F	CA	92708	Kaiser Health Plan HMO
11/01/1978	F	CA	92867	Kaiser Health Plan HMO
03/31/1959	M	CA	92557	Kaiser Health Plan HMO
01/23/1961	F	CA	92704	Kaiser Health Plan HMO
09/14/1966	M	CA	92831	Kaiser Health Plan HMO
06/12/1961	F	CA	90630	Kaiser Health Plan HMO
10/22/1959	F	CA	92646	Kaiser Health Plan HMO
10/18/1977	F	CA	90815	Kaiser Health Plan HMO
11/24/1953	F	CA	90813	Kaiser Health Plan HMO
12/18/1954	F	CA	92624	Kaiser Health Plan HMO
10/25/1958	M	CA	92708	Kaiser Health Plan HMO
02/07/1928	M	CA	92802	Kaiser Health Plan HMO
08/09/1962	F	CA	90631	Kaiser Health Plan HMO
10/06/1950	F	CA	91016	Kaiser Health Plan HMO
12/02/1956	M	CA	92595	Kaiser Health Plan HMO
10/29/1956	F	CA	92503	Kaiser Health Plan HMO
08/08/1949	F	CA	92648	Kaiser Health Plan HMO
12/30/1949	M	CA	92627	Kaiser Health Plan HMO
01/06/1955	F	CA	92530	Kaiser Health Plan HMO
01/22/1959	M	CA	91765	Kaiser Health Plan HMO
02/17/1965	F	CA	92802	Kaiser Health Plan HMO
11/17/1966	M	CA	92324	Kaiser Health Plan HMO
05/22/1960	M	CA	92530	Kaiser Health Plan HMO
05/24/1962	F	CA	92646	Kaiser Health Plan HMO
06/03/1958	F	CA	92703	Kaiser Health Plan HMO
11/21/1949	M	CA	91789	Kaiser Health Plan HMO
08/20/1950	F	CA	92867	Kaiser Health Plan HMO
04/03/1953	F	CA	90620	Kaiser Health Plan HMO
07/06/1952	F	CA	92604	Kaiser Health Plan HMO
06/12/1955	F	CA	90620	Kaiser Health Plan HMO
06/08/1967	M	CA	92869	Kaiser Health Plan HMO
09/29/1952	F	CA	92807	Kaiser Health Plan HMO
01/14/1983	F	CA	92833	Kaiser Health Plan HMO
12/09/1950	F	CA	92802	Kaiser Health Plan HMO
11/14/1941	M	CA	92679	Kaiser Health Plan HMO
05/03/1960	F	CA	92607	Kaiser Health Plan HMO
08/16/1955	M	CA	92692	Kaiser Health Plan HMO
06/03/1972	F	CA	90630	Kaiser Health Plan HMO
08/03/1956	F	CA	92656	Kaiser Health Plan HMO
08/10/1945	M	CA	926303219	Kaiser Health Plan HMO
03/03/1944	M	CA	92707	Kaiser Health Plan HMO
08/08/1951	F	CA	92507	Kaiser Health Plan HMO
02/10/1949	M	CA	92886	Kaiser Health Plan HMO
02/14/1953	M	CA	92337	Kaiser Health Plan HMO
02/13/1964	F	CA	90630	Kaiser Health Plan HMO
09/20/1966	F	CA	92503	Kaiser Health Plan HMO

01/25/1953	F	CA	92804	Kaiser Health Plan HMO
08/22/1957	F	CA	92704	Kaiser Health Plan HMO
03/03/1950	M	CA	926020748	Kaiser Health Plan HMO
06/05/1961	M	CA	92882	Kaiser Health Plan HMO
12/12/1964	M	CA	90660	Kaiser Health Plan HMO
02/28/1954	M	CA	92555	Kaiser Health Plan HMO
06/06/1962	F	CA	92627	Kaiser Health Plan HMO
01/01/1949	M	CA	91606	Kaiser Health Plan HMO
01/07/1958	M	CA	92688	Kaiser Health Plan HMO
04/23/1978	M	CA	92801	Kaiser Health Plan HMO
07/23/1968	M	CA	92706	Kaiser Health Plan HMO
08/03/1979	F	CA	92612	Kaiser Health Plan HMO
05/19/1962	M	CA	92683	Kaiser Health Plan HMO
12/21/1977	F	CA	92880	Kaiser Health Plan HMO
07/07/1972	F	CA	92780	Kaiser Health Plan HMO
08/06/1970	M	CA	92692	Kaiser Health Plan HMO
12/20/1984	M	CA	92807	Kaiser Health Plan HMO
07/04/1958	M	CA	92553	Kaiser Health Plan HMO
06/12/1969	F	CA	92806	Kaiser Health Plan HMO
02/06/1955	M	CA	90630	Kaiser Health Plan HMO
12/04/1964	M	CA	91764	Kaiser Health Plan HMO
11/23/1983	F	CA	90660	Kaiser Health Plan HMO
10/21/1982	M	CA	92805	Kaiser Health Plan HMO
09/01/1984	M	CA	92868	Kaiser Health Plan HMO
03/18/1973	M	CA	92532	Kaiser Health Plan HMO
06/18/1986	F	CA	90605	Kaiser Health Plan HMO
12/26/1973	F	CA	92882	Kaiser Health Plan HMO
09/30/1957	F	CA	92832	Kaiser Health Plan HMO
01/09/1971	F	CA	92870	Kaiser Health Plan HMO
04/11/1969	F	CA	92630	Kaiser Health Plan HMO
03/08/1954	F	CA	92705	Kaiser Health Plan HMO
12/20/1957	M	CA	92823	Kaiser Health Plan HMO
09/30/1968	F	CA	92805	Kaiser Health Plan HMO
11/28/1959	F	CA	92647	Kaiser Health Plan HMO
07/03/1950	F	CA	92805	Kaiser Health Plan HMO
03/30/1969	F	CA	92870	Kaiser Health Plan HMO
09/10/1953	M	CA	92703	Kaiser Health Plan HMO
09/27/1976	M	CA	92868	Kaiser Health Plan HMO
05/20/1960	M	CA	92620	Kaiser Health Plan HMO
07/31/1969	M	CA	92688	Kaiser Health Plan HMO
09/18/1962	M	CA	90815	Kaiser Health Plan HMO
09/08/1980	M	CA	90280	Kaiser Health Plan HMO
12/12/1965	F	CA	92705	Kaiser Health Plan HMO
10/16/1973	M	CA	92865	Kaiser Health Plan HMO
06/06/1967	M	CA	92832	Kaiser Health Plan HMO
05/17/1974	M	CA	92620	Kaiser Health Plan HMO
05/11/1973	M	CA	90815	Kaiser Health Plan HMO
07/30/1953	F	CA	92780	Kaiser Health Plan HMO
12/22/1970	M	CA	92867	Kaiser Health Plan HMO
11/30/1955	M	CA	92835	Kaiser Health Plan HMO
05/31/1969	M	CA	90804	Kaiser Health Plan HMO
02/08/1981	M	CA	92869	Kaiser Health Plan HMO

06/15/1978	F	CA	92870	Kaiser Health Plan HMO
03/23/1967	F	CA	92620	Kaiser Health Plan HMO
06/12/1968	F	CA	92606	Kaiser Health Plan HMO
08/18/1954	M	CA	92880	Kaiser Health Plan HMO
12/03/1972	M	CA	92010	Kaiser Health Plan HMO
11/10/1956	M	CA	92620	Kaiser Health Plan HMO
09/21/1965	F	CA	92688	Kaiser Health Plan HMO
10/08/1969	F	CA	92623	Kaiser Health Plan HMO
09/29/1971	F	CA	90808	Kaiser Health Plan HMO
09/02/1963	M	CA	90604	Kaiser Health Plan HMO
12/21/1965	M	CA	92833	Kaiser Health Plan HMO
06/15/1977	F	CA	92647	Kaiser Health Plan HMO
04/14/1978	M	CA	92806	Kaiser Health Plan HMO
06/03/1976	F	CA	92683	Kaiser Health Plan HMO
05/21/1964	F	CA	92881	Kaiser Health Plan HMO
03/14/1961	F	CA	92866	Kaiser Health Plan HMO
07/04/1974	F	CA	92867	Kaiser Health Plan HMO
04/10/1967	F	CA	90623	Kaiser Health Plan HMO
02/03/1963	F	CA	92865	Kaiser Health Plan HMO
11/20/1963	F	CA	92832	Kaiser Health Plan HMO
09/26/1963	F	CA	92870	Kaiser Health Plan HMO
06/06/1980	M	CA	92706	Kaiser Health Plan HMO
02/14/1963	F	CA	92882	Kaiser Health Plan HMO
01/08/1974	F	CA	91709	Kaiser Health Plan HMO
11/08/1952	F	CA	92504	Kaiser Health Plan HMO
07/17/1970	F	CA	92706	Kaiser Health Plan HMO
12/11/1960	F	CA	90638	Kaiser Health Plan HMO
02/16/1972	F	CA	92704	Kaiser Health Plan HMO
03/20/1973	F	CA	92606	Kaiser Health Plan HMO
03/20/1961	M	CA	92692	Kaiser Health Plan HMO
09/12/1972	F	CA	91745	Kaiser Health Plan HMO
04/10/1940	F	CA	92886	Kaiser Health Plan HMO
08/22/1957	F	CA	92806	Kaiser Health Plan HMO
05/01/1948	F	CA	92646	Kaiser Health Plan HMO
03/01/1950	F	CA	90623	Kaiser Health Plan HMO
08/24/1961	F	CA	92692	Kaiser Health Plan HMO
07/02/1963	F	CA	92833	Kaiser Health Plan HMO
07/09/1952	F	CA	92707	Kaiser Health Plan HMO
03/30/1957	F	CA	92612	Kaiser Health Plan HMO
05/16/1964	F	CA	92840	Kaiser Health Plan HMO
03/19/1967	F	CA	92804	Kaiser Health Plan HMO
12/13/1954	F	CA	92626	Kaiser Health Plan HMO
10/19/1956	F	CA	92703	Kaiser Health Plan HMO
08/05/1967	F	CA	92841	Kaiser Health Plan HMO
03/27/1968	F	CA	92843	Kaiser Health Plan HMO
03/01/1977	F	CA	92623	Kaiser Health Plan HMO
01/12/1981	M	CA	92703	Kaiser Health Plan HMO
10/13/1973	F	CA	91331	Kaiser Health Plan HMO
04/05/1975	F	CA	92707	Kaiser Health Plan HMO
11/07/1970	F	CA	92648	Kaiser Health Plan HMO
02/02/1982	F	CA	92706	Kaiser Health Plan HMO
02/09/1984	F	CA	92626	Kaiser Health Plan HMO

06/13/1978	F	CA	92840	Kaiser Health Plan HMO
10/23/1975	F	CA	92871	Kaiser Health Plan HMO
03/09/1962	F	CA	92704	Kaiser Health Plan HMO
05/23/1977	F	CA	90660	Kaiser Health Plan HMO
06/06/1979	F	CA	90703	Kaiser Health Plan HMO
11/02/1976	F	CA	92683	Kaiser Health Plan HMO
03/03/1972	F	CA	90603	Kaiser Health Plan HMO
01/18/1972	F	CA	90670	Kaiser Health Plan HMO
07/04/1962	F	CA	92869	Kaiser Health Plan HMO
06/05/1975	F	CA	92870	Kaiser Health Plan HMO
08/17/1977	M	CA	92706	Kaiser Health Plan HMO
10/18/1979	F	CA	92688	Kaiser Health Plan HMO
12/04/1977	F	CA	92604	Kaiser Health Plan HMO
01/17/1964	M	CA	92804	Kaiser Health Plan HMO
08/31/1963	F	CA	92705	Kaiser Health Plan HMO
01/23/1973	F	CA	92843	Kaiser Health Plan HMO
06/24/1954	F	CA	92840	Kaiser Health Plan HMO
11/12/1955	F	CA	90680	Kaiser Health Plan HMO
12/25/1968	F	CA	92706	Kaiser Health Plan HMO
01/15/1977	F	CA	92707	Kaiser Health Plan HMO
09/19/1980	M	CA	92845	Kaiser Health Plan HMO
11/10/1972	F	CA	92840	Kaiser Health Plan HMO
01/13/1974	F	CA	92707	Kaiser Health Plan HMO
10/17/1972	F	CA	92880	Kaiser Health Plan HMO
02/15/1980	F	CA	92807	Kaiser Health Plan HMO
12/16/1971	F	CA	90680	Kaiser Health Plan HMO
05/24/1956	F	CA	92867	Kaiser Health Plan HMO
02/27/1959	F	CA	92708	Kaiser Health Plan HMO
08/28/1985	F	CA	92704	Kaiser Health Plan HMO
01/12/1955	F	CA	92843	Kaiser Health Plan HMO
08/20/1969	F	CA	92505	Kaiser Health Plan HMO
07/04/1967	F	CA	92703	Kaiser Health Plan HMO
03/29/1973	F	CA	92708	Kaiser Health Plan HMO
06/13/1977	F	CA	92882	Kaiser Health Plan HMO
09/08/1977	F	CA	92591	Kaiser Health Plan HMO
11/06/1982	M	CA	92532	Kaiser Health Plan HMO
07/24/1971	F	CA	92869	Kaiser Health Plan HMO
11/23/1976	F	CA	92701	Kaiser Health Plan HMO
09/26/1966	F	CA	92630	Kaiser Health Plan HMO
05/20/1968	M	CA	90680	Kaiser Health Plan HMO
09/03/1953	F	CA	92882	Kaiser Health Plan HMO
06/20/1970	F	CA	92801	Kaiser Health Plan HMO
03/19/1975	F	CA	92868	Kaiser Health Plan HMO
05/19/1974	F	CA	92833	Kaiser Health Plan HMO
06/23/1975	F	CA	92503	Kaiser Health Plan HMO
01/21/1960	F	CA	92504	Kaiser Health Plan HMO
07/05/1963	F	CA	92706	Kaiser Health Plan HMO
03/23/1974	F	CA	92705	Kaiser Health Plan HMO
08/03/1971	F	CA	92843	Kaiser Health Plan HMO
02/09/1959	F	CA	90703	Kaiser Health Plan HMO
12/31/1968	F	CA	91801	Kaiser Health Plan HMO
12/14/1968	M	CA	92620	Kaiser Health Plan HMO

05/02/1983	M	CA	92802	Kaiser Health Plan HMO
09/25/1963	F	CA	92807	Kaiser Health Plan HMO
10/29/1971	F	CA	90242	Kaiser Health Plan HMO
05/26/1970	M	CA	92630	Kaiser Health Plan HMO
02/06/1955	F	CA	92868	Kaiser Health Plan HMO
09/05/1973	F	CA	92806	Kaiser Health Plan HMO
08/19/1974	F	CA	92707	Kaiser Health Plan HMO
11/21/1978	F	CA	92880	Kaiser Health Plan HMO
08/02/1974	F	CA	92653	Kaiser Health Plan HMO
11/28/1959	F	CA	92545	Kaiser Health Plan HMO
02/23/1975	F	CA	92707	Kaiser Health Plan HMO
08/11/1975	F	CA	92886	Kaiser Health Plan HMO
02/12/1970	F	CA	92555	Kaiser Health Plan HMO
11/04/1975	F	CA	91706	Kaiser Health Plan HMO
04/14/1962	F	CA	92703	Kaiser Health Plan HMO
09/10/1969	F	CA	92832	Kaiser Health Plan HMO
03/04/1981	F	CA	92683	Kaiser Health Plan HMO
02/01/1978	F	CA	92703	Kaiser Health Plan HMO
02/12/1982	F	CA	92503	Kaiser Health Plan HMO
07/08/1970	F	CA	92701	Kaiser Health Plan HMO
08/09/1974	F	CA	92845	Kaiser Health Plan HMO
02/18/1976	F	CA	92705	Kaiser Health Plan HMO
10/11/1972	F	CA	92704	Kaiser Health Plan HMO
01/19/1960	F	CA	92867	Kaiser Health Plan HMO
10/13/1968	F	CA	92805	Kaiser Health Plan HMO
09/23/1966	F	CA	928636033	Kaiser Health Plan HMO
07/08/1976	F	CA	90630	Kaiser Health Plan HMO
06/05/1968	F	CA	92806	Kaiser Health Plan HMO
03/09/1962	F	CA	91709	Kaiser Health Plan HMO
01/16/1969	F	CA	92683	Kaiser Health Plan HMO
12/14/1970	F	CA	92870	Kaiser Health Plan HMO
06/27/1968	F	CA	92802	Kaiser Health Plan HMO
09/11/1981	M	CA	92711	Kaiser Health Plan HMO
10/07/1969	F	CA	92812	Kaiser Health Plan HMO
12/02/1969	F	CA	92656	Kaiser Health Plan HMO
10/04/1967	F	CA	92805	Kaiser Health Plan HMO
11/25/1974	F	CA	91745	Kaiser Health Plan HMO
11/12/1968	F	CA	928865118	Kaiser Health Plan HMO
03/09/1954	F	CA	928333540	Kaiser Health Plan HMO
05/30/1961	F	CA	92806	Kaiser Health Plan HMO
01/12/1964	F	CA	92807	Kaiser Health Plan HMO
10/27/1961	F	CA	90701	Kaiser Health Plan HMO
03/12/1980	F	CA	92879	Kaiser Health Plan HMO
09/06/1965	F	CA	92630	Kaiser Health Plan HMO
12/07/1974	F	CA	92840	Kaiser Health Plan HMO
01/13/1967	F	CA	92882	Kaiser Health Plan HMO
09/21/1971	F	CA	92868	Kaiser Health Plan HMO
02/27/1964	F	CA	92703	Kaiser Health Plan HMO
07/20/1976	F	CA	92805	Kaiser Health Plan HMO
04/05/1969	F	CA	90703	Kaiser Health Plan HMO
01/06/1983	F	CA	90680	Kaiser Health Plan HMO
10/09/1959	F	CA	92840	Kaiser Health Plan HMO

08/20/1978	F	CA	92530	Kaiser Health Plan HMO
09/07/1979	M	CA	92801	Kaiser Health Plan HMO
07/16/1966	M	CA	90660	Kaiser Health Plan HMO
07/26/1974	F	CA	92704	Kaiser Health Plan HMO
11/08/1964	F	CA	92807	Kaiser Health Plan HMO
09/30/1966	F	CA	92704	Kaiser Health Plan HMO
06/30/1978	M	CA	92707	Kaiser Health Plan HMO
04/09/1965	F	CA	92336	Kaiser Health Plan HMO
11/13/1965	F	CA	92882	Kaiser Health Plan HMO
10/02/1985	F	CA	92706	Kaiser Health Plan HMO
12/17/1963	F	CA	90620	Kaiser Health Plan HMO
12/17/1971	F	CA	92841	Kaiser Health Plan HMO
08/21/1958	F	CA	92704	Kaiser Health Plan HMO
09/03/1975	F	CA	92703	Kaiser Health Plan HMO
04/09/1956	F	CA	92886	Kaiser Health Plan HMO
06/12/1957	F	CA	92843	Kaiser Health Plan HMO
08/20/1953	F	CA	92844	Kaiser Health Plan HMO
12/26/1965	F	CA	928403125	Kaiser Health Plan HMO
12/12/1964	F	CA	90620	Kaiser Health Plan HMO
11/05/1957	M	CA	92706	Kaiser Health Plan HMO
09/14/1973	M	CA	90620	Kaiser Health Plan HMO
12/28/1972	F	CA	92869	Kaiser Health Plan HMO
09/18/1973	F	CA	92801	Kaiser Health Plan HMO
10/21/1981	F	CA	92803	Kaiser Health Plan HMO
03/31/1987	F	CA	92805	Kaiser Health Plan HMO
06/07/1970	F	CA	92801	Kaiser Health Plan HMO
09/27/1975	F	CA	92532	Kaiser Health Plan HMO
06/16/1965	M	CA	92602	Kaiser Health Plan HMO
05/06/1978	M	CA	92881	Kaiser Health Plan HMO
03/15/1958	F	CA	92801	Kaiser Health Plan HMO
09/21/1980	M	CA	92707	Kaiser Health Plan HMO
04/09/1956	F	CA	92886	Kaiser Health Plan HMO
05/07/1977	F	CA	92780	Kaiser Health Plan HMO
05/29/1979	F	CA	90620	Kaiser Health Plan HMO
05/04/1980	F	CA	92806	Kaiser Health Plan HMO
09/21/1947	M	CA	90715	Kaiser Health Plan HMO
08/16/1983	F	CA	92620	Kaiser Health Plan HMO
03/13/1970	F	CA	92840	Kaiser Health Plan HMO
12/18/1977	F	CA	92805	Kaiser Health Plan HMO
07/10/1980	F	CA	92703	Kaiser Health Plan HMO
01/30/1970	M	CA	92868	Kaiser Health Plan HMO
09/14/1981	F	CA	92840	Kaiser Health Plan HMO
03/05/1984	F	CA	92703	Kaiser Health Plan HMO
01/03/1975	F	CA	92887	Kaiser Health Plan HMO
06/09/1982	M	CA	92840	Kaiser Health Plan HMO
12/30/1977	F	CA	92866	Kaiser Health Plan HMO
09/14/1977	F	CA	92701	Kaiser Health Plan HMO
10/29/1981	F	CA	92702	Kaiser Health Plan HMO
07/01/1977	F	CA	92707	Kaiser Health Plan HMO
08/06/1974	F	CA	91764	Kaiser Health Plan HMO
04/18/1968	F	CA	92832	Kaiser Health Plan HMO
07/24/1976	F	CA	92653	Kaiser Health Plan HMO

05/23/1967	F	CA	92602	Kaiser Health Plan HMO
02/21/1982	F	CA	92705	Kaiser Health Plan HMO
10/16/1964	F	CA	927081907	Kaiser Health Plan HMO
04/29/1961	F	CA	92886	Kaiser Health Plan HMO
10/26/1979	F	CA	92704	Kaiser Health Plan HMO
11/12/1987	M	CA	92704	Kaiser Health Plan HMO
03/22/1982	M	CA	92704	Kaiser Health Plan HMO
07/09/1974	F	CA	92707	Kaiser Health Plan HMO
03/14/1984	F	CA	92706	Kaiser Health Plan HMO
03/12/1977	F	CA	92688	Kaiser Health Plan HMO
11/04/1957	F	CA	90620	Kaiser Health Plan HMO
12/08/1961	F	CA	92802	Kaiser Health Plan HMO
03/15/1975	F	CA	91765	Kaiser Health Plan HMO
11/10/1962	F	CA	90630	Kaiser Health Plan HMO
10/29/1982	F	CA	92808	Kaiser Health Plan HMO
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07/07/1978	F	CA	92701	Kaiser Health Plan HMO
03/04/1969	F	CA	92706	Kaiser Health Plan HMO
11/06/1956	M	CA	92505	Kaiser Health Plan HMO
07/28/1962	M	CA	92620	Kaiser Health Plan HMO
11/30/1963	M	CA	92882	Kaiser Health Plan HMO
01/21/1960	M	CA	92653	Kaiser Health Plan HMO
10/09/1975	M	CA	90601	Kaiser Health Plan HMO
11/19/1969	M	CA	92880	Kaiser Health Plan HMO
01/05/1970	M	CA	90620	Kaiser Health Plan HMO
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08/21/1965	M	CA	90280	Kaiser Health Plan HMO
03/20/1960	M	CA	92780	Kaiser Health Plan HMO
01/30/1956	M	CA	92886	Kaiser Health Plan HMO
02/01/1964	M	CA	91790	Kaiser Health Plan HMO
07/24/1953	M	CA	92865	Kaiser Health Plan HMO
07/12/1975	M	CA	92866	Kaiser Health Plan HMO
11/17/1975	M	CA	92705	Kaiser Health Plan HMO
10/25/1964	M	CA	91709	Kaiser Health Plan HMO
06/11/1970	M	CA	92882	Kaiser Health Plan HMO
12/06/1973	M	CA	92821	Kaiser Health Plan HMO
10/19/1964	M	CA	92706	Kaiser Health Plan HMO
08/17/1970	M	CA	92780	Kaiser Health Plan HMO
01/30/1954	M	CA	92806	Kaiser Health Plan HMO
09/30/1972	M	CA	92677	Kaiser Health Plan HMO
04/02/1966	F	CA	92649	Kaiser Health Plan HMO
12/30/1968	M	CA	91739	Kaiser Health Plan HMO
09/09/1974	M	CA	92882	Kaiser Health Plan HMO
06/26/1950	M	CA	92604	Kaiser Health Plan HMO
03/26/1949	F	CA	92887	Kaiser Health Plan HMO
10/03/1973	F	CA	92801	Kaiser Health Plan HMO
12/18/1962	F	CA	90623	Kaiser Health Plan HMO
04/16/1955	M	CA	91752	Kaiser Health Plan HMO
02/15/1974	M	CA	91709	Kaiser Health Plan HMO
08/31/1974	F	CA	90814	Kaiser Health Plan HMO
07/28/1958	F	CA	92679	Kaiser Health Plan HMO
12/16/1970	M	CA	92879	Kaiser Health Plan HMO

05/05/1964	F	CA	92264	Kaiser Health Plan HMO
07/16/1974	M	CA	92833	Kaiser Health Plan HMO
08/05/1968	M	CA	92881	Kaiser Health Plan HMO
02/14/1972	F	CA	92840	Kaiser Health Plan HMO
01/03/1969	F	CA	92602	Kaiser Health Plan HMO
04/14/1968	F	CA	92869	Kaiser Health Plan HMO
02/16/1972	F	CA	92646	Kaiser Health Plan HMO
04/17/1960	F	CA	90720	Kaiser Health Plan HMO
08/03/1970	F	CA	907452851	Kaiser Health Plan HMO
04/14/1967	F	CA	92840	Kaiser Health Plan HMO
03/19/1976	F	CA	92691	Kaiser Health Plan HMO
08/06/1966	M	CA	91764	Kaiser Health Plan HMO
05/09/1961	M	CA	92683	Kaiser Health Plan HMO
10/20/1967	F	CA	92647	Kaiser Health Plan HMO
05/17/1966	M	CA	92220	Kaiser Health Plan HMO
11/03/1957	F	CA	90603	Kaiser Health Plan HMO
07/01/1969	M	CA	92843	Kaiser Health Plan HMO
06/06/1966	F	CA	92683	Kaiser Health Plan HMO
10/06/1965	F	CA	92867	Kaiser Health Plan HMO
08/04/1958	M	CA	92883	Kaiser Health Plan HMO
09/15/1963	F	CA	90623	Kaiser Health Plan HMO
01/19/1979	F	CA	90680	Kaiser Health Plan HMO
11/20/1971	F	CA	91761	Kaiser Health Plan HMO
12/27/1957	F	CA	92868	Kaiser Health Plan HMO
07/28/1973	F	CA	92780	Kaiser Health Plan HMO
10/07/1971	F	CA	92887	Kaiser Health Plan HMO
06/23/1979	M	CA	91709	Kaiser Health Plan HMO
05/03/1974	F	CA	92646	Kaiser Health Plan HMO
11/26/1963	F	CA	92808	Kaiser Health Plan HMO
06/22/1974	F	CA	92882	Kaiser Health Plan HMO
08/11/1958	F	CA	91748	Kaiser Health Plan HMO
03/06/1978	F	CA	92704	Kaiser Health Plan HMO
02/01/1970	F	CA	90805	Kaiser Health Plan HMO
04/19/1977	F	CA	90650	Kaiser Health Plan HMO
03/22/1980	F	CA	92807	Kaiser Health Plan HMO
02/17/1966	F	CA	92886	Kaiser Health Plan HMO
08/02/1968	M	CA	90631	Kaiser Health Plan HMO
11/09/1975	M	CA	91765	Kaiser Health Plan HMO
09/03/1970	F	CA	90813	Kaiser Health Plan HMO
10/20/1967	F	CA	92705	Kaiser Health Plan HMO
06/25/1968	F	CA	92807	Kaiser Health Plan HMO
04/11/1976	F	CA	92881	Kaiser Health Plan HMO
03/05/1969	F	CA	92336	Kaiser Health Plan HMO
06/06/1958	F	CA	92626	Kaiser Health Plan HMO
06/15/1974	F	CA	91792	Kaiser Health Plan HMO
03/10/1958	F	CA	92630	Kaiser Health Plan HMO
01/05/1968	F	CA	92868	Kaiser Health Plan HMO
11/18/1972	F	CA	90631	Kaiser Health Plan HMO
01/29/1962	M	CA	91765	Kaiser Health Plan HMO
11/22/1963	M	CA	92802	Kaiser Health Plan HMO
10/30/1970	M	CA	90630	Kaiser Health Plan HMO
05/30/1960	F	CA	92841	Kaiser Health Plan HMO

01/18/1982	F	CA	90720	Kaiser Health Plan HMO
05/20/1962	M	CA	91765	Kaiser Health Plan HMO
01/09/1964	M	CA	92688	Kaiser Health Plan HMO
06/22/1968	F	CA	92377	Kaiser Health Plan HMO
03/06/1963	F	CA	92845	Kaiser Health Plan HMO
11/08/1954	M	CA	92840	Kaiser Health Plan HMO
09/27/1973	F	CA	91752	Kaiser Health Plan HMO
05/10/1967	F	CA	90680	Kaiser Health Plan HMO
11/25/1965	F	CA	92506	Kaiser Health Plan HMO
05/22/1955	M	CA	92886	Kaiser Health Plan HMO
11/09/1966	F	CA	90032	Kaiser Health Plan HMO
02/28/1972	F	CA	90602	Kaiser Health Plan HMO
01/11/1964	M	CA	92807	Kaiser Health Plan HMO
09/04/1969	F	CA	92646	Kaiser Health Plan HMO
03/07/1973	F	CA	92505	Kaiser Health Plan HMO
11/07/1979	F	CA	92704	Kaiser Health Plan HMO
06/26/1979	F	CA	92706	Kaiser Health Plan HMO
02/06/1977	F	CA	92612	Kaiser Health Plan HMO
06/19/1963	F	CA	91765	Kaiser Health Plan HMO
01/05/1965	M	CA	92841	Kaiser Health Plan HMO
02/29/1952	F	CA	92867	Kaiser Health Plan HMO
05/02/1974	F	CA	92503	Kaiser Health Plan HMO
12/25/1958	F	CA	92653	Kaiser Health Plan HMO
07/08/1974	F	CA	92606	Kaiser Health Plan HMO
12/28/1949	M	CA	92843	Kaiser Health Plan HMO
08/04/1975	M	CA	90620	Kaiser Health Plan HMO
10/04/1973	F	CA	90603	Kaiser Health Plan HMO
11/07/1981	F	CA	92866	Kaiser Health Plan HMO
02/05/1977	F	CA	92880	Kaiser Health Plan HMO
12/28/1958	M	CA	92802	Kaiser Health Plan HMO
07/09/1976	M	CA	92804	Kaiser Health Plan HMO
12/17/1969	F	CA	92808	Kaiser Health Plan HMO
12/11/1977	F	CA	91730	Kaiser Health Plan HMO
06/27/1978	F	CA	92808	Kaiser Health Plan HMO
02/03/1978	F	CA	92704	Kaiser Health Plan HMO
02/07/1965	F	CA	92869	Kaiser Health Plan HMO
06/15/1962	F	CA	90702	Kaiser Health Plan HMO
01/20/1962	M	CA	92655	Kaiser Health Plan HMO
05/15/1968	F	CA	92614	Kaiser Health Plan HMO
09/06/1978	M	CA	92614	Kaiser Health Plan HMO
11/22/1972	F	CA	92647	Kaiser Health Plan HMO
03/17/1957	M	CA	90720	Kaiser Health Plan HMO
02/26/1977	F	CA	92704	Kaiser Health Plan HMO
08/26/1955	F	CA	92806	Kaiser Health Plan HMO
03/21/1967	F	CA	92807	Kaiser Health Plan HMO
03/30/1954	M	CA	92677	Kaiser Health Plan HMO
08/04/1953	F	CA	92691	Kaiser Health Plan HMO
04/16/1962	M	CA	92808	Kaiser Health Plan HMO
07/18/1954	M	CA	92618	Kaiser Health Plan HMO
08/23/1950	M	CA	92660	Kaiser Health Plan HMO
07/01/1968	F	CA	92867	Kaiser Health Plan HMO
03/03/1962	M	CA	92694	Kaiser Health Plan HMO

08/07/1975	F	CA	92692	Kaiser Health Plan HMO
08/27/1974	F	CA	92832	Kaiser Health Plan HMO
05/14/1969	M	CA	92804	Kaiser Health Plan HMO
09/22/1956	M	CA	92833	Kaiser Health Plan HMO
01/09/1956	M	CA	91709	Kaiser Health Plan HMO
07/03/1973	F	CA	92708	Kaiser Health Plan HMO
06/22/1970	M	CA	92880	Kaiser Health Plan HMO
10/25/1969	F	CA	92376	Kaiser Health Plan HMO
06/27/1959	M	CA	92604	Kaiser Health Plan HMO
01/20/1974	F	CA	92707	Kaiser Health Plan HMO
03/21/1981	M	CA	92804	Kaiser Health Plan HMO
03/02/1976	F	CA	92707	Kaiser Health Plan HMO
10/15/1974	F	CA	92843	Kaiser Health Plan HMO
01/06/1970	F	CA	92840	Kaiser Health Plan HMO
05/27/1971	M	CA	90631	Kaiser Health Plan HMO
12/07/1964	F	CA	92704	Kaiser Health Plan HMO
10/08/1961	F	CA	92805	Kaiser Health Plan HMO
01/29/1970	F	CA	92683	Kaiser Health Plan HMO
03/04/1970	M	CA	92867	Kaiser Health Plan HMO
01/13/1971	F	CA	92882	Kaiser Health Plan HMO
06/02/1957	M	CA	90723	Kaiser Health Plan HMO
04/12/1970	M	CA	92508	Kaiser Health Plan HMO
07/28/1965	F	CA	90630	Kaiser Health Plan HMO
06/07/1951	F	CA	92703	Kaiser Health Plan HMO
07/13/1966	F	CA	90638	Kaiser Health Plan HMO
04/28/1975	F	CA	92630	Kaiser Health Plan HMO
09/22/1946	M	CA	91755	Kaiser Health Plan HMO
06/19/1972	F	CA	92701	Kaiser Health Plan HMO
05/14/1971	F	CA	92804	Kaiser Health Plan HMO
01/20/1962	M	CA	92806	Kaiser Health Plan HMO
01/10/1970	F	CA	92630	Kaiser Health Plan HMO
01/29/1977	F	CA	92821	Kaiser Health Plan HMO
10/29/1978	F	CA	92675	Kaiser Health Plan HMO
10/24/1966	F	CA	92841	Kaiser Health Plan HMO
07/06/1956	F	CA	92845	Kaiser Health Plan HMO
08/06/1956	F	CA	91748	Kaiser Health Plan HMO
06/27/1962	F	CA	90703	Kaiser Health Plan HMO
08/29/1972	F	CA	92869	Kaiser Health Plan HMO
11/22/1971	F	CA	92801	Kaiser Health Plan HMO
03/02/1959	F	CA	92675	Kaiser Health Plan HMO
05/16/1962	F	CA	90001	Kaiser Health Plan HMO
09/26/1967	F	CA	90703	Kaiser Health Plan HMO
05/27/1953	F	CA	90650	Kaiser Health Plan HMO
09/01/1980	F	CA	92870	Kaiser Health Plan HMO
08/26/1970	F	CA	92806	Kaiser Health Plan HMO
01/25/1982	F	CA	92865	Kaiser Health Plan HMO
12/20/1972	F	CA	92705	Kaiser Health Plan HMO
01/29/1953	F	CA	92807	Kaiser Health Plan HMO
10/06/1963	F	CA	92801	Kaiser Health Plan HMO
03/01/1969	F	CA	92832	Kaiser Health Plan HMO
01/24/1966	F	CA	92707	Kaiser Health Plan HMO
01/30/1967	F	CA	92503	Kaiser Health Plan HMO

09/23/1974	F	CA	92866	Kaiser Health Plan HMO
02/22/1976	F	CA	90638	Kaiser Health Plan HMO
04/05/1972	F	CA	92672	Kaiser Health Plan HMO
07/27/1969	F	CA	92656	Kaiser Health Plan HMO
05/08/1967	F	CA	92805	Kaiser Health Plan HMO
11/18/1963	F	CA	91710	Kaiser Health Plan HMO
09/12/1970	F	CA	92655	Kaiser Health Plan HMO
03/30/1964	F	CA	92703	Kaiser Health Plan HMO
12/03/1976	F	CA	92707	Kaiser Health Plan HMO
05/20/1969	F	CA	92882	Kaiser Health Plan HMO
10/12/1959	F	CA	92620	Kaiser Health Plan HMO
01/03/1953	M	CA	92833	Kaiser Health Plan HMO
05/14/1958	F	CA	92585	Kaiser Health Plan HMO
11/01/1970	F	CA	92804	Kaiser Health Plan HMO
09/15/1949	F	CA	92646	Kaiser Health Plan HMO
11/16/1964	F	CA	92804	Kaiser Health Plan HMO
06/01/1958	M	CA	92706	Kaiser Health Plan HMO
01/01/1949	F	CA	92843	Kaiser Health Plan HMO
01/29/1977	F	CA	92627	Kaiser Health Plan HMO
04/29/1979	F	CA	92879	Kaiser Health Plan HMO
05/01/1957	F	CA	92805	Kaiser Health Plan HMO
10/05/1984	F	CA	92692	Kaiser Health Plan HMO
07/04/1977	F	CA	92532	Kaiser Health Plan HMO
06/05/1973	F	CA	91501	Kaiser Health Plan HMO
07/18/1955	F	CA	92880	Kaiser Health Plan HMO
02/05/1971	F	CA	92880	Kaiser Health Plan HMO
02/06/1974	F	CA	91732	Kaiser Health Plan HMO
04/19/1973	M	CA	92707	Kaiser Health Plan HMO
10/22/1974	F	CA	90066	Kaiser Health Plan HMO
05/23/1978	F	CA	92805	Kaiser Health Plan HMO
07/04/1969	F	CA	90650	Kaiser Health Plan HMO
02/17/1977	F	CA	92805	Kaiser Health Plan HMO
09/25/1941	M	CA	92840	Kaiser Health Plan HMO
05/02/1969	F	CA	92606	Kaiser Health Plan HMO
03/30/1977	F	CA	92840	Kaiser Health Plan HMO
09/04/1953	M	CA	92614	Kaiser Health Plan HMO
10/16/1965	F	CA	92804	Kaiser Health Plan HMO
11/18/1973	F	CA	92883	Kaiser Health Plan HMO
11/26/1970	F	CA	92807	Kaiser Health Plan HMO
10/31/1981	F	CA	92868	Kaiser Health Plan HMO
06/20/1965	F	CA	90650	Kaiser Health Plan HMO
12/12/1978	F	CA	90805	Kaiser Health Plan HMO
04/04/1967	M	CA	92652	Kaiser Health Plan HMO
02/25/1968	F	CA	92840	Kaiser Health Plan HMO
09/30/1962	F	CA	90630	Kaiser Health Plan HMO
08/13/1955	F	CA	92708	Kaiser Health Plan HMO
09/29/1978	F	CA	92626	Kaiser Health Plan HMO
12/08/1968	F	CA	92706	Kaiser Health Plan HMO
07/23/1980	F	CA	92804	Kaiser Health Plan HMO
08/06/1959	F	CA	926462910	Kaiser Health Plan HMO
08/28/1969	F	CA	92704	Kaiser Health Plan HMO
11/15/1959	F	CA	92630	Kaiser Health Plan HMO

06/25/1949	F	CA	92612	Kaiser Health Plan HMO
03/06/1954	M	CA	90703	Kaiser Health Plan HMO
05/28/1973	F	CA	92880	Kaiser Health Plan HMO
04/18/1959	F	CA	92807	Kaiser Health Plan HMO
04/09/1963	F	CA	92821	Kaiser Health Plan HMO
10/26/1981	M	CA	92879	Kaiser Health Plan HMO
04/05/1962	M	CA	92532	Kaiser Health Plan HMO
05/10/1969	M	CA	92704	Kaiser Health Plan HMO
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08/27/1960	M	CA	92780	Kaiser Health Plan HMO
09/23/1956	M	CA	92860	Kaiser Health Plan HMO
08/28/1967	M	CA	90815	Kaiser Health Plan HMO
10/20/1970	M	CA	92571	Kaiser Health Plan HMO
04/15/1970	M	CA	92346	Kaiser Health Plan HMO
09/24/1951	M	CA	92780	Kaiser Health Plan HMO
12/22/1959	M	CA	92688	Kaiser Health Plan HMO
12/19/1960	F	CA	92683	Kaiser Health Plan HMO
08/28/1962	M	CA	92691	Kaiser Health Plan HMO
02/19/1949	M	CA	92630	Kaiser Health Plan HMO
03/12/1956	M	CA	92867	Kaiser Health Plan HMO
11/25/1960	M	CA	92603	Kaiser Health Plan HMO
03/21/1965	M	CA	92653	Kaiser Health Plan HMO
06/10/1961	M	CA	92705	Kaiser Health Plan HMO
03/29/1957	F	CA	92882	Kaiser Health Plan HMO
07/11/1956	M	CA	92606	Kaiser Health Plan HMO
08/22/1954	M	CA	92831	Kaiser Health Plan HMO
09/26/1962	M	CA	92867	Kaiser Health Plan HMO
11/10/1970	M	CA	92677	Kaiser Health Plan HMO
09/20/1964	F	CA	92705	Kaiser Health Plan HMO
10/21/1963	F	CA	90022	Kaiser Health Plan HMO
03/28/1964	F	CA	91709	Kaiser Health Plan HMO
02/02/1973	F	CA	92802	Kaiser Health Plan HMO
12/05/1958	M	CA	92701	Kaiser Health Plan HMO
04/28/1979	F	CA	92704	Kaiser Health Plan HMO
12/08/1955	M	CA	90808	Kaiser Health Plan HMO
09/15/1969	F	CA	92397	Kaiser Health Plan HMO
06/11/1958	M	CA	92807	Kaiser Health Plan HMO
08/05/1960	M	CA	92503	Kaiser Health Plan HMO
01/14/1962	M	CA	92646	Kaiser Health Plan HMO
08/13/1969	M	CA	92706	Kaiser Health Plan HMO
04/22/1975	M	CA	90621	Kaiser Health Plan HMO
04/29/1964	M	CA	926190503	Kaiser Health Plan HMO
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04/24/1959	M	CA	90804	Kaiser Health Plan HMO
11/17/1957	F	CA	92804	Kaiser Health Plan HMO
02/16/1954	M	CA	92780	Kaiser Health Plan HMO
01/09/1954	F	CA	92886	Kaiser Health Plan HMO
02/18/1961	M	CA	92707	Kaiser Health Plan HMO
09/13/1971	F	CA	92821	Kaiser Health Plan HMO
06/30/1959	F	CA	92880	Kaiser Health Plan HMO
06/29/1976	F	CA	92866	Kaiser Health Plan HMO
09/26/1960	F	CA	92801	Kaiser Health Plan HMO

09/09/1970	M	CA	91765	Kaiser Health Plan HMO
03/30/1970	F	CA	92705	Kaiser Health Plan HMO
11/30/1957	M	CA	92508	Kaiser Health Plan HMO
02/22/1966	M	CA	92705	Kaiser Health Plan HMO
12/14/1962	M	CA	90702	Kaiser Health Plan HMO
11/20/1965	M	CA	92880	Kaiser Health Plan HMO
02/03/1976	F	CA	92866	Kaiser Health Plan HMO
02/18/1963	F	CA	92867	Kaiser Health Plan HMO
06/06/1959	M	CA	90620	Kaiser Health Plan HMO
01/06/1975	F	CA	92807	Kaiser Health Plan HMO
03/25/1975	F	CA	92706	Kaiser Health Plan HMO
09/15/1960	M	CA	92336	Kaiser Health Plan HMO
01/30/1978	F	CA	91789	Kaiser Health Plan HMO
04/23/1975	M	CA	92833	Kaiser Health Plan HMO
06/14/1975	M	CA	92503	Kaiser Health Plan HMO
03/06/1969	F	CA	92595	Kaiser Health Plan HMO
07/01/1971	M	CA	928013322	Kaiser Health Plan HMO
11/05/1977	F	CA	90620	Kaiser Health Plan HMO
01/17/1978	M	CA	92821	Kaiser Health Plan HMO
09/29/1962	M	CA	92805	Kaiser Health Plan HMO
09/01/1956	F	CA	92865	Kaiser Health Plan HMO
07/20/1962	F	CA	92799	Kaiser Health Plan HMO
12/03/1959	M	CA	91737	Kaiser Health Plan HMO
04/04/1946	M	CA	92057	Kaiser Health Plan HMO
08/17/1980	M	CA	92223	Kaiser Health Plan HMO
07/19/1965	F	CA	92804	Kaiser Health Plan HMO
10/03/1957	M	CA	90620	Kaiser Health Plan HMO
07/24/1968	M	CA	92630	Kaiser Health Plan HMO
10/19/1954	M	CA	92780	Kaiser Health Plan HMO
09/13/1967	M	CA	92801	Kaiser Health Plan HMO
11/01/1970	M	CA	91709	Kaiser Health Plan HMO
10/26/1966	F	CA	92803	Kaiser Health Plan HMO
08/12/1958	M	CA	90810	Kaiser Health Plan HMO
08/14/1969	F	CA	92706	Kaiser Health Plan HMO
08/22/1971	F	CA	90638	Kaiser Health Plan HMO
08/17/1961	M	CA	92879	Kaiser Health Plan HMO
03/18/1970	F	CA	92804	Kaiser Health Plan HMO
03/06/1965	M	CA	92610	Kaiser Health Plan HMO
06/10/1959	M	CA	92806	Kaiser Health Plan HMO
05/22/1961	M	CA	92708	Kaiser Health Plan HMO
10/20/1955	F	CA	90638	Kaiser Health Plan HMO
06/04/1962	M	CA	92676	Kaiser Health Plan HMO
11/02/1962	M	CA	92882	Kaiser Health Plan HMO
02/22/1986	F	CA	92843	Kaiser Health Plan HMO
09/16/1966	F	CA	92840	Kaiser Health Plan HMO
07/01/1956	F	CA	92655	Kaiser Health Plan HMO
10/03/1957	F	CA	92629	Kaiser Health Plan HMO
04/05/1962	F	CA	92683	Kaiser Health Plan HMO
04/08/1962	F	CA	92683	Kaiser Health Plan HMO
12/08/1969	M	CA	92595	Kaiser Health Plan HMO
10/08/1976	M	CA	91710	Kaiser Health Plan HMO
06/02/1960	F	CA	90630	Kaiser Health Plan HMO

10/27/1959	M	CA	92683	Kaiser Health Plan HMO
05/27/1979	F	CA	92805	Kaiser Health Plan HMO
02/23/1965	F	CA	92821	Kaiser Health Plan HMO
03/06/1976	F	CA	92844	Kaiser Health Plan HMO
02/05/1969	F	CA	92660	Kaiser Health Plan HMO
12/28/1971	M	CA	92867	Kaiser Health Plan HMO
10/10/1971	F	CA	92807	Kaiser Health Plan HMO
01/23/1967	F	CA	92840	Kaiser Health Plan HMO
06/29/1978	F	CA	92801	Kaiser Health Plan HMO
09/06/1984	M	CA	92704	Kaiser Health Plan HMO
12/14/1968	F	CA	92705	Kaiser Health Plan HMO
11/04/1959	M	CA	92703	Kaiser Health Plan HMO
01/12/1975	F	CA	92860	Kaiser Health Plan HMO
08/23/1976	M	CA	92869	Kaiser Health Plan HMO
06/05/1966	F	CA	92882	Kaiser Health Plan HMO
11/08/1975	F	CA	92683	Kaiser Health Plan HMO
09/18/1972	M	CA	92807	Kaiser Health Plan HMO
09/27/1964	F	CA	92821	Kaiser Health Plan HMO
11/24/1967	M	CA	92705	Kaiser Health Plan HMO
11/29/1969	F	CA	92706	Kaiser Health Plan HMO
06/11/1957	F	CA	927043142	Kaiser Health Plan HMO
03/02/1959	F	CA	92886	Kaiser Health Plan HMO
02/10/1975	F	CA	90804	Kaiser Health Plan HMO
09/30/1965	F	CA	92886	Kaiser Health Plan HMO
06/29/1965	F	CA	92805	Kaiser Health Plan HMO
07/29/1966	F	CA	90603	Kaiser Health Plan HMO
06/22/1953	M	CA	92684	Kaiser Health Plan HMO
04/05/1953	M	CA	92840	Kaiser Health Plan HMO
05/19/1965	M	CA	92867	Kaiser Health Plan HMO
07/18/1973	M	CA	92881	Kaiser Health Plan HMO
04/28/1973	M	CA	90630	Kaiser Health Plan HMO
06/23/1980	F	CA	90606	Kaiser Health Plan HMO
04/19/1958	F	CA	92704	Kaiser Health Plan HMO
07/14/1970	F	CA	92707	Kaiser Health Plan HMO
10/30/1959	M	CA	92509	Kaiser Health Plan HMO
03/03/1945	M	CA	91765	Kaiser Health Plan HMO
07/31/1951	M	CA	92647	Kaiser Health Plan HMO
07/15/1971	M	CA	92532	Kaiser Health Plan HMO
12/28/1974	F	CA	92806	Kaiser Health Plan HMO
09/01/1958	F	CA	91761	Kaiser Health Plan HMO
01/21/1979	F	CA	92806	Kaiser Health Plan HMO
04/01/1980	M	CA	91024	Kaiser Health Plan HMO
09/08/1971	M	CA	92683	Kaiser Health Plan HMO
05/13/1973	M	CA	92844	Kaiser Health Plan HMO
08/23/1957	M	CA	90631	Kaiser Health Plan HMO
09/14/1973	F	CA	92880	Kaiser Health Plan HMO
08/23/1975	F	CA	92804	Kaiser Health Plan HMO
01/15/1959	F	CA	92801	Kaiser Health Plan HMO
03/01/1972	F	CA	92708	Kaiser Health Plan HMO
12/26/1964	M	CA	92688	Kaiser Health Plan HMO
01/23/1964	F	CA	92707	Kaiser Health Plan HMO
12/06/1951	M	CA	90640	Kaiser Health Plan HMO

08/01/1972	F	CA	92503	Kaiser Health Plan HMO
08/02/1971	F	CA	92881	Kaiser Health Plan HMO
10/25/1968	F	CA	92882	Kaiser Health Plan HMO
01/07/1976	M	CA	92694	Kaiser Health Plan HMO
01/11/1960	M	CA	91709	Kaiser Health Plan HMO
03/29/1959	M	CA	92801	Kaiser Health Plan HMO
09/19/1961	F	CA	92555	Kaiser Health Plan HMO
07/26/1977	F	CA	92706	Kaiser Health Plan HMO
04/30/1957	F	CA	92865	Kaiser Health Plan HMO
08/14/1964	M	CA	92867	Kaiser Health Plan HMO
11/05/1958	F	CA	91710	Kaiser Health Plan HMO
06/04/1963	M	CA	92503	Kaiser Health Plan HMO
02/25/1982	F	CA	92509	Kaiser Health Plan HMO
12/01/1963	M	CA	92804	Kaiser Health Plan HMO
03/29/1979	F	CA	92708	Kaiser Health Plan HMO
10/21/1963	F	CA	90650	Kaiser Health Plan HMO
10/10/1975	M	CA	92802	Kaiser Health Plan HMO
04/20/1966	M	CA	92373	Kaiser Health Plan HMO
07/08/1968	M	CA	90631	Kaiser Health Plan HMO
01/12/1974	F	CA	92653	Kaiser Health Plan HMO
08/08/1969	M	CA	92883	Kaiser Health Plan HMO
12/03/1961	M	CA	91706	Kaiser Health Plan HMO
09/02/1974	F	CA	92808	Kaiser Health Plan HMO
10/17/1969	F	CA	90638	Kaiser Health Plan HMO
07/24/1972	F	CA	92704	Kaiser Health Plan HMO
04/23/1959	M	CA	92707	Kaiser Health Plan HMO
02/03/1978	F	CA	92505	Kaiser Health Plan HMO
03/19/1962	F	CA	92503	Kaiser Health Plan HMO
07/16/1967	M	CA	927810214	Kaiser Health Plan HMO
11/17/1969	M	CA	92704	Kaiser Health Plan HMO
05/20/1968	M	CA	92806	Kaiser Health Plan HMO
03/03/1944	M	CA	92656	Kaiser Health Plan HMO
07/15/1961	M	CA	92806	Kaiser Health Plan HMO
05/28/1965	F	CA	92840	Kaiser Health Plan HMO
07/19/1970	M	CA	92868	Kaiser Health Plan HMO
07/07/1959	M	CA	91745	Kaiser Health Plan HMO
04/26/1967	F	CA	92602	Kaiser Health Plan HMO
07/17/1957	F	CA	92808	Kaiser Health Plan HMO
02/10/1975	M	CA	92886	Kaiser Health Plan HMO
06/17/1974	F	CA	92882	Kaiser Health Plan HMO
02/10/1974	F	CA	92805	Kaiser Health Plan HMO
08/12/1974	F	CA	91709	Kaiser Health Plan HMO
09/15/1973	M	CA	92802	Kaiser Health Plan HMO
03/16/1965	M	CA	92806	Kaiser Health Plan HMO
04/16/1978	M	CA	92345	Kaiser Health Plan HMO
05/09/1975	M	CA	92555	Kaiser Health Plan HMO
05/14/1973	M	CA	92656	Kaiser Health Plan HMO
04/14/1958	M	CA	92802	Kaiser Health Plan HMO
06/19/1961	M	CA	92841	Kaiser Health Plan HMO
09/19/1958	M	CA	92503	Kaiser Health Plan HMO
03/16/1981	M	CA	92707	Kaiser Health Plan HMO
02/10/1954	M	CA	92802	Kaiser Health Plan HMO

08/18/1953	M	CA	91709	Kaiser Health Plan HMO
11/07/1969	F	CA	92706	Kaiser Health Plan HMO
05/14/1957	M	CA	92627	Kaiser Health Plan HMO
01/08/1978	M	CA	92882	Kaiser Health Plan HMO
12/24/1967	M	CA	91789	Kaiser Health Plan HMO
11/03/1973	M	CA	92840	Kaiser Health Plan HMO
08/02/1975	M	CA	92508	Kaiser Health Plan HMO
09/06/1972	F	CA	90604	Kaiser Health Plan HMO
12/21/1967	F	CA	91762	Kaiser Health Plan HMO
03/08/1975	F	CA	92840	Kaiser Health Plan HMO
09/01/1967	M	CA	92571	Kaiser Health Plan HMO
01/22/1971	F	CA	92707	Kaiser Health Plan HMO
12/28/1970	M	CA	92555	Kaiser Health Plan HMO
05/29/1978	F	CA	90680	Kaiser Health Plan HMO
01/29/1976	M	CA	92844	Kaiser Health Plan HMO
05/01/1970	M	CA	92806	Kaiser Health Plan HMO
04/07/1950	M	CA	91748	Kaiser Health Plan HMO
08/28/1982	M	CA	92603	Kaiser Health Plan HMO
09/19/1961	F	CA	90723	Kaiser Health Plan HMO
08/19/1963	M	CA	92801	Kaiser Health Plan HMO
08/17/1965	F	CA	92801	Kaiser Health Plan HMO
09/14/1965	F	CA	92870	Kaiser Health Plan HMO
07/07/1963	F	CA	90620	Kaiser Health Plan HMO
04/14/1973	M	CA	92630	Kaiser Health Plan HMO
05/16/1976	F	CA	92602	Kaiser Health Plan HMO
01/22/1973	M	CA	92335	Kaiser Health Plan HMO
10/12/1973	M	CA	91761	Kaiser Health Plan HMO
09/03/1967	M	CA	92780	Kaiser Health Plan HMO
12/30/1968	F	CA	92870	Kaiser Health Plan HMO
07/26/1961	M	CA	92831	Kaiser Health Plan HMO
05/22/1966	F	CA	92704	Kaiser Health Plan HMO
07/15/1971	F	CA	90680	Kaiser Health Plan HMO
09/27/1972	F	CA	92656	Kaiser Health Plan HMO
02/15/1979	M	CA	92503	Kaiser Health Plan HMO
10/21/1983	M	CA	92656	Kaiser Health Plan HMO
02/21/1965	M	CA	92881	Kaiser Health Plan HMO
07/26/1967	F	CA	92805	Kaiser Health Plan HMO
03/25/1959	M	CA	92553	Kaiser Health Plan HMO
03/03/1969	F	CA	92840	Kaiser Health Plan HMO
02/05/1974	F	CA	92780	Kaiser Health Plan HMO
01/03/1970	M	CA	92707	Kaiser Health Plan HMO
07/01/1982	M	CA	94121	Kaiser Health Plan HMO
09/05/1974	F	CA	92840	Kaiser Health Plan HMO
07/17/1979	F	CA	92801	Kaiser Health Plan HMO
12/28/1969	F	CA	92870	Kaiser Health Plan HMO
08/16/1948	M	CA	92780	Kaiser Health Plan HMO
12/17/1960	F	CA	92840	Kaiser Health Plan HMO
08/10/1976	M	CA	90630	Kaiser Health Plan HMO
11/03/1957	F	CA	92867	Kaiser Health Plan HMO
08/30/1977	F	CA	92801	Kaiser Health Plan HMO
07/26/1975	M	CA	92804	Kaiser Health Plan HMO
04/16/1977	F	CA	92679	Kaiser Health Plan HMO

03/18/1963	M	CA	92804	Kaiser Health Plan HMO
11/06/1977	F	CA	90803	Kaiser Health Plan HMO
02/20/1984	M	CA	91789	Kaiser Health Plan HMO
08/28/1971	M	CA	92883	Kaiser Health Plan HMO
12/06/1958	F	CA	92708	Kaiser Health Plan HMO
04/26/1972	F	CA	90703	Kaiser Health Plan HMO
03/31/1975	F	CA	92882	Kaiser Health Plan HMO
02/07/1960	F	CA	90630	Kaiser Health Plan HMO
04/23/1949	F	CA	92807	Kaiser Health Plan HMO
06/01/1960	F	CA	92606	Kaiser Health Plan HMO
09/29/1962	M	CA	92604	Kaiser Health Plan HMO
10/10/1957	F	CA	92620	Kaiser Health Plan HMO
07/01/1954	F	CA	92653	Kaiser Health Plan HMO
03/24/1959	F	CA	92833	Kaiser Health Plan HMO
06/19/1956	F	CA	92883	Kaiser Health Plan HMO
11/21/1974	M	CA	92782	Kaiser Health Plan HMO
05/21/1951	M	CA	92606	Kaiser Health Plan HMO
01/30/1950	F	CA	91702	Kaiser Health Plan HMO
07/29/1972	M	CA	92688	Kaiser Health Plan HMO
08/31/1978	F	CA	92807	Kaiser Health Plan HMO
08/04/1955	F	CA	92704	Kaiser Health Plan HMO
11/15/1975	F	CA	90720	Kaiser Health Plan HMO
10/26/1955	M	CA	92821	Kaiser Health Plan HMO
11/11/1972	M	CA	92883	Kaiser Health Plan HMO
02/20/1978	M	CA	92805	Kaiser Health Plan HMO
12/24/1971	M	CA	92620	Kaiser Health Plan HMO
08/20/1963	M	CA	92691	Kaiser Health Plan HMO
07/25/1962	F	CA	92808	Kaiser Health Plan HMO
09/09/1968	F	CA	92807	Kaiser Health Plan HMO
10/09/1972	F	CA	92630	Kaiser Health Plan HMO
11/03/1964	M	CA	92661	Kaiser Health Plan HMO
12/24/1961	M	CA	90631	Kaiser Health Plan HMO
02/17/1964	F	CA	92880	Kaiser Health Plan HMO
10/26/1963	M	CA	90620	Kaiser Health Plan HMO
12/12/1966	F	CA	90620	Kaiser Health Plan HMO
04/02/1972	F	CA	92683	Kaiser Health Plan HMO
09/02/1972	F	CA	92833	Kaiser Health Plan HMO
08/21/1964	F	CA	92647	Kaiser Health Plan HMO
07/20/1972	F	CA	91709	Kaiser Health Plan HMO
08/06/1971	F	CA	92835	Kaiser Health Plan HMO
11/01/1975	F	CA	90630	Kaiser Health Plan HMO
09/27/1975	F	CA	92648	Kaiser Health Plan HMO
06/04/1950	M	CA	90703	Kaiser Health Plan HMO
08/23/1949	F	CA	92840	Kaiser Health Plan HMO
09/28/1973	M	CA	92612	Kaiser Health Plan HMO
10/14/1958	F	CA	92620	Kaiser Health Plan HMO
02/13/1963	M	CA	92620	Kaiser Health Plan HMO
11/15/1981	F	CA	90631	Kaiser Health Plan HMO
12/22/1962	M	CA	92694	Kaiser Health Plan HMO
08/05/1967	F	CA	92648	Kaiser Health Plan HMO
09/25/1980	F	CA	92530	Kaiser Health Plan HMO
08/01/1963	F	CA	92614	Kaiser Health Plan HMO

05/10/1971	F	CA	92604	Kaiser Health Plan HMO
02/07/1973	F	CA	92683	Kaiser Health Plan HMO
06/09/1954	M	CA	91709	Kaiser Health Plan HMO
05/01/1980	F	CA	92802	Kaiser Health Plan HMO
08/24/1975	F	CA	92840	Kaiser Health Plan HMO
12/30/1952	F	CA	92688	Kaiser Health Plan HMO
03/11/1959	F	CA	92691	Kaiser Health Plan HMO
07/07/1961	F	CA	92782	Kaiser Health Plan HMO
03/05/1969	M	CA	90703	Kaiser Health Plan HMO
12/14/1962	F	CA	92870	Kaiser Health Plan HMO
10/18/1979	F	CA	92780	Kaiser Health Plan HMO
06/19/1963	M	CA	92845	Kaiser Health Plan HMO
07/24/1967	F	CA	92808	Kaiser Health Plan HMO
08/03/1973	F	CA	91790	Kaiser Health Plan HMO
05/29/1975	F	CA	92833	Kaiser Health Plan HMO
12/28/1957	F	CA	92840	Kaiser Health Plan HMO
02/08/1962	M	CA	92844	Kaiser Health Plan HMO
03/15/1973	M	CA	92691	Kaiser Health Plan HMO
08/02/1973	F	CA	92867	Kaiser Health Plan HMO
02/27/1966	F	CA	92683	Kaiser Health Plan HMO
07/16/1953	M	CA	92867	Kaiser Health Plan HMO
02/14/1974	F	CA	92880	Kaiser Health Plan HMO
02/28/1958	F	CA	90630	Kaiser Health Plan HMO
04/28/1963	F	CA	92840	Kaiser Health Plan HMO
09/13/1968	M	CA	92870	Kaiser Health Plan HMO
10/29/1965	M	CA	92801	Kaiser Health Plan HMO
01/05/1973	M	CA	92843	Kaiser Health Plan HMO
05/13/1970	F	CA	92866	Kaiser Health Plan HMO
03/15/1965	F	CA	92501	Kaiser Health Plan HMO
09/28/1961	F	CA	92707	Kaiser Health Plan HMO
08/17/1976	M	CA	90620	Kaiser Health Plan HMO
11/15/1963	M	CA	92880	Kaiser Health Plan HMO
05/05/1974	F	CA	92610	Kaiser Health Plan HMO
03/19/1972	M	CA	91765	Kaiser Health Plan HMO
02/18/1962	M	CA	92620	Kaiser Health Plan HMO
06/23/1967	F	CA	92336	Kaiser Health Plan HMO
09/23/1964	M	CA	92336	Kaiser Health Plan HMO
05/19/1964	F	CA	92694	Kaiser Health Plan HMO
10/17/1980	M	CA	92602	Kaiser Health Plan HMO
08/18/1959	M	CA	92604	Kaiser Health Plan HMO
02/04/1962	M	CA	91709	Kaiser Health Plan HMO
01/13/1961	F	CA	92870	Kaiser Health Plan HMO
01/05/1954	M	CA	92620	Kaiser Health Plan HMO
01/01/1967	M	CA	92505	Kaiser Health Plan HMO
08/04/1963	M	CA	92841	Kaiser Health Plan HMO
12/18/1946	M	CA	90703	Kaiser Health Plan HMO
01/24/1951	M	CA	92780	Kaiser Health Plan HMO
01/20/1969	M	CA	91761	Kaiser Health Plan HMO
06/12/1962	M	CA	91709	Kaiser Health Plan HMO
03/14/1960	M	CA	92808	Kaiser Health Plan HMO
02/23/1964	F	CA	90703	Kaiser Health Plan HMO
09/03/1953	F	CA	92840	Kaiser Health Plan HMO

02/04/1959	M	CA	92691	Kaiser Health Plan HMO
06/08/1958	M	CA	92780	Kaiser Health Plan HMO
04/11/1962	M	CA	92692	Kaiser Health Plan HMO
01/03/1969	F	CA	92807	Kaiser Health Plan HMO
01/18/1960	F	CA	92805	Kaiser Health Plan HMO
10/03/1956	M	CA	92806	Kaiser Health Plan HMO
04/24/1974	F	CA	92880	Kaiser Health Plan HMO
10/10/1968	F	CA	92610	Kaiser Health Plan HMO
07/26/1957	M	CA	91764	Kaiser Health Plan HMO
01/01/1959	F	CA	92880	Kaiser Health Plan HMO
08/24/1969	F	CA	92683	Kaiser Health Plan HMO
11/18/1956	F	CA	92705	Kaiser Health Plan HMO
01/31/1958	F	CA	90740	Kaiser Health Plan HMO
11/03/1975	M	CA	92647	Kaiser Health Plan HMO
02/21/1971	M	CA	92870	Kaiser Health Plan HMO
08/20/1960	M	CA	92503	Kaiser Health Plan HMO
04/17/1965	F	CA	92630	Kaiser Health Plan HMO
10/05/1971	M	CA	92683	Kaiser Health Plan HMO
06/24/1980	F	CA	90631	Kaiser Health Plan HMO
01/05/1968	M	CA	92806	Kaiser Health Plan HMO
04/25/1966	F	CA	92505	Kaiser Health Plan HMO
03/06/1966	F	CA	92841	Kaiser Health Plan HMO
03/18/1952	M	CA	92808	Kaiser Health Plan HMO
10/10/1956	F	CA	91765	Kaiser Health Plan HMO
10/22/1961	F	CA	92655	Kaiser Health Plan HMO
11/30/1962	M	CA	92676	Kaiser Health Plan HMO
03/13/1961	M	CA	92677	Kaiser Health Plan HMO
08/19/1966	F	CA	90713	Kaiser Health Plan HMO
05/24/1964	M	CA	92870	Kaiser Health Plan HMO
11/29/1961	M	CA	92782	Kaiser Health Plan HMO
08/07/1973	F	CA	92886	Kaiser Health Plan HMO
07/12/1954	M	CA	92870	Kaiser Health Plan HMO
01/08/1963	M	CA	92646	Kaiser Health Plan HMO
02/04/1965	F	CA	90047	Kaiser Health Plan HMO
03/21/1963	M	CA	92782	Kaiser Health Plan HMO
09/23/1961	F	CA	92807	Kaiser Health Plan HMO
04/28/1964	M	CA	92337	Kaiser Health Plan HMO
10/12/1977	M	CA	92886	Kaiser Health Plan HMO
08/19/1953	F	CA	92705	Kaiser Health Plan HMO
09/10/1965	M	CA	91750	Kaiser Health Plan HMO
09/22/1960	F	CA	92802	Kaiser Health Plan HMO
03/19/1956	M	CA	92886	Kaiser Health Plan HMO
05/13/1964	M	CA	92562	Kaiser Health Plan HMO
10/20/1954	M	CA	92508	Kaiser Health Plan HMO
07/29/1973	F	CA	92882	Kaiser Health Plan HMO
05/18/1970	F	CA	92870	Kaiser Health Plan HMO
08/18/1957	F	CA	92626	Kaiser Health Plan HMO
06/25/1967	F	CA	92706	Kaiser Health Plan HMO
11/13/1970	F	CA	91709	Kaiser Health Plan HMO
04/12/1971	M	CA	92503	Kaiser Health Plan HMO
11/06/1959	F	CA	92702	Kaiser Health Plan HMO
12/06/1957	F	CA	92706	Kaiser Health Plan HMO

10/20/1950	M	CA	928828027	Kaiser Health Plan HMO
11/10/1967	F	CA	92606	Kaiser Health Plan HMO
07/04/1968	M	CA	92881	Kaiser Health Plan HMO
07/06/1963	F	CA	92806	Kaiser Health Plan HMO
01/21/1952	M	CA	92835	Kaiser Health Plan HMO
06/16/1964	F	CA	92883	Kaiser Health Plan HMO
03/25/1968	F	CA	92808	Kaiser Health Plan HMO
09/29/1971	F	CA	91730	Kaiser Health Plan HMO
11/28/1972	F	CA	92780	Kaiser Health Plan HMO
07/08/1969	F	CA	92707	Kaiser Health Plan HMO
09/22/1959	F	CA	92886	Kaiser Health Plan HMO
08/26/1966	F	CA	92870	Kaiser Health Plan HMO
05/27/1967	F	CA	92691	Kaiser Health Plan HMO
11/18/1953	M	CA	92688	Kaiser Health Plan HMO
03/25/1953	F	CA	92887	Kaiser Health Plan HMO
04/10/1960	M	CA	92880	Kaiser Health Plan HMO
10/06/1964	M	CA	92879	Kaiser Health Plan HMO
03/30/1968	F	CA	92807	Kaiser Health Plan HMO
07/15/1973	M	CA	92688	Kaiser Health Plan HMO
04/26/1959	F	CA	92806	Kaiser Health Plan HMO
01/24/1962	F	CA	90638	Kaiser Health Plan HMO
07/11/1976	M	CA	92683	Kaiser Health Plan HMO
03/25/1981	F	CA	92821	Kaiser Health Plan HMO
04/10/1968	M	CA	92833	Kaiser Health Plan HMO
11/14/1972	M	CA	90650	Kaiser Health Plan HMO
07/03/1967	F	CA	92625	Kaiser Health Plan HMO
01/07/1970	F	CA	92882	Kaiser Health Plan HMO
06/23/1978	M	CA	92704	Kaiser Health Plan HMO
10/02/1968	F	CA	90043	Kaiser Health Plan HMO
03/16/1976	M	CA	92503	Kaiser Health Plan HMO
05/06/1961	M	CA	90004	Kaiser Health Plan HMO
12/16/1962	M	CA	92683	Kaiser Health Plan HMO
10/09/1966	M	CA	92840	Kaiser Health Plan HMO
06/01/1965	M	CA	92545	Kaiser Health Plan HMO
07/10/1965	M	CA	92530	Kaiser Health Plan HMO
10/02/1958	M	CA	92843	Kaiser Health Plan HMO
12/25/1956	M	CA	92509	Kaiser Health Plan HMO
02/27/1964	M	CA	92505	Kaiser Health Plan HMO
11/12/1964	M	CA	92054	Kaiser Health Plan HMO
09/21/1967	M	CA	92807	Kaiser Health Plan HMO
11/28/1973	M	CA	90620	Kaiser Health Plan HMO
08/14/1978	F	CA	91766	Kaiser Health Plan HMO
02/23/1967	M	CA	92683	Kaiser Health Plan HMO
06/29/1978	M	CA	90680	Kaiser Health Plan HMO
06/12/1974	M	CA	92707	Kaiser Health Plan HMO
08/29/1971	F	CA	92887	Kaiser Health Plan HMO
03/05/1966	M	CA	92882	Kaiser Health Plan HMO
04/02/1973	M	CA	92804	Kaiser Health Plan HMO
03/28/1964	M	CA	92505	Kaiser Health Plan HMO
10/25/1953	M	CA	92880	Kaiser Health Plan HMO
04/30/1952	M	CA	92881	Kaiser Health Plan HMO
12/28/1973	M	CA	92057	Kaiser Health Plan HMO

05/02/1960	M	CA	92804	Kaiser Health Plan HMO
01/29/1962	M	CA	92683	Kaiser Health Plan HMO
09/25/1977	M	CA	91761	Kaiser Health Plan HMO
10/22/1963	M	CA	90712	Kaiser Health Plan HMO
06/06/1976	M	CA	92691	Kaiser Health Plan HMO
11/09/1950	M	CA	92675	Kaiser Health Plan HMO
07/11/1980	M	CA	92563	Kaiser Health Plan HMO
04/07/1982	M	CA	90640	Kaiser Health Plan HMO
09/20/1962	M	CA	92692	Kaiser Health Plan HMO
07/22/1976	M	CA	92610	Kaiser Health Plan HMO
09/06/1961	M	CA	92703	Kaiser Health Plan HMO
06/08/1960	M	CA	90621	Kaiser Health Plan HMO
04/11/1973	M	CA	92562	Kaiser Health Plan HMO
01/12/1969	M	CA	92701	Kaiser Health Plan HMO
09/12/1983	M	CA	92704	Kaiser Health Plan HMO
02/09/1970	M	CA	92656	Kaiser Health Plan HMO
05/21/1973	M	CA	91702	Kaiser Health Plan HMO
01/18/1984	M	CA	92707	Kaiser Health Plan HMO
03/02/1973	M	CA	92337	Kaiser Health Plan HMO
04/23/1979	M	CA	92883	Kaiser Health Plan HMO
06/28/1975	M	CA	91706	Kaiser Health Plan HMO
10/26/1982	M	CA	90606	Kaiser Health Plan HMO
05/14/1960	M	CA	92868	Kaiser Health Plan HMO
11/12/1967	F	CA	92840	Kaiser Health Plan HMO
11/12/1978	M	CA	92691	Kaiser Health Plan HMO
03/30/1979	M	CA	90605	Kaiser Health Plan HMO
11/22/1965	M	CA	90032	Kaiser Health Plan HMO
05/13/1961	M	CA	92504	Kaiser Health Plan HMO
05/28/1966	M	CA	90703	Kaiser Health Plan HMO
06/19/1971	M	CA	92656	Kaiser Health Plan HMO
03/15/1976	F	CA	92336	Kaiser Health Plan HMO
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01/13/1970	M	CA	92845	Kaiser Health Plan HMO
11/28/1957	F	CA	92867	Kaiser Health Plan HMO
11/10/1963	F	CA	92530	Kaiser Health Plan HMO
06/16/1975	F	CA	92880	Kaiser Health Plan HMO
10/09/1960	M	CA	92821	Kaiser Health Plan HMO
12/22/1966	M	CA	92883	Kaiser Health Plan HMO
05/05/1973	F	CA	92806	Kaiser Health Plan HMO
01/07/1977	M	CA	92505	Kaiser Health Plan HMO
06/15/1965	F	CA	92691	Kaiser Health Plan HMO
06/24/1952	F	CA	92694	Kaiser Health Plan HMO
07/04/1965	F	CA	92881	Kaiser Health Plan HMO
12/02/1966	M	CA	92880	Kaiser Health Plan HMO
03/22/1955	M	CA	92562	Kaiser Health Plan HMO
06/30/1975	M	CA	91761	Kaiser Health Plan HMO
02/20/1958	M	CA	92688	Kaiser Health Plan HMO
11/20/1978	F	CA	92503	Kaiser Health Plan HMO
05/10/1972	F	CA	90301	Kaiser Health Plan HMO
08/19/1972	M	CA	92410	Kaiser Health Plan HMO
01/03/1977	M	CA	92881	Kaiser Health Plan HMO
07/20/1971	M	CA	92880	Kaiser Health Plan HMO

04/21/1973	F	CA	92708	Kaiser Health Plan HMO
08/24/1960	M	CA	928780383	Kaiser Health Plan HMO
11/09/1978	M	CA	92804	Kaiser Health Plan HMO
04/19/1967	M	CA	92881	Kaiser Health Plan HMO
09/04/1971	M	CA	90605	Kaiser Health Plan HMO
10/25/1974	M	CA	90713	Kaiser Health Plan HMO
11/09/1974	M	CA	92557	Kaiser Health Plan HMO
02/02/1968	F	CA	92805	Kaiser Health Plan HMO
03/03/1977	M	CA	90621	Kaiser Health Plan HMO
10/15/1974	F	CA	92870	Kaiser Health Plan HMO
01/01/1974	F	CA	92805	Kaiser Health Plan HMO
04/28/1978	M	CA	92595	Kaiser Health Plan HMO
08/05/1981	M	CA	92557	Kaiser Health Plan HMO
04/28/1980	M	CA	90044	Kaiser Health Plan HMO
08/24/1965	M	CA	91730	Kaiser Health Plan HMO
06/10/1970	M	CA	92407	Kaiser Health Plan HMO
06/04/1975	F	CA	90501	Kaiser Health Plan HMO
09/06/1961	M	CA	92513	Kaiser Health Plan HMO
07/22/1972	M	CA	90220	Kaiser Health Plan HMO
12/24/1960	M	CA	92530	Kaiser Health Plan HMO
01/15/1952	M	CA	92780	Kaiser Health Plan HMO
09/23/1961	M	CA	92505	Kaiser Health Plan HMO
05/09/1965	F	CA	91709	Kaiser Health Plan HMO
03/25/1970	M	CA	92630	Kaiser Health Plan HMO
01/28/1976	M	CA	92804	Kaiser Health Plan HMO
02/25/1970	M	CA	92008	Kaiser Health Plan HMO
07/25/1972	F	CA	92530	Kaiser Health Plan HMO
01/20/1976	F	CA	82530	Kaiser Health Plan HMO
04/12/1980	M	CA	92329	Kaiser Health Plan HMO
04/19/1959	F	CA	92808	Kaiser Health Plan HMO
10/15/1978	F	CA	91744	Kaiser Health Plan HMO
11/11/1968	F	CA	92835	Kaiser Health Plan HMO
03/11/1969	M	CA	91702	Kaiser Health Plan HMO
04/24/1969	F	CA	92833	Kaiser Health Plan HMO
10/13/1964	M	CA	92831	Kaiser Health Plan HMO
01/07/1975	M	CA	92880	Kaiser Health Plan HMO
12/18/1976	M	CA	92505	Kaiser Health Plan HMO
10/08/1984	F	CA	90061	Kaiser Health Plan HMO
04/04/1962	F	CA	92691	Kaiser Health Plan HMO
05/27/1973	M	CA	92675	Kaiser Health Plan HMO
08/15/1981	F	CA	92704	Kaiser Health Plan HMO
07/01/1970	M	CA	90638	Kaiser Health Plan HMO
11/10/1979	M	CA	90065	Kaiser Health Plan HMO
07/31/1967	M	CA	92867	Kaiser Health Plan HMO
05/09/1980	F	CA	91762	Kaiser Health Plan HMO
09/03/1978	M	CA	92887	Kaiser Health Plan HMO
12/19/1966	F	CA	91789	Kaiser Health Plan HMO
11/10/1975	F	CA	90815	Kaiser Health Plan HMO
01/05/1976	M	CA	92883	Kaiser Health Plan HMO
09/17/1956	M	CA	92553	Kaiser Health Plan HMO
08/26/1980	F	CA	90712	Kaiser Health Plan HMO
01/09/1976	M	CA	91710	Kaiser Health Plan HMO

11/02/1964	F	CA	92679	Kaiser Health Plan HMO
12/16/1978	M	CA	91740	Kaiser Health Plan HMO
03/31/1978	M	CA	92841	Kaiser Health Plan HMO
02/23/1978	M	CA	92532	Kaiser Health Plan HMO
07/15/1968	F	CA	92506	Kaiser Health Plan HMO
05/09/1969	M	CA	93313	Kaiser Health Plan HMO
10/01/1981	F	CA	92860	Kaiser Health Plan HMO
12/26/1975	M	CA	92595	Kaiser Health Plan HMO
12/26/1975	M	CA	92595	Kaiser Health Plan HMO
09/16/1977	M	CA	92627	Kaiser Health Plan HMO
06/14/1974	F	CA	90630	Kaiser Health Plan HMO
08/20/1963	F	CA	92692	Kaiser Health Plan HMO
10/21/1965	F	CA	90630	Kaiser Health Plan HMO
03/15/1974	M	CA	91701	Kaiser Health Plan HMO
09/15/1960	M	CA	90240	Kaiser Health Plan HMO
06/26/1970	M	CA	92503	Kaiser Health Plan HMO
07/21/1973	M	CA	91745	Kaiser Health Plan HMO
01/08/1970	M	CA	90680	Kaiser Health Plan HMO
10/03/1971	M	CA	90815	Kaiser Health Plan HMO
09/16/1979	M	CA	91791	Kaiser Health Plan HMO
01/29/1978	M	CA	92860	Kaiser Health Plan HMO
09/06/1973	M	CA	92509	Kaiser Health Plan HMO
04/28/1977	M	CA	92336	Kaiser Health Plan HMO
06/01/1973	F	CA	90001	Kaiser Health Plan HMO
07/04/1977	M	CA	90650	Kaiser Health Plan HMO
11/28/1975	M	CA	92647	Kaiser Health Plan HMO
06/15/1973	F	CA	92861	Kaiser Health Plan HMO
11/15/1979	M	CA	90630	Kaiser Health Plan HMO
03/01/1970	M	CA	90713	Kaiser Health Plan HMO
04/08/1985	F	CA	92532	Kaiser Health Plan HMO
01/01/1977	M	CA	90806	Kaiser Health Plan HMO
08/22/1973	F	CA	92508	Kaiser Health Plan HMO
09/20/1980	M	CA	90242	Kaiser Health Plan HMO
10/20/1976	F	CA	90018	Kaiser Health Plan HMO
10/08/1977	F	CA	92879	Kaiser Health Plan HMO
08/23/1985	M	CA	92703	Kaiser Health Plan HMO
01/18/1972	F	CA	90631	Kaiser Health Plan HMO
10/03/1975	F	CA	92647	Kaiser Health Plan HMO
02/07/1955	M	CA	92503	Kaiser Health Plan HMO
02/24/1974	F	CA	92867	Kaiser Health Plan HMO
07/20/1973	M	CA	91723	Kaiser Health Plan HMO
11/06/1969	M	CA	92833	Kaiser Health Plan HMO
06/14/1977	F	CA	92683	Kaiser Health Plan HMO
02/20/1977	M	CA	92505	Kaiser Health Plan HMO
10/23/1970	F	CA	92868	Kaiser Health Plan HMO
02/05/1972	F	CA	92886	Kaiser Health Plan HMO
11/05/1982	F	CA	90712	Kaiser Health Plan HMO
11/01/1982	F	CA	92843	Kaiser Health Plan HMO
04/30/1963	M	CA	92606	Kaiser Health Plan HMO
02/04/1973	F	CA	92805	Kaiser Health Plan HMO
08/14/1960	F	CA	92673	Kaiser Health Plan HMO
09/01/1986	M	CA	92701	Kaiser Health Plan HMO

01/08/1961	F	CA	92808	Kaiser Health Plan HMO
10/21/1973	F	CA	92867	Kaiser Health Plan HMO
01/23/1971	M	CA	92630	Kaiser Health Plan HMO
01/20/1963	F	CA	92804	Kaiser Health Plan HMO
01/01/1959	F	CA	92804	Kaiser Health Plan HMO
07/22/1969	F	CA	92780	Kaiser Health Plan HMO
03/13/1971	F	CA	92866	Kaiser Health Plan HMO
02/17/1974	F	CA	92840	Kaiser Health Plan HMO
04/27/1980	F	CA	92832	Kaiser Health Plan HMO
10/30/1965	F	CA	90706	Kaiser Health Plan HMO
03/06/1978	M	CA	90620	Kaiser Health Plan HMO
05/19/1966	M	CA	92881	Kaiser Health Plan HMO
09/26/1960	F	CA	92630	Kaiser Health Plan HMO
09/02/1977	F	CA	90650	Kaiser Health Plan HMO
06/07/1968	F	CA	92646	Kaiser Health Plan HMO
02/13/1960	M	CA	92808	Kaiser Health Plan HMO
03/26/1981	F	CA	92801	Kaiser Health Plan HMO
05/13/1965	F	CA	92868	Kaiser Health Plan HMO
10/14/1961	F	CA	92647	Kaiser Health Plan HMO
09/28/1958	M	CA	92688	Kaiser Health Plan HMO
12/30/1973	F	CA	92646	Kaiser Health Plan HMO
06/25/1961	F	CA	92701	Kaiser Health Plan HMO
06/19/1975	M	CA	92701	Kaiser Health Plan HMO
01/20/1972	F	CA	91733	Kaiser Health Plan HMO
08/04/1971	F	CA	92804	Kaiser Health Plan HMO
01/15/1961	F	CA	92805	Kaiser Health Plan HMO
01/07/1960	F	CA	926601312	Kaiser Health Plan HMO
01/15/1963	F	CA	92807	Kaiser Health Plan HMO
01/20/1971	F	CA	92802	Kaiser Health Plan HMO
11/18/1958	M	CA	90703	Kaiser Health Plan HMO
06/15/1970	F	CA	92780	Kaiser Health Plan HMO
01/19/1960	F	CA	92804	Kaiser Health Plan HMO
08/14/1964	M	CA	92504	Kaiser Health Plan HMO
07/16/1973	M	CA	90712	Kaiser Health Plan HMO
09/22/1948	M	CA	91709	Kaiser Health Plan HMO
05/13/1982	F	CA	92887	Kaiser Health Plan HMO
10/31/1963	F	CA	92840	Kaiser Health Plan HMO
09/21/1964	F	CA	92691	Kaiser Health Plan HMO
03/09/1964	F	CA	92801	Kaiser Health Plan HMO
10/04/1969	F	CA	92691	Kaiser Health Plan HMO
12/05/1968	F	CA	92649	Kaiser Health Plan HMO
08/10/1970	M	CA	91792	Kaiser Health Plan HMO
03/25/1960	F	CA	92677	Kaiser Health Plan HMO
06/01/1972	F	CA	92708	Kaiser Health Plan HMO
03/04/1956	F	CA	92688	Kaiser Health Plan HMO
02/02/1964	M	CA	92870	Kaiser Health Plan HMO
12/10/1979	F	CA	92804	Kaiser Health Plan HMO
07/17/1960	F	CA	92802	Kaiser Health Plan HMO
11/02/1966	F	CA	91789	Kaiser Health Plan HMO
02/19/1976	M	CA	92706	Kaiser Health Plan HMO
12/25/1961	F	CA	92691	Kaiser Health Plan HMO
03/09/1966	F	CA	92562	Kaiser Health Plan HMO

11/22/1964	F	CA	90680	Kaiser Health Plan HMO
06/30/1971	M	CA	92701	Kaiser Health Plan HMO
10/31/1984	M	CA	90712	Kaiser Health Plan HMO
05/03/1967	M	CA	92701	Kaiser Health Plan HMO
11/18/1976	F	CA	92649	Kaiser Health Plan HMO
08/10/1973	M	CA	90242	Kaiser Health Plan HMO
03/30/1964	M	CA	92602	Kaiser Health Plan HMO
03/29/1966	M	CA	92503	Kaiser Health Plan HMO
02/07/1960	F	CA	90713	Kaiser Health Plan HMO
09/20/1961	M	CA	92704	Kaiser Health Plan HMO
02/02/1975	F	CA	92807	Kaiser Health Plan HMO
03/19/1969	F	CA	92868	Kaiser Health Plan HMO
06/25/1964	F	CA	92614	Kaiser Health Plan HMO
09/26/1967	F	CA	91710	Kaiser Health Plan HMO
02/12/1959	F	CA	92870	Kaiser Health Plan HMO
07/18/1961	M	CA	92801	Kaiser Health Plan HMO
05/16/1965	F	CA	92801	Kaiser Health Plan HMO
08/28/1964	F	CA	92801	Kaiser Health Plan HMO
08/04/1961	F	CA	92832	Kaiser Health Plan HMO
04/05/1974	F	CA	90604	Kaiser Health Plan HMO
08/26/1963	M	CA	92610	Kaiser Health Plan HMO
02/12/1958	F	CA	90242	Kaiser Health Plan HMO
02/14/1955	M	CA	92870	Kaiser Health Plan HMO
09/01/1968	F	CA	92780	Kaiser Health Plan HMO
07/10/1966	F	CA	92646	Kaiser Health Plan HMO
02/03/1954	F	CA	92655	Kaiser Health Plan HMO
07/03/1976	F	CA	92708	Kaiser Health Plan HMO
03/14/1957	F	CA	92706	Kaiser Health Plan HMO
09/03/1965	M	CA	92691	Kaiser Health Plan HMO
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10/10/1963	M	CA	92870	Kaiser Health Plan HMO
07/11/1957	M	CA	92679	Kaiser Health Plan HMO
07/05/1958	M	CA	92627	Kaiser Health Plan HMO
06/30/1952	M	CA	91765	Kaiser Health Plan HMO
03/15/1957	M	CA	92882	Kaiser Health Plan HMO
08/28/1966	F	CA	92886	Kaiser Health Plan HMO
08/07/1959	M	CA	92805	Kaiser Health Plan HMO
03/17/1972	F	CA	92802	Kaiser Health Plan HMO
11/06/1960	M	CA	92620	Kaiser Health Plan HMO
04/23/1965	F	CA	92870	Kaiser Health Plan HMO
06/16/1964	F	CA	91701	Kaiser Health Plan HMO
08/22/1961	F	CA	92880	Kaiser Health Plan HMO
01/16/1964	M	CA	92562	Kaiser Health Plan HMO
09/28/1963	M	CA	92692	Kaiser Health Plan HMO
03/17/1978	M	CA	91764	Kaiser Health Plan HMO
02/18/1957	M	CA	92563	Kaiser Health Plan HMO
09/25/1959	M	CA	92620	Kaiser Health Plan HMO
08/19/1953	F	CA	92627	Kaiser Health Plan HMO
10/21/1957	F	CA	92707	Kaiser Health Plan HMO
10/21/1956	M	CA	90650	Kaiser Health Plan HMO
07/01/1949	M	CA	92841	Kaiser Health Plan HMO
08/30/1961	F	CA	91744	Kaiser Health Plan HMO

09/27/1955	M	CA	92677	Kaiser Health Plan HMO
02/20/1958	F	CA	92704	Kaiser Health Plan HMO
11/06/1959	M	CA	92336	Kaiser Health Plan HMO
01/02/1970	F	CA	92867	Kaiser Health Plan HMO
05/29/1953	M	CA	92544	Kaiser Health Plan HMO
09/01/1952	F	CA	92807	Kaiser Health Plan HMO
04/29/1957	M	CA	92595	Kaiser Health Plan HMO
02/16/1960	F	CA	92865	Kaiser Health Plan HMO
02/23/1964	M	CA	92647	Kaiser Health Plan HMO
12/01/1973	F	CA	92840	Kaiser Health Plan HMO
12/30/1973	M	CA	91709	Kaiser Health Plan HMO
09/04/1960	F	CA	90631	Kaiser Health Plan HMO
12/10/1944	M	CA	91765	Kaiser Health Plan HMO
03/24/1978	M	CA	90630	Kaiser Health Plan HMO
02/16/1947	F	CA	92503	Kaiser Health Plan HMO
02/15/1956	F	CA	92683	Kaiser Health Plan HMO
10/12/1978	F	CA	92703	Kaiser Health Plan HMO
08/06/1960	F	CA	92805	Kaiser Health Plan HMO
12/18/1973	F	CA	92801	Kaiser Health Plan HMO
09/23/1971	M	CA	92801	Kaiser Health Plan HMO
09/20/1967	M	CA	92806	Kaiser Health Plan HMO
03/22/1963	F	CA	92880	Kaiser Health Plan HMO
10/03/1951	M	CA	92867	Kaiser Health Plan HMO
09/06/1962	F	CA	92865	Kaiser Health Plan HMO
11/04/1961	M	CA	90620	Kaiser Health Plan HMO
07/03/1957	F	CA	92881	Kaiser Health Plan HMO
08/07/1975	M	CA	90713	Kaiser Health Plan HMO
12/05/1971	F	CA	92840	Kaiser Health Plan HMO
06/19/1960	F	CA	92626	Kaiser Health Plan HMO
06/13/1957	M	CA	92808	Kaiser Health Plan HMO
06/05/1963	M	CA	92656	Kaiser Health Plan HMO
08/29/1960	F	CA	92503	Kaiser Health Plan HMO
03/15/1956	F	CA	92835	Kaiser Health Plan HMO
08/26/1958	M	CA	906804019	Kaiser Health Plan HMO
10/07/1960	F	CA	92868	Kaiser Health Plan HMO
08/22/1962	F	CA	92701	Kaiser Health Plan HMO
08/21/1969	M	CA	92509	Kaiser Health Plan HMO
09/15/1961	F	CA	92653	Kaiser Health Plan HMO
10/14/1973	F	CA	91752	Kaiser Health Plan HMO
08/18/1964	F	CA	92831	Kaiser Health Plan HMO
05/05/1970	F	CA	92833	Kaiser Health Plan HMO
11/20/1978	F	CA	92647	Kaiser Health Plan HMO
10/05/1964	M	CA	90631	Kaiser Health Plan HMO
01/13/1972	M	CA	92505	Kaiser Health Plan HMO
05/25/1965	F	CA	92705	Kaiser Health Plan HMO
08/17/1976	M	CA	92692	Kaiser Health Plan HMO
11/09/1967	M	CA	92870	Kaiser Health Plan HMO
06/16/1974	M	CA	91761	Kaiser Health Plan HMO
06/03/1956	F	CA	927804727	Kaiser Health Plan HMO
08/15/1964	F	CA	92802	Kaiser Health Plan HMO
12/17/1965	F	CA	92647	Kaiser Health Plan HMO
08/13/1971	M	CA	92653	Kaiser Health Plan HMO

05/20/1967	F	CA	92606	Kaiser Health Plan HMO
09/30/1971	F	CA	92886	Kaiser Health Plan HMO
04/22/1958	M	CA	92866	Kaiser Health Plan HMO
04/26/1958	F	CA	92807	Kaiser Health Plan HMO
12/18/1964	F	CA	92867	Kaiser Health Plan HMO
10/04/1966	M	CA	92882	Kaiser Health Plan HMO
11/02/1960	F	CA	90631	Kaiser Health Plan HMO
09/21/1969	F	CA	92808	Kaiser Health Plan HMO
06/10/1964	M	CA	92801	Kaiser Health Plan HMO
02/17/1957	F	CA	92821	Kaiser Health Plan HMO
07/26/1971	F	CA	90621	Kaiser Health Plan HMO
01/05/1961	F	CA	92683	Kaiser Health Plan HMO
10/19/1972	F	CA	92706	Kaiser Health Plan HMO
05/05/1968	F	CA	90670	Kaiser Health Plan HMO
08/22/1975	F	CA	92683	Kaiser Health Plan HMO
12/10/1968	F	CA	92707	Kaiser Health Plan HMO
06/18/1962	M	CA	91722	Kaiser Health Plan HMO
11/15/1969	M	CA	90755	Kaiser Health Plan HMO
08/29/1965	M	CA	90715	Kaiser Health Plan HMO
11/12/1971	F	CA	92870	Kaiser Health Plan HMO
09/07/1972	F	CA	92688	Kaiser Health Plan HMO
11/16/1954	M	CA	90706	Kaiser Health Plan HMO
07/02/1965	F	CA	92503	Kaiser Health Plan HMO
02/13/1969	F	CA	92530	Kaiser Health Plan HMO
05/22/1969	F	CA	92688	Kaiser Health Plan HMO
01/23/1960	M	CA	92880	Kaiser Health Plan HMO
04/09/1962	F	CA	92807	Kaiser Health Plan HMO
04/16/1954	M	CA	92844	Kaiser Health Plan HMO
05/01/1945	M	CA	92707	Kaiser Health Plan HMO
04/01/1960	F	CA	92648	Kaiser Health Plan HMO
03/30/1959	F	CA	92336	Kaiser Health Plan HMO
03/30/1950	F	CA	92708	Kaiser Health Plan HMO
04/12/1953	M	CA	92614	Kaiser Health Plan HMO
11/04/1966	F	CA	92704	Kaiser Health Plan HMO
07/02/1974	F	CA	92782	Kaiser Health Plan HMO
01/06/1962	M	CA	92870	Kaiser Health Plan HMO
01/22/1962	F	CA	92840	Kaiser Health Plan HMO
02/03/1974	F	CA	92505	Kaiser Health Plan HMO
07/16/1957	F	CA	92603	Kaiser Health Plan HMO
11/27/1972	F	CA	92707	Kaiser Health Plan HMO
06/29/1976	M	CA	92705	Kaiser Health Plan HMO
11/06/1965	M	CA	92843	Kaiser Health Plan HMO
12/01/1966	F	CA	90620	Kaiser Health Plan HMO
08/16/1954	F	CA	92804	Kaiser Health Plan HMO
12/15/1973	F	CA	92503	Kaiser Health Plan HMO
01/16/1957	M	CA	91761	Kaiser Health Plan HMO
11/11/1962	M	CA	92870	Kaiser Health Plan HMO
11/21/1981	F	CA	92707	Kaiser Health Plan HMO
08/13/1964	M	CA	92706	Kaiser Health Plan HMO
05/07/1957	M	CA	92868	Kaiser Health Plan HMO
11/12/1967	F	CA	92503	Kaiser Health Plan HMO
01/27/1977	M	CA	90713	Kaiser Health Plan HMO

08/25/1969	M	CA	92804	Kaiser Health Plan HMO
09/18/1973	F	CA	91739	Kaiser Health Plan HMO
11/09/1980	F	CA	91762	Kaiser Health Plan HMO
09/14/1967	M	CA	92886	Kaiser Health Plan HMO
07/25/1962	M	CA	92694	Kaiser Health Plan HMO
03/26/1966	F	CA	92612	Kaiser Health Plan HMO
07/24/1971	M	CA	92610	Kaiser Health Plan HMO
05/09/1958	M	CA	91701	Kaiser Health Plan HMO
09/04/1971	M	CA	92057	Kaiser Health Plan HMO
02/01/1973	M	CA	92886	Kaiser Health Plan HMO
04/16/1973	M	CA	91752	Kaiser Health Plan HMO
02/05/1974	M	CA	92879	Kaiser Health Plan HMO
03/26/1960	M	CA	92508	Kaiser Health Plan HMO
03/18/1954	M	CA	92780	Kaiser Health Plan HMO
05/10/1974	M	CA	90713	Kaiser Health Plan HMO
12/24/1972	M	CA	92833	Kaiser Health Plan HMO
02/12/1968	M	CA	92867	Kaiser Health Plan HMO
10/20/1962	M	CA	92882	Kaiser Health Plan HMO
02/19/1964	F	CA	92806	Kaiser Health Plan HMO
03/09/1983	M	CA	92503	Kaiser Health Plan HMO
05/03/1960	M	CA	90601	Kaiser Health Plan HMO
08/29/1963	M	CA	92532	Kaiser Health Plan HMO
07/13/1967	M	CA	92870	Kaiser Health Plan HMO
12/31/1959	M	CA	92382	Kaiser Health Plan HMO
10/03/1975	F	CA	90650	Kaiser Health Plan HMO
07/01/1961	M	CA	92708	Kaiser Health Plan HMO
11/18/1979	M	CA	92595	Kaiser Health Plan HMO
02/24/1965	M	CA	92841	Kaiser Health Plan HMO
02/10/1960	M	CA	92863	Kaiser Health Plan HMO
09/05/1972	M	CA	92882	Kaiser Health Plan HMO
01/07/1959	M	CA	92882	Kaiser Health Plan HMO
08/16/1968	M	CA	91710	Kaiser Health Plan HMO
08/18/1973	M	CA	92804	Kaiser Health Plan HMO
03/06/1970	M	CA	92817	Kaiser Health Plan HMO
10/16/1967	M	CA	92833	Kaiser Health Plan HMO
11/01/1978	M	CA	90706	Kaiser Health Plan HMO
09/13/1968	F	CA	92860	Kaiser Health Plan HMO
08/12/1969	F	CA	92782	Kaiser Health Plan HMO
03/21/1974	M	CA	92626	Kaiser Health Plan HMO
10/27/1954	M	CA	92530	Kaiser Health Plan HMO
08/19/1974	M	CA	92870	Kaiser Health Plan HMO
11/23/1981	M	CA	92882	Kaiser Health Plan HMO
03/29/1962	M	CA	92394	Kaiser Health Plan HMO
06/17/1976	M	CA	92503	Kaiser Health Plan HMO
04/11/1974	M	CA	92780	Kaiser Health Plan HMO
06/29/1964	M	CA	92503	Kaiser Health Plan HMO
03/14/1985	M	CA	92706	Kaiser Health Plan HMO
03/29/1979	M	CA	92329	Kaiser Health Plan HMO
09/14/1979	M	CA	92882	Kaiser Health Plan HMO
08/28/1972	M	CA	92841	Kaiser Health Plan HMO
02/27/1963	F	CA	92865	Kaiser Health Plan HMO
08/24/1956	M	CA	92653	Kaiser Health Plan HMO

08/22/1968	F	CA	92880	Kaiser Health Plan HMO
09/11/1959	F	CA	92703	Kaiser Health Plan HMO
07/27/1966	F	CA	92801	Kaiser Health Plan HMO
05/01/1954	F	CA	92807	Kaiser Health Plan HMO
04/23/1978	F	CA	92869	Kaiser Health Plan HMO
12/17/1972	F	CA	90638	Kaiser Health Plan HMO
03/18/1967	M	CA	90620	Kaiser Health Plan HMO
10/03/1964	M	CA	92801	Kaiser Health Plan HMO
12/19/1965	M	CA	92883	Kaiser Health Plan HMO
02/24/1973	F	CA	92694	Kaiser Health Plan HMO
03/30/1973	F	CA	92150	Kaiser Health Plan HMO
04/03/1959	M	CA	90755	Kaiser Health Plan HMO
07/13/1957	F	CA	92866	Kaiser Health Plan HMO
01/16/1963	M	CA	90814	Kaiser Health Plan HMO
01/18/1970	M	CA	92780	Kaiser Health Plan HMO
03/20/1974	M	CA	92646	Kaiser Health Plan HMO
04/29/1981	F	CA	90814	Kaiser Health Plan HMO
09/23/1972	F	CA	92704	Kaiser Health Plan HMO
04/23/1980	M	CA	92647	Kaiser Health Plan HMO
07/13/1981	F	CA	92663	Kaiser Health Plan HMO
04/14/1980	F	CA	90680	Kaiser Health Plan HMO
07/30/1978	M	CA	91766	Kaiser Health Plan HMO
12/04/1979	F	CA	92602	Kaiser Health Plan HMO
03/21/1979	M	CA	92677	Kaiser Health Plan HMO
08/27/1983	M	CA	92629	Kaiser Health Plan HMO
09/07/1958	F	CA	92674	Kaiser Health Plan HMO
12/28/1978	F	CA	92868	Kaiser Health Plan HMO
11/04/1955	F	CA	92706	Kaiser Health Plan HMO
09/10/1979	F	CA	90621	Kaiser Health Plan HMO
10/03/1980	F	CA	92649	Kaiser Health Plan HMO
04/30/1964	M	CA	92620	Kaiser Health Plan HMO
08/02/1979	M	CA	90807	Kaiser Health Plan HMO
06/28/1977	M	CA	92675	Kaiser Health Plan HMO
02/17/1974	F	CA	92660	Kaiser Health Plan HMO
09/01/1973	F	CA	92620	Kaiser Health Plan HMO
10/22/1979	F	CA	92780	Kaiser Health Plan HMO
06/05/1959	F	CA	92683	Kaiser Health Plan HMO
07/27/1980	M	CA	90013	Kaiser Health Plan HMO
09/19/1975	F	CA	90044	Kaiser Health Plan HMO
05/06/1975	M	CA	92602	Kaiser Health Plan HMO
09/11/1981	M	CA	92647	Kaiser Health Plan HMO
03/17/1977	F	CA	90026	Kaiser Health Plan HMO
12/20/1974	M	CA	92675	Kaiser Health Plan HMO
09/01/1980	F	CA	92886	Kaiser Health Plan HMO
04/14/1981	F	CA	92886	Kaiser Health Plan HMO
04/04/1951	F	CA	92782	Kaiser Health Plan HMO
08/11/1981	F	CA	92806	Kaiser Health Plan HMO
03/07/1961	F	CA	92870	Kaiser Health Plan HMO
11/23/1966	F	CA	92868	Kaiser Health Plan HMO
09/30/1950	F	CA	92646	Kaiser Health Plan HMO
07/05/1946	F	CA	90603	Kaiser Health Plan HMO
03/01/1968	F	CA	90731	Kaiser Health Plan HMO

01/17/1964	F	CA	92780	Kaiser Health Plan HMO
11/03/1967	F	CA	92626	Kaiser Health Plan HMO
02/19/1954	F	CA	926565269	Kaiser Health Plan HMO
02/01/1966	F	CA	90630	Kaiser Health Plan HMO
07/22/1977	F	CA	92707	Kaiser Health Plan HMO
03/19/1968	F	CA	92653	Kaiser Health Plan HMO
04/11/1961	F	CA	92656	Kaiser Health Plan HMO
11/23/1957	F	CA	92886	Kaiser Health Plan HMO
08/02/1966	F	CA	92630	Kaiser Health Plan HMO
02/26/1972	F	CA	90242	Kaiser Health Plan HMO
08/12/1945	F	CA	92646	Kaiser Health Plan HMO
10/01/1968	F	CA	90815	Kaiser Health Plan HMO
08/04/1982	F	CA	92630	Kaiser Health Plan HMO
03/27/1963	F	CA	92805	Kaiser Health Plan HMO
04/25/1976	F	CA	90630	Kaiser Health Plan HMO
06/20/1970	F	CA	92610	Kaiser Health Plan HMO
02/26/1964	F	CA	92782	Kaiser Health Plan HMO
06/19/1980	F	CA	92844	Kaiser Health Plan HMO
04/25/1958	F	CA	90701	Kaiser Health Plan HMO
10/11/1959	F	CA	92866	Kaiser Health Plan HMO
10/02/1975	F	CA	92782	Kaiser Health Plan HMO
04/25/1969	M	CA	92843	Kaiser Health Plan HMO
03/27/1977	F	CA	92781	Kaiser Health Plan HMO
01/09/1955	F	CA	92691	Kaiser Health Plan HMO
06/05/1965	F	CA	92780	Kaiser Health Plan HMO
03/10/1959	F	CA	92677	Kaiser Health Plan HMO
09/10/1956	F	CA	90621	Kaiser Health Plan HMO
04/07/1963	F	CA	90621	Kaiser Health Plan HMO
04/17/1952	F	CA	92515	Kaiser Health Plan HMO
02/05/1980	M	CA	92703	Kaiser Health Plan HMO
09/22/1942	M	CA	92780	Kaiser Health Plan HMO
02/09/1981	M	CA	92627	Kaiser Health Plan HMO
07/22/1967	F	CA	92612	Kaiser Health Plan HMO
07/15/1956	F	CA	92505	Kaiser Health Plan HMO
02/07/1951	F	CA	92701	Kaiser Health Plan HMO
02/02/1976	F	CA	90680	Kaiser Health Plan HMO
04/02/1954	F	CA	92802	Kaiser Health Plan HMO
04/25/1966	M	CA	92630	Kaiser Health Plan HMO
02/02/1957	M	CA	92843	Kaiser Health Plan HMO
03/28/1947	F	CA	92711	Kaiser Health Plan HMO
02/27/1956	F	CA	92675	Kaiser Health Plan HMO
12/31/1948	F	CA	92782	Kaiser Health Plan HMO
02/11/1955	F	CA	91709	Kaiser Health Plan HMO
10/04/1951	F	CA	92804	Kaiser Health Plan HMO
05/05/1965	M	CA	90620	Kaiser Health Plan HMO
04/03/1981	F	CA	92840	Kaiser Health Plan HMO
03/05/1946	M	CA	92708	Kaiser Health Plan HMO
01/24/1948	F	CA	91789	Kaiser Health Plan HMO
11/02/1946	F	CA	926054182	Kaiser Health Plan HMO
09/20/1949	F	CA	92807	Kaiser Health Plan HMO
11/02/1978	F	CA	92806	Kaiser Health Plan HMO
04/21/1972	F	CA	90703	Kaiser Health Plan HMO

09/10/1940	F	CA	92867	Kaiser Health Plan HMO
07/31/1979	F	CA	92831	Kaiser Health Plan HMO
01/07/1941	F	CA	92620	Kaiser Health Plan HMO
01/16/1964	F	CA	92630	Kaiser Health Plan HMO
02/15/1956	F	CA	91711	Kaiser Health Plan HMO
05/09/1983	M	CA	92802	Kaiser Health Plan HMO
04/10/1942	F	CA	92708	Kaiser Health Plan HMO
04/05/1962	M	CA	92630	Kaiser Health Plan HMO
06/08/1941	F	CA	92630	Kaiser Health Plan HMO
09/28/1968	F	CA	90621	Kaiser Health Plan HMO
11/17/1950	F	CA	92840	Kaiser Health Plan HMO
09/03/1936	M	CA	92703	Kaiser Health Plan HMO
08/07/1944	F	CA	92802	Kaiser Health Plan HMO
04/22/1939	F	CA	92781	Kaiser Health Plan HMO
03/15/1949	F	CA	92706	Kaiser Health Plan HMO
09/17/1950	F	CA	92805	Kaiser Health Plan HMO
05/05/1962	F	CA	92804	Kaiser Health Plan HMO
09/03/1956	F	CA	92647	Kaiser Health Plan HMO
03/04/1949	F	CA	92856	Kaiser Health Plan HMO
08/25/1946	F	CA	92868	Kaiser Health Plan HMO
07/28/1962	F	CA	92656	Kaiser Health Plan HMO
06/01/1960	F	CA	92570	Kaiser Health Plan HMO
03/27/1941	F	CA	92801	Kaiser Health Plan HMO
03/05/1938	F	CA	92801	Kaiser Health Plan HMO
08/13/1961	F	CA	92801	Kaiser Health Plan HMO
12/21/1951	F	CA	92646	Kaiser Health Plan HMO
01/10/1981	F	CA	90715	Kaiser Health Plan HMO
07/09/1973	M	CA	928406227	Kaiser Health Plan HMO
10/31/1937	F	CA	91709	Kaiser Health Plan HMO
02/15/1944	M	CA	90680	Kaiser Health Plan HMO
01/10/1946	F	CA	92557	Kaiser Health Plan HMO
03/06/1949	F	CA	92683	Kaiser Health Plan HMO
08/20/1967	F	CA	92688	Kaiser Health Plan HMO
10/07/1950	F	CA	92807	Kaiser Health Plan HMO
12/10/1954	F	CA	927021807	Kaiser Health Plan HMO
01/17/1954	M	CA	92840	Kaiser Health Plan HMO
01/26/1960	F	CA	92840	Kaiser Health Plan HMO
12/17/1963	F	CA	92780	Kaiser Health Plan HMO
05/29/1943	F	CA	92869	Kaiser Health Plan HMO
12/15/1943	F	CA	92708	Kaiser Health Plan HMO
07/08/1947	F	CA	92805	Kaiser Health Plan HMO
08/13/1950	F	CA	900424023	Kaiser Health Plan HMO
11/04/1945	F	CA	92870	Kaiser Health Plan HMO
03/08/1984	F	CA	90504	Kaiser Health Plan HMO
06/05/1956	F	CA	92840	Kaiser Health Plan HMO
08/03/1963	F	CA	92656	Kaiser Health Plan HMO
03/06/1942	F	CA	90680	Kaiser Health Plan HMO
12/16/1979	F	CA	92704	Kaiser Health Plan HMO
07/11/1967	F	CA	92503	Kaiser Health Plan HMO
08/23/1949	F	CA	92627	Kaiser Health Plan HMO
10/29/1957	F	CA	92887	Kaiser Health Plan HMO
08/24/1952	F	CA	92704	Kaiser Health Plan HMO

04/25/1952	F	CA	92833	Kaiser Health Plan HMO
12/06/1955	F	CA	92868	Kaiser Health Plan HMO
06/04/1955	M	CA	92867	Kaiser Health Plan HMO
02/03/1942	F	CA	92704	Kaiser Health Plan HMO
03/01/1957	M	CA	92705	Kaiser Health Plan HMO
10/07/1967	F	CA	92508	Kaiser Health Plan HMO
09/10/1982	F	CA	92707	Kaiser Health Plan HMO
09/06/1982	M	CA	90638	Kaiser Health Plan HMO
03/06/1985	M	CA	92704	Kaiser Health Plan HMO
10/26/1951	F	CA	92856	Kaiser Health Plan HMO
05/06/1950	F	CA	92868	Kaiser Health Plan HMO
08/06/1951	F	CA	92704	Kaiser Health Plan HMO
08/17/1957	F	CA	92867	Kaiser Health Plan HMO
12/19/1942	F	CA	92869	Kaiser Health Plan HMO
04/23/1942	F	CA	92708	Kaiser Health Plan HMO
08/23/1962	F	CA	92887	Kaiser Health Plan HMO
05/10/1964	F	CA	92886	Kaiser Health Plan HMO
03/14/1980	M	CA	92706	Kaiser Health Plan HMO
06/30/1946	F	CA	92781	Kaiser Health Plan HMO
12/02/1975	M	CA	92691	Kaiser Health Plan HMO
11/17/1949	F	CA	92782	Kaiser Health Plan HMO
01/17/1950	F	CA	92870	Kaiser Health Plan HMO
03/25/1984	F	CA	90620	Kaiser Health Plan HMO
11/26/1984	F	CA	92867	Kaiser Health Plan HMO
10/07/1977	M	CA	90723	Kaiser Health Plan HMO
09/14/1985	F	CA	92683	Kaiser Health Plan HMO
01/03/1987	F	CA	92841	Kaiser Health Plan HMO
06/26/1981	F	CA	92831	Kaiser Health Plan HMO
11/11/1961	F	CA	92663	Kaiser Health Plan HMO
02/24/1946	F	CA	92614	Kaiser Health Plan HMO
11/24/1981	F	CA	91761	Kaiser Health Plan HMO
08/20/1947	F	CA	92843	Kaiser Health Plan HMO
02/07/1975	M	CA	92704	Kaiser Health Plan HMO
04/18/1954	F	CA	91765	Kaiser Health Plan HMO
06/02/1957	F	CA	92704	Kaiser Health Plan HMO
02/05/1956	F	CA	90706	Kaiser Health Plan HMO
03/28/1959	F	CA	92706	Kaiser Health Plan HMO
11/17/1958	F	CA	92832	Kaiser Health Plan HMO
01/07/1957	F	CA	92801	Kaiser Health Plan HMO
03/18/1960	F	CA	92860	Kaiser Health Plan HMO
06/06/1981	M	CA	92707	Kaiser Health Plan HMO
09/16/1966	F	CA	92782	Kaiser Health Plan HMO
10/30/1967	F	CA	92683	Kaiser Health Plan HMO
02/25/1962	F	CA	92503	Kaiser Health Plan HMO
05/04/1955	F	CA	92868	Kaiser Health Plan HMO
06/10/1982	M	CA	91766	Kaiser Health Plan HMO
10/22/1980	M	CA	92704	Kaiser Health Plan HMO
03/21/1967	F	CA	90814	Kaiser Health Plan HMO
05/04/1964	F	CA	92867	Kaiser Health Plan HMO
08/28/1963	F	CA	92883	Kaiser Health Plan HMO
10/12/1978	F	CA	92840	Kaiser Health Plan HMO
08/26/1952	M	CA	92882	Kaiser Health Plan HMO

04/01/1971	F	CA	92691	Kaiser Health Plan HMO
01/15/1959	F	CA	926194682	Kaiser Health Plan HMO
08/05/1947	F	CA	92807	Kaiser Health Plan HMO
01/15/1958	F	CA	92835	Kaiser Health Plan HMO
07/06/1968	F	CA	908134426	Kaiser Health Plan HMO
01/26/1947	F	CA	92701	Kaiser Health Plan HMO
06/05/1981	M	CA	92706	Kaiser Health Plan HMO
09/06/1966	F	CA	92870	Kaiser Health Plan HMO
01/14/1984	F	CA	92804	Kaiser Health Plan HMO
08/20/1953	F	CA	92703	Kaiser Health Plan HMO
09/16/1980	M	CA	92702	Kaiser Health Plan HMO
05/12/1986	M	CA	92807	Kaiser Health Plan HMO
07/08/1987	F	CA	90620	Kaiser Health Plan HMO
08/30/1941	F	CA	92508	Kaiser Health Plan HMO
04/15/1978	M	CA	90604	Kaiser Health Plan HMO
04/23/1984	F	CA	92867	Kaiser Health Plan HMO
03/08/1977	M	CA	90638	Kaiser Health Plan HMO
05/23/1985	F	CA	92802	Kaiser Health Plan HMO
03/04/1964	F	CA	92805	Kaiser Health Plan HMO
05/20/1957	F	CA	90680	Kaiser Health Plan HMO
03/09/1971	F	CA	91752	Kaiser Health Plan HMO
07/02/1961	M	CA	92840	Kaiser Health Plan HMO
04/02/1973	F	CA	92602	Kaiser Health Plan HMO
10/11/1979	M	CA	92841	Kaiser Health Plan HMO
04/20/1923	F	CA	92707	Kaiser Health Plan HMO
11/03/1955	F	CA	92806	Kaiser Health Plan HMO
10/17/1967	M	CA	92807	Kaiser Health Plan HMO
06/08/1982	F	CA	92707	Kaiser Health Plan HMO
09/02/1983	F	CA	92704	Kaiser Health Plan HMO
04/28/1985	F	CA	92707	Kaiser Health Plan HMO
06/06/1978	F	CA	92683	Kaiser Health Plan HMO
03/15/1956	F	CA	92806	Kaiser Health Plan HMO
09/27/1976	F	CA	92870	Kaiser Health Plan HMO
12/15/1979	F	CA	92805	Kaiser Health Plan HMO
03/09/1979	F	CA	91767	Kaiser Health Plan HMO
09/15/1982	M	CA	92707	Kaiser Health Plan HMO
01/08/1984	F	CA	90680	Kaiser Health Plan HMO
05/14/1950	F	CA	90620	Kaiser Health Plan HMO
05/30/1950	F	CA	90680	Kaiser Health Plan HMO
10/18/1975	F	CA	91745	Kaiser Health Plan HMO
04/25/1979	F	CA	91765	Kaiser Health Plan HMO
09/29/1956	F	CA	92557	Kaiser Health Plan HMO
07/19/1957	F	CA	90622	Kaiser Health Plan HMO
11/08/1955	M	CA	928063629	Kaiser Health Plan HMO
04/29/1962	F	CA	92841	Kaiser Health Plan HMO
05/03/1959	F	CA	92504	Kaiser Health Plan HMO
12/20/1963	F	CA	90802	Kaiser Health Plan HMO
12/03/1965	F	CA	92704	Kaiser Health Plan HMO
10/13/1959	M	CA	92844	Kaiser Health Plan HMO
01/08/1982	F	CA	90813	Kaiser Health Plan HMO
09/02/1949	F	CA	92057	Kaiser Health Plan HMO
07/23/1973	F	CA	92703	Kaiser Health Plan HMO

06/25/1955	F	CA	92840	Kaiser Health Plan HMO
10/21/1938	F	CA	92814	Kaiser Health Plan HMO
10/26/1963	F	CA	90703	Kaiser Health Plan HMO
10/28/1972	M	CA	91763	Kaiser Health Plan HMO
02/02/1946	M	CA	92841	Kaiser Health Plan HMO
11/23/1984	F	CA	92701	Kaiser Health Plan HMO
02/26/1953	M	CA	92647	Kaiser Health Plan HMO
04/06/1953	F	CA	92705	Kaiser Health Plan HMO
11/07/1970	F	CA	91791	Kaiser Health Plan HMO
07/22/1962	F	CA	92684	Kaiser Health Plan HMO
12/26/1961	F	CA	92620	Kaiser Health Plan HMO
12/11/1941	F	CA	92868	Kaiser Health Plan HMO
08/08/1937	F	CA	92804	Kaiser Health Plan HMO
12/04/1980	M	CA	92656	Kaiser Health Plan HMO
06/27/1960	F	CA	92870	Kaiser Health Plan HMO
06/29/1963	F	CA	90620	Kaiser Health Plan HMO
08/24/1985	F	CA	92707	Kaiser Health Plan HMO
05/01/1985	M	CA	92844	Kaiser Health Plan HMO
10/04/1980	F	CA	92883	Kaiser Health Plan HMO
09/13/1984	F	CA	91773	Kaiser Health Plan HMO
02/17/1956	F	CA	92803	Kaiser Health Plan HMO
12/27/1970	F	CA	91748	Kaiser Health Plan HMO
01/03/1957	F	CA	90715	Kaiser Health Plan HMO
10/24/1958	F	CA	92707	Kaiser Health Plan HMO
08/24/1975	M	CA	90712	Kaiser Health Plan HMO
10/20/1957	F	CA	92844	Kaiser Health Plan HMO
01/05/1967	F	CA	92805	Kaiser Health Plan HMO
12/14/1979	F	CA	92707	Kaiser Health Plan HMO
12/04/1985	F	CA	92833	Kaiser Health Plan HMO
06/26/1978	F	CA	92805	Kaiser Health Plan HMO
08/29/1952	F	CA	90660	Kaiser Health Plan HMO
05/11/1958	F	CA	92841	Kaiser Health Plan HMO
08/07/1965	F	CA	90640	Kaiser Health Plan HMO
05/05/1976	F	CA	92505	Kaiser Health Plan HMO
05/17/1977	F	CA	90650	Kaiser Health Plan HMO
02/11/1960	F	CA	92629	Kaiser Health Plan HMO
04/25/1941	F	CA	92863	Kaiser Health Plan HMO
09/14/1948	M	CA	92843	Kaiser Health Plan HMO
10/18/1937	F	CA	92637	Kaiser Health Plan HMO
05/21/1980	F	CA	92886	Kaiser Health Plan HMO
08/18/1945	F	CA	92807	Kaiser Health Plan HMO
06/22/1985	F	CA	92706	Kaiser Health Plan HMO
10/09/1971	F	CA	92672	Kaiser Health Plan HMO
10/22/1958	F	CA	92675	Kaiser Health Plan HMO
04/04/1970	F	CA	92706	Kaiser Health Plan HMO
04/01/1976	F	CA	92805	Kaiser Health Plan HMO
05/04/1959	F	CA	92841	Kaiser Health Plan HMO
12/24/1978	F	CA	92705	Kaiser Health Plan HMO
01/02/1983	M	CA	92843	Kaiser Health Plan HMO
09/16/1959	F	CA	92801	Kaiser Health Plan HMO
01/09/1963	M	CA	92802	Kaiser Health Plan HMO
05/31/1977	F	CA	92803	Kaiser Health Plan HMO

04/30/1972	F	CA	92649	Kaiser Health Plan HMO
10/05/1971	F	CA	91709	Kaiser Health Plan HMO
08/22/1963	F	CA	92868	Kaiser Health Plan HMO
05/20/1975	F	CA	92831	Kaiser Health Plan HMO
12/21/1976	F	CA	92780	Kaiser Health Plan HMO
02/18/1942	F	CA	92831	Kaiser Health Plan HMO
03/12/1965	F	CA	90631	Kaiser Health Plan HMO
01/09/1973	F	CA	91709	Kaiser Health Plan HMO
08/21/1981	F	CA	92780	Kaiser Health Plan HMO
04/18/1978	F	CA	90601	Kaiser Health Plan HMO
02/14/1982	F	CA	92701	Kaiser Health Plan HMO
06/20/1974	F	CA	92704	Kaiser Health Plan HMO
01/02/1953	F	CA	92832	Kaiser Health Plan HMO
11/06/1958	F	CA	92868	Kaiser Health Plan HMO
12/11/1957	F	CA	92703	Kaiser Health Plan HMO
05/02/1973	F	CA	92701	Kaiser Health Plan HMO
10/11/1972	M	CA	92804	Kaiser Health Plan HMO
03/14/1978	F	CA	92780	Kaiser Health Plan HMO
12/31/1961	F	CA	92806	Kaiser Health Plan HMO
10/10/1969	F	CA	92620	Kaiser Health Plan HMO
06/15/1975	F	CA	92844	Kaiser Health Plan HMO
06/06/1980	F	CA	92701	Kaiser Health Plan HMO
02/13/1965	F	CA	92844	Kaiser Health Plan HMO
03/20/1980	F	CA	90650	Kaiser Health Plan HMO
08/14/1960	F	CA	92805	Kaiser Health Plan HMO
10/17/1976	M	CA	92843	Kaiser Health Plan HMO
05/12/1947	F	CA	92804	Kaiser Health Plan HMO
10/29/1983	F	CA	92602	Kaiser Health Plan HMO
05/04/1979	F	CA	90280	Kaiser Health Plan HMO
03/14/1948	F	CA	92503	Kaiser Health Plan HMO
01/23/1980	F	CA	92782	Kaiser Health Plan HMO
10/23/1983	F	CA	92610	Kaiser Health Plan HMO
05/24/1957	F	CA	92840	Kaiser Health Plan HMO
07/22/1953	F	CA	92869	Kaiser Health Plan HMO
08/15/1957	F	CA	92856	Kaiser Health Plan HMO
09/06/1958	F	CA	92683	Kaiser Health Plan HMO
05/03/1963	F	CA	92706	Kaiser Health Plan HMO
02/16/1934	F	CA	92648	Kaiser Health Plan HMO
11/08/1942	F	CA	92806	Kaiser Health Plan HMO
06/25/1948	F	CA	92868	Kaiser Health Plan HMO
11/23/1983	F	CA	92705	Kaiser Health Plan HMO
12/26/1958	F	CA	92688	Kaiser Health Plan HMO
05/04/1986	F	CA	92308	Kaiser Health Plan HMO
03/29/1970	F	CA	92706	Kaiser Health Plan HMO
10/18/1963	F	CA	92806	Kaiser Health Plan HMO
07/20/1963	F	CA	92843	Kaiser Health Plan HMO
05/08/1971	F	CA	90621	Kaiser Health Plan HMO
08/10/1973	F	CA	92707	Kaiser Health Plan HMO
09/21/1973	M	CA	91789	Kaiser Health Plan HMO
10/18/1963	F	CA	90670	Kaiser Health Plan HMO
03/03/1980	F	CA	92655	Kaiser Health Plan HMO
04/02/1945	F	CA	92704	Kaiser Health Plan HMO

02/02/1951	F	CA	92804	Kaiser Health Plan HMO
04/07/1972	F	CA	92683	Kaiser Health Plan HMO
09/04/1969	F	CA	90640	Kaiser Health Plan HMO
08/14/1977	F	CA	92704	Kaiser Health Plan HMO
12/11/1959	F	CA	90715	Kaiser Health Plan HMO
01/06/1961	F	CA	92701	Kaiser Health Plan HMO
01/20/1977	F	CA	92882	Kaiser Health Plan HMO
07/04/1942	F	CA	92844	Kaiser Health Plan HMO
10/12/1980	F	CA	92804	Kaiser Health Plan HMO
12/17/1979	F	CA	92841	Kaiser Health Plan HMO
09/30/1980	M	CA	92841	Kaiser Health Plan HMO
09/27/1984	F	CA	90640	Kaiser Health Plan HMO
01/14/1985	F	CA	92703	Kaiser Health Plan HMO
10/12/1955	F	CA	92866	Kaiser Health Plan HMO
04/13/1956	F	CA	92705	Kaiser Health Plan HMO
03/31/1957	F	CA	90620	Kaiser Health Plan HMO
11/11/1962	F	CA	92344	Kaiser Health Plan HMO
05/03/1964	F	CA	92627	Kaiser Health Plan HMO
06/13/1951	F	CA	92802	Kaiser Health Plan HMO
04/21/1952	F	CA	92683	Kaiser Health Plan HMO
10/26/1951	F	CA	90620	Kaiser Health Plan HMO
05/22/1952	F	CA	92705	Kaiser Health Plan HMO
06/09/1983	F	CA	90723	Kaiser Health Plan HMO
01/03/1968	F	CA	92705	Kaiser Health Plan HMO
04/20/1976	F	CA	90660	Kaiser Health Plan HMO
12/26/1977	F	CA	92503	Kaiser Health Plan HMO
07/28/1977	F	CA	90221	Kaiser Health Plan HMO
10/28/1970	M	CA	92703	Kaiser Health Plan HMO
10/31/1949	F	CA	92647	Kaiser Health Plan HMO
12/18/1983	M	CA	92807	Kaiser Health Plan HMO
08/14/1950	F	CA	92833	Kaiser Health Plan HMO
10/08/1978	F	CA	90706	Kaiser Health Plan HMO
08/08/1972	F	CA	92553	Kaiser Health Plan HMO
09/30/1954	F	CA	92609	Kaiser Health Plan HMO
10/18/1957	F	CA	92866	Kaiser Health Plan HMO
08/02/1955	F	CA	90620	Kaiser Health Plan HMO
11/17/1941	F	CA	92805	Kaiser Health Plan HMO
08/17/1979	F	CA	90703	Kaiser Health Plan HMO
03/10/1980	F	CA	92843	Kaiser Health Plan HMO
03/17/1952	F	CA	92604	Kaiser Health Plan HMO
11/12/1964	F	CA	92780	Kaiser Health Plan HMO
07/12/1979	M	CA	92805	Kaiser Health Plan HMO
01/05/1979	F	CA	92656	Kaiser Health Plan HMO
04/13/1977	F	CA	90650	Kaiser Health Plan HMO
10/16/1979	F	CA	92802	Kaiser Health Plan HMO
11/06/1962	F	CA	92630	Kaiser Health Plan HMO
10/06/1966	F	CA	91710	Kaiser Health Plan HMO
01/08/1977	F	CA	92707	Kaiser Health Plan HMO
11/18/1968	F	CA	92571	Kaiser Health Plan HMO
02/03/1944	F	CA	92647	Kaiser Health Plan HMO
12/08/1966	F	CA	92707	Kaiser Health Plan HMO
05/25/1978	F	CA	91761	Kaiser Health Plan HMO

01/14/1983	F	CA	92707	Kaiser Health Plan HMO
01/15/1969	F	CA	92707	Kaiser Health Plan HMO
02/22/1968	F	CA	92856	Kaiser Health Plan HMO
06/15/1962	F	CA	92683	Kaiser Health Plan HMO
09/14/1979	F	CA	92879	Kaiser Health Plan HMO
09/23/1943	F	CA	92618	Kaiser Health Plan HMO
08/25/1979	F	CA	92505	Kaiser Health Plan HMO
03/18/1948	F	CA	90746	Kaiser Health Plan HMO
05/22/1981	F	CA	92628	Kaiser Health Plan HMO
03/25/1981	M	CA	92707	Kaiser Health Plan HMO
07/21/1949	F	CA	90272	Kaiser Health Plan HMO
07/21/1985	M	CA	92804	Kaiser Health Plan HMO
04/25/1957	F	CA	92691	Kaiser Health Plan HMO
05/10/1944	F	CA	92869	Kaiser Health Plan HMO
07/29/1986	F	CA	90631	Kaiser Health Plan HMO
01/26/1955	F	CA	92840	Kaiser Health Plan HMO
09/25/1959	M	CA	92405	Kaiser Health Plan HMO
09/27/1961	F	CA	92821	Kaiser Health Plan HMO
05/05/1972	F	CA	92879	Kaiser Health Plan HMO
05/10/1941	F	CA	92840	Kaiser Health Plan HMO
10/25/1950	F	CA	92630	Kaiser Health Plan HMO
04/06/1968	F	CA	90720	Kaiser Health Plan HMO
09/09/1960	F	CA	92868	Kaiser Health Plan HMO
06/06/1949	F	CA	92833	Kaiser Health Plan HMO
04/02/1949	F	CA	90680	Kaiser Health Plan HMO
09/02/1970	F	CA	92704	Kaiser Health Plan HMO
01/30/1954	F	CA	92802	Kaiser Health Plan HMO
05/31/1955	F	CA	92647	Kaiser Health Plan HMO
12/10/1954	F	CA	92868	Kaiser Health Plan HMO
09/09/1962	F	CA	92708	Kaiser Health Plan HMO
05/05/1957	F	CA	92688	Kaiser Health Plan HMO
09/29/1980	F	CA	92804	Kaiser Health Plan HMO
05/20/1939	F	CA	92708	Kaiser Health Plan HMO
03/16/1962	F	CA	926042967	Kaiser Health Plan HMO
04/01/1962	F	CA	90680	Kaiser Health Plan HMO
05/15/1956	F	CA	92882	Kaiser Health Plan HMO
05/08/1966	F	CA	92808	Kaiser Health Plan HMO
10/01/1974	F	CA	92606	Kaiser Health Plan HMO
08/25/1965	M	CA	92704	Kaiser Health Plan HMO
07/15/1969	F	CA	90622	Kaiser Health Plan HMO
01/05/1960	F	CA	928798546	Kaiser Health Plan HMO
09/25/1952	F	CA	92870	Kaiser Health Plan HMO
10/14/1978	F	CA	92841	Kaiser Health Plan HMO
05/11/1982	F	CA	92841	Kaiser Health Plan HMO
01/17/1965	M	CA	92881	Kaiser Health Plan HMO
07/10/1987	M	CA	92805	Kaiser Health Plan HMO
06/23/1976	M	CA	92703	Kaiser Health Plan HMO
05/01/1984	M	CA	92707	Kaiser Health Plan HMO
10/05/1977	F	CA	92630	Kaiser Health Plan HMO
08/19/1967	F	CA	92555	Kaiser Health Plan HMO
10/17/1943	F	CA	92705	Kaiser Health Plan HMO
06/03/1984	F	CA	90006	Kaiser Health Plan HMO

11/16/1984	F	CA	92595	Kaiser Health Plan HMO
02/23/1974	F	CA	91750	Kaiser Health Plan HMO
08/02/1986	M	CA	92707	Kaiser Health Plan HMO
09/13/1983	F	CA	92595	Kaiser Health Plan HMO
11/12/1977	M	CA	92801	Kaiser Health Plan HMO
01/10/1983	F	CA	92780	Kaiser Health Plan HMO
08/18/1983	F	CA	90660	Kaiser Health Plan HMO
12/25/1980	M	CA	92804	Kaiser Health Plan HMO
05/17/1981	F	CA	90631	Kaiser Health Plan HMO
12/10/1981	F	CA	90201	Kaiser Health Plan HMO
11/03/1981	F	CA	92804	Kaiser Health Plan HMO
02/17/1982	F	CA	92707	Kaiser Health Plan HMO
07/30/1966	F	CA	92614	Kaiser Health Plan HMO
09/21/1957	F	CA	92870	Kaiser Health Plan HMO
10/08/1983	F	CA	928033411	Kaiser Health Plan HMO
02/08/1971	F	CA	92704	Kaiser Health Plan HMO
08/02/1980	F	CA	92832	Kaiser Health Plan HMO
11/22/1970	M	CA	92626	Kaiser Health Plan HMO
11/08/1976	M	CA	92706	Kaiser Health Plan HMO
08/16/1972	F	CA	92606	Kaiser Health Plan HMO
01/14/1973	F	CA	92882	Kaiser Health Plan HMO
11/10/1968	F	CA	92647	Kaiser Health Plan HMO
11/19/1982	F	CA	92804	Kaiser Health Plan HMO
08/27/1977	F	CA	92868	Kaiser Health Plan HMO
11/03/1960	M	CA	92843	Kaiser Health Plan HMO
08/23/1978	F	CA	92782	Kaiser Health Plan HMO
07/31/1950	F	CA	92704	Kaiser Health Plan HMO
12/08/1974	F	CA	92870	Kaiser Health Plan HMO
07/22/1940	F	CA	92705	Kaiser Health Plan HMO
05/17/1973	F	CA	92704	Kaiser Health Plan HMO
11/05/1984	F	CA	92780	Kaiser Health Plan HMO
07/15/1982	M	CA	92057	Kaiser Health Plan HMO
08/08/1972	M	CA	92782	Kaiser Health Plan HMO
11/08/1981	M	CA	90630	Kaiser Health Plan HMO
09/10/1985	F	CA	92704	Kaiser Health Plan HMO
05/10/1988	M	CA	92801	Kaiser Health Plan HMO
10/20/1985	F	CA	90280	Kaiser Health Plan HMO
12/18/1973	F	CA	92782	Kaiser Health Plan HMO
07/28/1977	F	CA	92806	Kaiser Health Plan HMO
08/03/1983	M	CA	90240	Kaiser Health Plan HMO
06/23/1983	F	CA	92843	Kaiser Health Plan HMO
05/20/1982	F	CA	92630	Kaiser Health Plan HMO
07/19/1984	F	CA	92707	Kaiser Health Plan HMO
05/11/1983	F	CA	92653	Kaiser Health Plan HMO
07/03/1956	F	CA	92831	Kaiser Health Plan HMO
07/16/1986	F	CA	92832	Kaiser Health Plan HMO
11/06/1984	F	CA	90804	Kaiser Health Plan HMO
01/11/1979	F	CA	92683	Kaiser Health Plan HMO
08/23/1985	F	CA	92708	Kaiser Health Plan HMO
12/04/1944	M	CA	92683	Kaiser Health Plan HMO
12/23/1956	M	CA	92880	Kaiser Health Plan HMO
11/27/1983	M	CA	92626	Kaiser Health Plan HMO

03/23/1985	F	CA	92694	Kaiser Health Plan HMO
07/07/1982	F	CA	92831	Kaiser Health Plan HMO
03/13/1983	F	CA	91786	Kaiser Health Plan HMO
04/25/1984	M	CA	92504	Kaiser Health Plan HMO
12/10/1972	F	CA	92706	Kaiser Health Plan HMO
10/24/1980	M	CA	92705	Kaiser Health Plan HMO
01/16/1989	F	CA	92780	Kaiser Health Plan HMO
06/20/1980	F	CA	92660	Kaiser Health Plan HMO
08/11/1979	M	CA	92653	Kaiser Health Plan HMO
12/10/1965	F	CA	92844	Kaiser Health Plan HMO
12/07/1981	F	CA	92626	Kaiser Health Plan HMO
12/26/1965	F	CA	92831	Kaiser Health Plan HMO
04/17/1981	F	CA	92882	Kaiser Health Plan HMO
02/15/1976	F	CA	92804	Kaiser Health Plan HMO
09/30/1974	F	CA	92802	Kaiser Health Plan HMO
10/02/1988	F	CA	91767	Kaiser Health Plan HMO
04/25/1980	F	CA	90606	Kaiser Health Plan HMO
07/28/1983	F	CA	92801	Kaiser Health Plan HMO
08/20/1982	F	CA	92804	Kaiser Health Plan HMO
08/21/1946	F	CA	92802	Kaiser Health Plan HMO
11/28/1972	M	CA	90680	Kaiser Health Plan HMO
12/04/1983	M	CA	92831	Kaiser Health Plan HMO
07/07/1971	F	CA	92840	Kaiser Health Plan HMO
09/02/1976	F	CA	92503	Kaiser Health Plan HMO
09/12/1983	F	CA	92806	Kaiser Health Plan HMO
07/01/1956	F	CA	92691	Kaiser Health Plan HMO
09/07/1980	F	CA	92866	Kaiser Health Plan HMO
05/15/1962	F	CA	92683	Kaiser Health Plan HMO
01/03/1986	F	CA	92845	Kaiser Health Plan HMO
12/15/1972	F	CA	92844	Kaiser Health Plan HMO
11/04/1952	F	CA	92804	Kaiser Health Plan HMO
10/27/1987	M	CA	92704	Kaiser Health Plan HMO
03/06/1985	M	CA	92701	Kaiser Health Plan HMO
09/21/1982	F	CA	92683	Kaiser Health Plan HMO
03/09/1953	F	CA	92555	Kaiser Health Plan HMO
11/01/1985	M	CA	92653	Kaiser Health Plan HMO
01/15/1970	F	CA	92603	Kaiser Health Plan HMO
08/06/1976	F	CA	91791	Kaiser Health Plan HMO
09/26/1973	F	CA	92867	Kaiser Health Plan HMO
05/19/1983	F	CA	92869	Kaiser Health Plan HMO
06/08/1981	M	CA	92804	Kaiser Health Plan HMO
11/08/1983	M	CA	92841	Kaiser Health Plan HMO
06/19/1954	F	CA	92804	Kaiser Health Plan HMO
10/17/1984	M	CA	92843	Kaiser Health Plan HMO
07/07/1977	F	CA	92806	Kaiser Health Plan HMO
11/06/1976	F	CA	92804	Kaiser Health Plan HMO
12/18/1975	F	CA	92802	Kaiser Health Plan HMO
02/17/1979	F	CA	92866	Kaiser Health Plan HMO
07/02/1977	M	CA	90804	Kaiser Health Plan HMO
05/16/1986	M	CA	90623	Kaiser Health Plan HMO
10/10/1986	F	CA	92801	Kaiser Health Plan HMO
05/22/1970	F	CA	92570	Kaiser Health Plan HMO

03/18/1986	M	CA	90631	Kaiser Health Plan HMO
04/11/1987	F	CA	90715	Kaiser Health Plan HMO
11/16/1986	M	CA	92806	Kaiser Health Plan HMO
11/12/1984	M	CA	92843	Kaiser Health Plan HMO
12/08/1982	M	CA	92801	Kaiser Health Plan HMO
08/29/1983	M	CA	92843	Kaiser Health Plan HMO
02/24/1985	F	CA	92706	Kaiser Health Plan HMO
07/25/1974	M	CA	92656	Kaiser Health Plan HMO
10/14/1949	F	CA	92804	Kaiser Health Plan HMO
07/31/1961	M	CA	92692	Kaiser Health Plan HMO
12/15/1945	M	CA	925061920	Kaiser Health Plan HMO
09/07/1947	M	CA	92870	Kaiser Health Plan HMO
09/24/1949	M	CA	92661	Kaiser Health Plan HMO
05/05/1956	M	CA	92703	Kaiser Health Plan HMO
10/30/1965	M	CA	90620	Kaiser Health Plan HMO
06/09/1953	M	CA	92802	Kaiser Health Plan HMO
02/05/1953	M	CA	92630	Kaiser Health Plan HMO
03/13/1961	M	CA	92703	Kaiser Health Plan HMO
03/09/1952	M	CA	92705	Kaiser Health Plan HMO
03/29/1963	M	CA	928064375	Kaiser Health Plan HMO
09/14/1960	F	CA	92626	Kaiser Health Plan HMO
11/10/1967	M	CA	92704	Kaiser Health Plan HMO
06/02/1953	F	CA	92832	Kaiser Health Plan HMO
01/17/1974	F	CA	92679	Kaiser Health Plan HMO
02/08/1970	F	CA	90803	Kaiser Health Plan HMO
02/19/1963	M	CA	91765	Kaiser Health Plan HMO
03/20/1956	F	CA	92653	Kaiser Health Plan HMO
07/12/1982	M	CA	92701	Kaiser Health Plan HMO
03/29/1962	M	CA	92630	Kaiser Health Plan HMO
06/12/1959	F	CA	92646	Kaiser Health Plan HMO
09/07/1941	F	CA	92647	Kaiser Health Plan HMO
08/23/1949	F	CA	92706	Kaiser Health Plan HMO
04/13/1966	F	CA	92649	Kaiser Health Plan HMO
11/30/1955	F	CA	928809032	Kaiser Health Plan HMO
03/16/1954	F	CA	92806	Kaiser Health Plan HMO
05/18/1959	M	CA	91767	Kaiser Health Plan HMO
11/08/1969	F	CA	92316	Kaiser Health Plan HMO
04/03/1958	M	CA	92805	Kaiser Health Plan HMO
03/16/1954	F	CA	92683	Kaiser Health Plan HMO
04/26/1958	M	CA	90241	Kaiser Health Plan HMO
07/24/1954	M	CA	92657	Kaiser Health Plan HMO
03/23/1962	F	CA	92336	Kaiser Health Plan HMO
02/16/1971	F	CA	90853	Kaiser Health Plan HMO
07/22/1951	F	CA	92706	Kaiser Health Plan HMO
10/05/1973	F	CA	92780	Kaiser Health Plan HMO
11/11/1977	F	CA	90805	Kaiser Health Plan HMO
12/24/1953	M	CA	91913	Kaiser Health Plan HMO
10/27/1944	F	CA	92614	Kaiser Health Plan HMO
07/08/1957	F	CA	92630	Kaiser Health Plan HMO
09/20/1968	F	CA	92646	Kaiser Health Plan HMO
09/17/1975	M	CA	92691	Kaiser Health Plan HMO
08/03/1946	F	CA	92804	Kaiser Health Plan HMO

05/16/1978	M	CA	91754	Kaiser Health Plan HMO
06/20/1973	F	CA	90631	Kaiser Health Plan HMO
07/03/1981	F	CA	92808	Kaiser Health Plan HMO
04/09/1948	F	CA	92805	Kaiser Health Plan HMO
12/07/1969	F	CA	92832	Kaiser Health Plan HMO
12/12/1967	M	CA	92675	Kaiser Health Plan HMO
10/02/1976	F	CA	91710	Kaiser Health Plan HMO
10/17/1974	F	CA	90631	Kaiser Health Plan HMO
09/03/1965	M	CA	92704	Kaiser Health Plan HMO
10/05/1966	F	CA	90630	Kaiser Health Plan HMO
11/01/1972	F	CA	927081328	Kaiser Health Plan HMO
07/06/1957	F	CA	92646	Kaiser Health Plan HMO
09/06/1969	F	CA	92706	Kaiser Health Plan HMO
01/13/1943	F	CA	92651	Kaiser Health Plan HMO
08/22/1946	M	CA	92627	Kaiser Health Plan HMO
12/09/1971	F	CA	92780	Kaiser Health Plan HMO
10/12/1938	M	CA	92675	Kaiser Health Plan HMO
09/14/1981	M	CA	92805	Kaiser Health Plan HMO
08/24/1975	M	CA	92704	Kaiser Health Plan HMO
12/07/1955	F	CA	90242	Kaiser Health Plan HMO
07/26/1970	M	CA	92804	Kaiser Health Plan HMO
03/25/1971	F	CA	92821	Kaiser Health Plan HMO
07/18/1973	M	CA	92649	Kaiser Health Plan HMO
01/02/1956	M	CA	92675	Kaiser Health Plan HMO
07/24/1972	F	CA	90621	Kaiser Health Plan HMO
04/26/1978	M	CA	90650	Kaiser Health Plan HMO
08/15/1957	F	CA	92803	Kaiser Health Plan HMO
06/02/1970	M	CA	92831	Kaiser Health Plan HMO
11/23/1970	M	CA	91744	Kaiser Health Plan HMO
02/19/1975	F	CA	92866	Kaiser Health Plan HMO
07/22/1968	F	CA	92808	Kaiser Health Plan HMO
01/24/1954	F	CA	92802	Kaiser Health Plan HMO
09/11/1963	F	CA	92648	Kaiser Health Plan HMO
05/18/1971	M	CA	92704	Kaiser Health Plan HMO
11/26/1949	F	CA	91792	Kaiser Health Plan HMO
01/19/1971	F	CA	92807	Kaiser Health Plan HMO
02/18/1956	F	CA	92630	Kaiser Health Plan HMO
06/18/1973	F	CA	90602	Kaiser Health Plan HMO
03/29/1945	F	CA	92865	Kaiser Health Plan HMO
03/27/1961	F	CA	92804	Kaiser Health Plan HMO
09/20/1976	F	CA	906211547	Kaiser Health Plan HMO
05/28/1968	M	CA	92867	Kaiser Health Plan HMO
07/31/1948	F	CA	92869	Kaiser Health Plan HMO
01/10/1954	F	CA	92691	Kaiser Health Plan HMO
09/26/1974	F	CA	92843	Kaiser Health Plan HMO
06/07/1950	M	CA	90814	Kaiser Health Plan HMO
09/10/1971	F	CA	92869	Kaiser Health Plan HMO
09/22/1958	F	CA	92869	Kaiser Health Plan HMO
11/25/1952	F	CA	90638	Kaiser Health Plan HMO
01/13/1977	M	CA	91709	Kaiser Health Plan HMO
06/24/1972	F	CA	92805	Kaiser Health Plan HMO
09/02/1961	F	CA	90620	Kaiser Health Plan HMO

12/19/1965	F	CA	92841	Kaiser Health Plan HMO
01/27/1972	F	CA	92618	Kaiser Health Plan HMO
09/29/1951	F	CA	92648	Kaiser Health Plan HMO
03/06/1980	F	CA	92708	Kaiser Health Plan HMO
02/02/1952	F	CA	92844	Kaiser Health Plan HMO
11/12/1954	F	CA	92701	Kaiser Health Plan HMO
07/14/1959	M	CA	92711	Kaiser Health Plan HMO
05/12/1973	F	CA	92880	Kaiser Health Plan HMO
08/04/1974	F	CA	92821	Kaiser Health Plan HMO
04/04/1975	F	CA	90033	Kaiser Health Plan HMO
08/11/1972	F	CA	91766	Kaiser Health Plan HMO
02/27/1973	F	CA	92841	Kaiser Health Plan HMO
07/27/1979	F	CA	92807	Kaiser Health Plan HMO
09/08/1966	F	CA	92656	Kaiser Health Plan HMO
11/16/1976	M	CA	92821	Kaiser Health Plan HMO
03/29/1974	F	CA	90804	Kaiser Health Plan HMO
04/26/1980	M	CA	92704	Kaiser Health Plan HMO
01/25/1950	F	CA	92653	Kaiser Health Plan HMO
06/05/1959	F	CA	92886	Kaiser Health Plan HMO
09/08/1981	F	CA	90720	Kaiser Health Plan HMO
11/25/1945	F	CA	92626	Kaiser Health Plan HMO
01/18/1948	F	CA	92804	Kaiser Health Plan HMO
09/28/1979	F	CA	90623	Kaiser Health Plan HMO
01/16/1942	F	CA	92223	Kaiser Health Plan HMO
07/14/1970	F	CA	90803	Kaiser Health Plan HMO
06/05/1970	M	CA	92649	Kaiser Health Plan HMO
09/05/1981	F	CA	92705	Kaiser Health Plan HMO
07/19/1964	F	CA	927044511	Kaiser Health Plan HMO
07/03/1975	M	CA	92584	Kaiser Health Plan HMO
03/09/1958	F	CA	92683	Kaiser Health Plan HMO
12/15/1975	F	CA	90606	Kaiser Health Plan HMO
02/26/1981	F	CA	92804	Kaiser Health Plan HMO
02/24/1983	F	CA	90755	Kaiser Health Plan HMO
12/13/1977	M	CA	91748	Kaiser Health Plan HMO
05/01/1982	F	CA	92833	Kaiser Health Plan HMO
06/04/1949	F	CA	92840	Kaiser Health Plan HMO
08/05/1981	F	CA	92831	Kaiser Health Plan HMO
02/22/1955	F	CA	928414651	Kaiser Health Plan HMO
08/22/1957	F	CA	90601	Kaiser Health Plan HMO
04/04/1969	F	CA	90804	Kaiser Health Plan HMO
09/23/1957	F	CA	92886	Kaiser Health Plan HMO
06/27/1945	M	CA	92626	Kaiser Health Plan HMO
07/05/1967	F	CA	92868	Kaiser Health Plan HMO
08/12/1976	F	CA	92647	Kaiser Health Plan HMO
06/16/1976	F	CA	92647	Kaiser Health Plan HMO
06/03/1939	F	CA	92629	Kaiser Health Plan HMO
12/11/1946	F	CA	92691	Kaiser Health Plan HMO
07/02/1971	F	CA	92708	Kaiser Health Plan HMO
09/03/1956	F	CA	92808	Kaiser Health Plan HMO
11/15/1953	F	CA	92708	Kaiser Health Plan HMO
03/25/1973	F	CA	92602	Kaiser Health Plan HMO
08/18/1952	F	CA	92630	Kaiser Health Plan HMO

06/08/1972	F	CA	92707	Kaiser Health Plan HMO
06/26/1966	F	CA	92708	Kaiser Health Plan HMO
04/12/1974	M	CA	92707	Kaiser Health Plan HMO
03/08/1976	F	CA	92804	Kaiser Health Plan HMO
11/06/1978	F	CA	92704	Kaiser Health Plan HMO
06/23/1983	F	CA	92840	Kaiser Health Plan HMO
11/05/1976	F	CA	92886	Kaiser Health Plan HMO
05/22/1978	F	CA	92869	Kaiser Health Plan HMO
02/08/1983	F	CA	92881	Kaiser Health Plan HMO
04/10/1974	F	CA	92679	Kaiser Health Plan HMO
09/05/1982	F	CA	92685	Kaiser Health Plan HMO
12/04/1977	F	CA	90605	Kaiser Health Plan HMO
12/23/1971	F	CA	92782	Kaiser Health Plan HMO
12/15/1973	F	CA	92807	Kaiser Health Plan HMO
01/07/1970	F	CA	92831	Kaiser Health Plan HMO
11/03/1972	F	CA	92807	Kaiser Health Plan HMO
12/30/1976	F	CA	91740	Kaiser Health Plan HMO
06/11/1974	F	CA	92844	Kaiser Health Plan HMO
10/05/1975	M	CA	92647	Kaiser Health Plan HMO
05/25/1978	M	CA	92532	Kaiser Health Plan HMO
05/19/1983	M	CA	92880	Kaiser Health Plan HMO
09/20/1969	M	CA	92806	Kaiser Health Plan HMO
12/16/1955	F	CA	92626	Kaiser Health Plan HMO
10/15/1963	F	CA	92630	Kaiser Health Plan HMO
09/06/1948	M	CA	90815	Kaiser Health Plan HMO
07/07/1955	F	CA	92802	Kaiser Health Plan HMO
09/02/1967	F	CA	92656	Kaiser Health Plan HMO
08/19/1952	F	CA	92805	Kaiser Health Plan HMO
02/11/1952	F	CA	92843	Kaiser Health Plan HMO
06/04/1949	F	CA	92886	Kaiser Health Plan HMO
03/05/1949	F	CA	92821	Kaiser Health Plan HMO
07/25/1971	F	CA	92870	Kaiser Health Plan HMO
02/07/1960	M	CA	92656	Kaiser Health Plan HMO
10/16/1944	F	CA	92630	Kaiser Health Plan HMO
07/27/1988	M	CA	90603	Kaiser Health Plan HMO
12/24/1953	F	CA	92677	Kaiser Health Plan HMO
09/19/1947	M	CA	92887	Kaiser Health Plan HMO
11/26/1960	M	CA	92869	Kaiser Health Plan HMO
08/25/1961	M	CA	91754	Kaiser Health Plan HMO
07/26/1950	M	CA	92626	Kaiser Health Plan HMO
06/26/1986	F	CA	92007	Kaiser Health Plan HMO
02/07/1951	F	CA	92703	Kaiser Health Plan HMO
10/01/1938	F	CA	92630	Kaiser Health Plan HMO
10/17/1953	F	CA	92677	Kaiser Health Plan HMO
06/26/1977	F	CA	92883	Kaiser Health Plan HMO
01/06/1962	M	CA	928695806	Kaiser Health Plan HMO
09/20/1949	M	CA	90803	Kaiser Health Plan HMO
01/30/1947	M	CA	92865	Kaiser Health Plan HMO
05/31/1980	F	CA	92804	Kaiser Health Plan HMO
05/15/1951	F	CA	92551	Kaiser Health Plan HMO
01/10/1943	F	CA	92840	Kaiser Health Plan HMO
08/14/1957	M	CA	92832	Kaiser Health Plan HMO

08/16/1937	F	CA	92653	Kaiser Health Plan HMO
11/15/1960	F	CA	92708	Kaiser Health Plan HMO
06/30/1945	F	CA	91745	Kaiser Health Plan HMO
09/17/1960	F	CA	92841	Kaiser Health Plan HMO
11/25/1944	F	CA	92831	Kaiser Health Plan HMO
05/17/1961	M	CA	92831	Kaiser Health Plan HMO
06/08/1947	F	CA	91792	Kaiser Health Plan HMO
03/25/1970	F	CA	92627	Kaiser Health Plan HMO
05/26/1959	F	CA	92707	Kaiser Health Plan HMO
04/14/1973	M	CA	92805	Kaiser Health Plan HMO
08/28/1956	F	CA	927073112	Kaiser Health Plan HMO
08/17/1967	F	CA	92867	Kaiser Health Plan HMO
02/17/1980	F	CA	92844	Kaiser Health Plan HMO
12/09/1974	F	CA	92804	Kaiser Health Plan HMO
11/14/1971	M	CA	92683	Kaiser Health Plan HMO
02/28/1965	M	CA	92626	Kaiser Health Plan HMO
05/14/1981	F	CA	90031	Kaiser Health Plan HMO
07/17/1954	M	CA	927057633	Kaiser Health Plan HMO
06/01/1957	F	CA	90303	Kaiser Health Plan HMO
01/26/1962	F	CA	90802	Kaiser Health Plan HMO
03/24/1967	M	CA	928441217	Kaiser Health Plan HMO
08/13/1978	F	CA	91706	Kaiser Health Plan HMO
09/20/1978	F	CA	92683	Kaiser Health Plan HMO
01/07/1961	F	CA	92705	Kaiser Health Plan HMO
08/20/1969	F	CA	92805	Kaiser Health Plan HMO
08/23/1940	F	CA	92802	Kaiser Health Plan HMO
06/14/1979	F	CA	92843	Kaiser Health Plan HMO
09/01/1981	M	CA	92707	Kaiser Health Plan HMO
07/05/1948	F	CA	92627	Kaiser Health Plan HMO
08/13/1971	F	CA	92833	Kaiser Health Plan HMO
05/14/1971	F	CA	92807	Kaiser Health Plan HMO
11/19/1984	F	CA	90650	Kaiser Health Plan HMO
06/16/1949	F	NV	89403	Kaiser Health Plan HMO
04/20/1972	F	CA	92703	Kaiser Health Plan HMO
05/13/1980	F	CA	90680	Kaiser Health Plan HMO
07/11/1979	F	CA	90814	Kaiser Health Plan HMO
01/03/1981	F	CA	92844	Kaiser Health Plan HMO
02/04/1952	M	CA	92707	Kaiser Health Plan HMO
12/07/1954	M	CA	906403785	Kaiser Health Plan HMO
04/09/1962	F	CA	91744	Kaiser Health Plan HMO
02/24/1970	F	CA	92691	Kaiser Health Plan HMO
02/03/1978	F	CA	90606	Kaiser Health Plan HMO
08/20/1980	M	CA	92833	Kaiser Health Plan HMO
08/16/1967	F	CA	92706	Kaiser Health Plan HMO
09/29/1982	F	CA	90631	Kaiser Health Plan HMO
11/20/1968	F	CA	92804	Kaiser Health Plan HMO
07/21/1975	F	CA	92831	Kaiser Health Plan HMO
11/09/1982	F	CA	92708	Kaiser Health Plan HMO
12/19/1980	M	CA	92707	Kaiser Health Plan HMO
08/18/1968	F	CA	92503	Kaiser Health Plan HMO
07/11/1946	F	CA	92807	Kaiser Health Plan HMO
01/23/1981	F	CA	92805	Kaiser Health Plan HMO

05/25/1968	F	CA	92706	Kaiser Health Plan HMO
01/26/1972	F	CA	92707	Kaiser Health Plan HMO
02/03/1961	F	CA	92392	Kaiser Health Plan HMO
07/17/1968	F	CA	92553	Kaiser Health Plan HMO
07/17/1968	F	CA	92553	Kaiser Health Plan HMO
02/16/1979	F	CA	92705	Kaiser Health Plan HMO
12/07/1984	F	CA	92865	Kaiser Health Plan HMO
01/19/1943	F	CA	92782	Kaiser Health Plan HMO
07/05/1966	F	CA	92707	Kaiser Health Plan HMO
11/05/1973	M	CA	92054	Kaiser Health Plan HMO
10/09/1942	F	CA	92646	Kaiser Health Plan HMO
12/31/1962	F	CA	927350022	Kaiser Health Plan HMO
10/12/1978	M	CA	92704	Kaiser Health Plan HMO
05/15/1938	M	CA	92654	Kaiser Health Plan HMO
04/01/1953	F	CA	92706	Kaiser Health Plan HMO
09/27/1981	F	CA	92804	Kaiser Health Plan HMO
01/27/1979	F	CA	92804	Kaiser Health Plan HMO
02/07/1955	F	CA	92843	Kaiser Health Plan HMO
02/10/1972	F	CA	92782	Kaiser Health Plan HMO
05/22/1980	F	CA	92870	Kaiser Health Plan HMO
07/23/1981	F	CA	91765	Kaiser Health Plan HMO
08/04/1948	F	CA	92881	Kaiser Health Plan HMO
01/25/1975	F	CA	92672	Kaiser Health Plan HMO
04/30/1984	F	CA	92870	Kaiser Health Plan HMO
08/03/1978	F	CA	92807	Kaiser Health Plan HMO
07/17/1957	F	CA	92843	Kaiser Health Plan HMO
01/01/1945	F	CA	92656	Kaiser Health Plan HMO
01/21/1947	M	CA	92843	Kaiser Health Plan HMO
06/26/1958	M	CA	92707	Kaiser Health Plan HMO
06/13/1952	M	CA	92840	Kaiser Health Plan HMO
03/19/1951	F	CA	92870	Kaiser Health Plan HMO
11/22/1972	M	CA	92704	Kaiser Health Plan HMO
04/07/1954	F	CA	92802	Kaiser Health Plan HMO
08/12/1973	F	CA	92585	Kaiser Health Plan HMO
12/16/1981	F	CA	92831	Kaiser Health Plan HMO
02/11/1964	F	CA	92843	Kaiser Health Plan HMO
10/22/1960	F	CA	90804	Kaiser Health Plan HMO
11/23/1956	F	CA	92869	Kaiser Health Plan HMO
03/07/1957	F	CA	90063	Kaiser Health Plan HMO
04/10/1954	M	CA	92844	Kaiser Health Plan HMO
10/06/1975	F	CA	92841	Kaiser Health Plan HMO
12/04/1943	F	CA	92708	Kaiser Health Plan HMO
02/23/1975	F	CA	92705	Kaiser Health Plan HMO
06/16/1982	F	CA	90605	Kaiser Health Plan HMO
05/26/1970	F	CA	92808	Kaiser Health Plan HMO
02/02/1967	M	CA	92802	Kaiser Health Plan HMO
10/09/1966	F	CA	92704	Kaiser Health Plan HMO
12/27/1976	M	CA	92831	Kaiser Health Plan HMO
02/02/1978	F	CA	91741	Kaiser Health Plan HMO
10/02/1957	F	CA	92807	Kaiser Health Plan HMO
09/11/1971	F	CA	92708	Kaiser Health Plan HMO
08/22/1979	F	CA	92653	Kaiser Health Plan HMO

04/28/1971	F	CA	92835	Kaiser Health Plan HMO
01/01/1972	F	CA	92703	Kaiser Health Plan HMO
09/16/1966	F	CA	92683	Kaiser Health Plan HMO
06/13/1958	F	CA	90601	Kaiser Health Plan HMO
03/28/1939	F	CA	92630	Kaiser Health Plan HMO
11/01/1977	M	CA	92630	Kaiser Health Plan HMO
01/17/1948	F	CA	92804	Kaiser Health Plan HMO
01/17/1971	F	CA	92503	Kaiser Health Plan HMO
05/31/1983	F	CA	92091	Kaiser Health Plan HMO
08/01/1962	F	CA	92706	Kaiser Health Plan HMO
05/22/1979	F	CA	92054	Kaiser Health Plan HMO
04/04/1947	F	CA	92870	Kaiser Health Plan HMO
03/22/1946	F	CA	92691	Kaiser Health Plan HMO
01/18/1950	F	CA	928683703	Kaiser Health Plan HMO
12/21/1977	F	CA	90638	Kaiser Health Plan HMO
04/11/1985	F	CA	92780	Kaiser Health Plan HMO
04/18/1984	F	CA	90660	Kaiser Health Plan HMO
12/17/1957	F	CA	92679	Kaiser Health Plan HMO
07/18/1972	F	CA	92832	Kaiser Health Plan HMO
02/17/1979	F	CA	92841	Kaiser Health Plan HMO
12/24/1982	F	CA	92805	Kaiser Health Plan HMO
05/21/1941	M	CA	92804	Kaiser Health Plan HMO
05/11/1951	M	CA	92708	Kaiser Health Plan HMO
06/01/1950	F	CA	92835	Kaiser Health Plan HMO
10/28/1960	M	CA	92223	Kaiser Health Plan HMO
02/03/1947	F	CA	92677	Kaiser Health Plan HMO
01/28/1953	F	CA	92703	Kaiser Health Plan HMO
12/22/1949	M	CA	92841	Kaiser Health Plan HMO
12/12/1972	M	CA	91766	Kaiser Health Plan HMO
07/24/1958	F	CA	92886	Kaiser Health Plan HMO
12/22/1960	F	CA	92683	Kaiser Health Plan HMO
01/22/1978	M	CA	92801	Kaiser Health Plan HMO
11/22/1961	F	CA	92691	Kaiser Health Plan HMO
12/19/1971	F	CA	92861	Kaiser Health Plan HMO
06/09/1983	F	CA	92506	Kaiser Health Plan HMO
08/25/1966	M	CA	92647	Kaiser Health Plan HMO
03/26/1979	M	CA	92602	Kaiser Health Plan HMO
12/11/1971	M	CA	90039	Kaiser Health Plan HMO
10/27/1975	F	CA	90242	Kaiser Health Plan HMO
10/28/1977	M	CA	92841	Kaiser Health Plan HMO
07/12/1979	M	CA	90620	Kaiser Health Plan HMO
04/29/1966	F	CA	92782	Kaiser Health Plan HMO
12/02/1982	M	CA	92701	Kaiser Health Plan HMO
06/01/1987	F	CA	90650	Kaiser Health Plan HMO
05/23/1978	F	CA	92503	Kaiser Health Plan HMO
11/03/1944	F	CA	92870	Kaiser Health Plan HMO
07/22/1983	F	CA	92806	Kaiser Health Plan HMO
12/11/1972	M	CA	92805	Kaiser Health Plan HMO
10/15/1966	F	CA	92602	Kaiser Health Plan HMO
11/04/1977	M	CA	92801	Kaiser Health Plan HMO
06/29/1973	F	CA	91744	Kaiser Health Plan HMO
11/04/1973	M	CA	92806	Kaiser Health Plan HMO

03/22/1977	F	CA	92833	Kaiser Health Plan HMO
10/22/1982	F	CA	92832	Kaiser Health Plan HMO
09/19/1979	F	CA	90802	Kaiser Health Plan HMO
05/06/1971	F	CA	92865	Kaiser Health Plan HMO
09/03/1984	F	CA	92821	Kaiser Health Plan HMO
08/24/1985	F	CA	92562	Kaiser Health Plan HMO
10/10/1979	F	CA	90605	Kaiser Health Plan HMO
07/08/1960	F	CA	92804	Kaiser Health Plan HMO
03/27/1960	F	CA	90620	Kaiser Health Plan HMO
12/26/1973	M	CA	92704	Kaiser Health Plan HMO
12/12/1950	F	CA	92804	Kaiser Health Plan HMO
05/21/1984	F	CA	92780	Kaiser Health Plan HMO
06/22/1987	F	CA	90631	Kaiser Health Plan HMO
10/07/1985	M	CA	92843	Kaiser Health Plan HMO
02/14/1983	M	CA	92805	Kaiser Health Plan HMO
04/20/1954	F	CA	92506	Kaiser Health Plan HMO
08/19/1944	M	CA	92691	Kaiser Health Plan HMO
10/24/1945	M	CA	92705	Kaiser Health Plan HMO
05/29/1958	M	CA	90740	Kaiser Health Plan HMO
09/23/1946	F	CA	90630	Kaiser Health Plan HMO
01/05/1950	M	CA	92508	Kaiser Health Plan HMO
07/31/1962	M	CA	92882	Kaiser Health Plan HMO
02/17/1946	M	CA	92804	Kaiser Health Plan HMO
04/29/1963	M	CA	92781	Kaiser Health Plan HMO
08/23/1942	F	CA	92653	Kaiser Health Plan HMO
02/22/1973	F	CA	92653	Kaiser Health Plan HMO
10/27/1954	F	CA	90621	Kaiser Health Plan HMO
01/05/1944	M	CA	92612	Kaiser Health Plan HMO
11/15/1950	F	CA	92880	Kaiser Health Plan HMO
03/25/1980	F	CA	92867	Kaiser Health Plan HMO
12/25/1950	M	CA	92780	Kaiser Health Plan HMO
07/14/1954	F	CA	92844	Kaiser Health Plan HMO
12/19/1955	F	CA	92804	Kaiser Health Plan HMO
08/01/1965	F	CA	92807	Kaiser Health Plan HMO
07/04/1945	F	CA	92656	Kaiser Health Plan HMO
07/22/1953	F	CA	90620	Kaiser Health Plan HMO
09/04/1944	F	CA	92708	Kaiser Health Plan HMO
03/28/1951	F	CA	92610	Kaiser Health Plan HMO
12/22/1982	M	CA	92840	Kaiser Health Plan HMO
02/17/1978	F	CA	92656	Kaiser Health Plan HMO
12/18/1970	M	CA	92880	Kaiser Health Plan HMO
01/19/1982	M	CA	92646	Kaiser Health Plan HMO
07/09/1952	M	CA	92802	Kaiser Health Plan HMO
09/04/1949	M	CA	906203963	Kaiser Health Plan HMO
12/11/1973	M	CA	926851270	Kaiser Health Plan HMO
06/16/1982	F	CA	92708	Kaiser Health Plan HMO
02/09/1960	M	CA	92703	Kaiser Health Plan HMO
02/18/1949	F	CA	92707	Kaiser Health Plan HMO
06/12/1968	F	CA	91769	Kaiser Health Plan HMO
10/23/1940	F	CA	92804	Kaiser Health Plan HMO
01/10/1968	M	CA	92882	Kaiser Health Plan HMO
03/04/1981	F	CA	92505	Kaiser Health Plan HMO

03/30/1947	M	CA	92531	Kaiser Health Plan HMO
03/01/1978	M	CA	92694	Kaiser Health Plan HMO
08/03/1965	F	CA	92815	Kaiser Health Plan HMO
04/21/1956	F	CA	92513	Kaiser Health Plan HMO
02/03/1960	F	CA	92803	Kaiser Health Plan HMO
09/09/1953	M	CA	92646	Kaiser Health Plan HMO
06/29/1971	M	CA	92688	Kaiser Health Plan HMO
08/08/1938	F	CA	92703	Kaiser Health Plan HMO
02/18/1983	M	CA	92806	Kaiser Health Plan HMO
05/16/1960	M	CA	92354	Kaiser Health Plan HMO
02/19/1981	F	CA	92626	Kaiser Health Plan HMO
02/03/1972	M	CA	92691	Kaiser Health Plan HMO
01/05/1944	F	CA	92701	Kaiser Health Plan HMO
02/14/1948	F	CA	92804	Kaiser Health Plan HMO
07/13/1959	F	CA	92702	Kaiser Health Plan HMO
07/31/1941	F	CA	92705	Kaiser Health Plan HMO
12/06/1958	F	CA	92620	Kaiser Health Plan HMO
06/12/1955	F	CA	92626	Kaiser Health Plan HMO
05/31/1953	F	CA	92840	Kaiser Health Plan HMO
02/03/1983	F	CA	92648	Kaiser Health Plan HMO
06/20/1954	M	CA	92627	Kaiser Health Plan HMO
12/12/1958	M	CA	92691	Kaiser Health Plan HMO
04/14/1956	F	CA	92691	Kaiser Health Plan HMO
09/16/1939	M	CA	92647	Kaiser Health Plan HMO
06/21/1983	F	CA	90278	Kaiser Health Plan HMO
12/07/1962	F	CA	92865	Kaiser Health Plan HMO
11/19/1978	F	CA	92532	Kaiser Health Plan HMO
06/26/1952	F	CA	92868	Kaiser Health Plan HMO
04/08/1949	F	CA	92868	Kaiser Health Plan HMO
01/28/1974	M	CA	92833	Kaiser Health Plan HMO
11/18/1952	M	CA	92612	Kaiser Health Plan HMO
11/26/1966	F	CA	92648	Kaiser Health Plan HMO
04/22/1983	M	CA	92606	Kaiser Health Plan HMO
05/21/1948	F	CA	92630	Kaiser Health Plan HMO
01/12/1964	M	CA	92886	Kaiser Health Plan HMO
08/31/1961	M	CA	92505	Kaiser Health Plan HMO
10/01/1972	F	CA	92865	Kaiser Health Plan HMO
05/04/1971	M	CA	92663	Kaiser Health Plan HMO
07/26/1968	F	CA	92841	Kaiser Health Plan HMO
07/02/1974	M	CA	90620	Kaiser Health Plan HMO
11/04/1985	M	CA	92604	Kaiser Health Plan HMO
12/09/1983	M	CA	92683	Kaiser Health Plan HMO
02/18/1980	F	CA	90813	Kaiser Health Plan HMO
11/15/1972	M	CA	92831	Kaiser Health Plan HMO
06/30/1978	F	CA	92841	Kaiser Health Plan HMO
05/18/1959	F	CA	92887	Kaiser Health Plan HMO
09/08/1962	F	CA	92677	Kaiser Health Plan HMO
12/01/1961	M	CA	92804	Kaiser Health Plan HMO
04/24/1944	F	CA	92024	Kaiser Health Plan HMO
02/05/1964	F	CA	92835	Kaiser Health Plan HMO
04/23/1983	F	CA	90630	Kaiser Health Plan HMO
08/20/1941	F	CA	90622	Kaiser Health Plan HMO

05/07/1939	F	CA	90621	Kaiser Health Plan HMO
07/31/1973	M	CA	92653	Kaiser Health Plan HMO
09/13/1974	M	CA	92804	Kaiser Health Plan HMO
11/30/1966	F	CA	90804	Kaiser Health Plan HMO
12/16/1952	M	CA	925307420	Kaiser Health Plan HMO
03/15/1968	F	CA	92845	Kaiser Health Plan HMO
05/24/1966	F	CA	92844	Kaiser Health Plan HMO
11/15/1979	F	CA	92651	Kaiser Health Plan HMO
08/21/1978	M	CA	92843	Kaiser Health Plan HMO
12/09/1976	M	CA	90803	Kaiser Health Plan HMO
06/05/1983	M	CA	92840	Kaiser Health Plan HMO
10/10/1960	M	CA	925712961	Kaiser Health Plan HMO
07/05/1961	F	CA	92706	Kaiser Health Plan HMO
07/23/1978	F	CA	92886	Kaiser Health Plan HMO
04/04/1954	F	CA	92831	Kaiser Health Plan HMO
10/14/1958	F	CA	90620	Kaiser Health Plan HMO
06/18/1962	M	CA	92704	Kaiser Health Plan HMO
01/31/1966	F	CA	92701	Kaiser Health Plan HMO
07/31/1976	M	CA	92882	Kaiser Health Plan HMO
01/02/1947	F	CA	92618	Kaiser Health Plan HMO
03/16/1983	F	CA	92704	Kaiser Health Plan HMO
03/14/1953	F	CA	92780	Kaiser Health Plan HMO
07/28/1948	F	CA	92887	Kaiser Health Plan HMO
07/13/1958	F	CA	92821	Kaiser Health Plan HMO
09/17/1957	F	CA	92845	Kaiser Health Plan HMO
05/20/1961	F	CA	92804	Kaiser Health Plan HMO
04/10/1979	F	CA	90814	Kaiser Health Plan HMO
04/24/1969	F	CA	90650	Kaiser Health Plan HMO
10/26/1946	F	CA	92833	Kaiser Health Plan HMO
08/24/1985	F	CA	92880	Kaiser Health Plan HMO
07/12/1978	F	CA	90746	Kaiser Health Plan HMO
11/12/1984	M	CA	92865	Kaiser Health Plan HMO
07/16/1956	M	CA	92503	Kaiser Health Plan HMO
06/12/1959	F	CA	92870	Kaiser Health Plan HMO
01/11/1978	M	CA	92780	Kaiser Health Plan HMO
08/01/1963	F	CA	90620	Kaiser Health Plan HMO
02/24/1943	F	CA	92656	Kaiser Health Plan HMO
08/19/1979	F	CA	90713	Kaiser Health Plan HMO
03/24/1975	F	CA	90650	Kaiser Health Plan HMO
01/09/1970	M	CA	92804	Kaiser Health Plan HMO
04/13/1970	M	CA	92647	Kaiser Health Plan HMO
07/12/1971	M	CA	90670	Kaiser Health Plan HMO
01/24/1977	F	CA	90602	Kaiser Health Plan HMO
08/01/1983	F	CA	92805	Kaiser Health Plan HMO
11/30/1950	M	CA	91761	Kaiser Health Plan HMO
10/31/1969	F	CA	91784	Kaiser Health Plan HMO
07/12/1952	F	CA	92870	Kaiser Health Plan HMO
01/17/1974	F	CA	92868	Kaiser Health Plan HMO
11/19/1954	M	CA	92705	Kaiser Health Plan HMO
08/29/1953	F	CA	92692	Kaiser Health Plan HMO
04/28/1966	F	CA	92869	Kaiser Health Plan HMO
12/11/1973	M	CA	92868	Kaiser Health Plan HMO

08/15/1964	F	CA	92656	Kaiser Health Plan HMO
11/03/1981	M	CA	90005	Kaiser Health Plan HMO
07/31/1948	F	CA	92683	Kaiser Health Plan HMO
06/09/1949	F	CA	92648	Kaiser Health Plan HMO
10/29/1950	F	CA	90731	Kaiser Health Plan HMO
04/20/1969	M	CA	92507	Kaiser Health Plan HMO
09/05/1975	M	CA	92865	Kaiser Health Plan HMO
05/18/1981	F	CA	90255	Kaiser Health Plan HMO
11/18/1949	M	CA	91711	Kaiser Health Plan HMO
05/09/1951	F	CA	92840	Kaiser Health Plan HMO
07/29/1948	F	CA	92627	Kaiser Health Plan HMO
04/18/1971	F	CA	92692	Kaiser Health Plan HMO
03/25/1952	F	CA	92570	Kaiser Health Plan HMO
02/18/1984	F	CA	90631	Kaiser Health Plan HMO
06/01/1982	F	CA	92844	Kaiser Health Plan HMO
06/10/1965	F	CA	91709	Kaiser Health Plan HMO
03/25/1960	M	CA	92683	Kaiser Health Plan HMO
04/12/1974	M	CA	90620	Kaiser Health Plan HMO
07/01/1967	M	CA	91765	Kaiser Health Plan HMO
09/25/1966	F	CA	92706	Kaiser Health Plan HMO
11/22/1978	F	CA	90621	Kaiser Health Plan HMO
06/04/1967	F	CA	90638	Kaiser Health Plan HMO
01/19/1947	M	CA	926122127	Kaiser Health Plan HMO
05/24/1981	F	CA	92648	Kaiser Health Plan HMO
05/27/1949	F	CA	92780	Kaiser Health Plan HMO
04/17/1951	M	CA	92707	Kaiser Health Plan HMO
03/30/1969	M	CA	92840	Kaiser Health Plan HMO
07/05/1952	F	CA	92843	Kaiser Health Plan HMO
06/03/1952	M	CA	90620	Kaiser Health Plan HMO
08/29/1959	F	CA	92805	Kaiser Health Plan HMO
09/26/1956	M	CA	90638	Kaiser Health Plan HMO
09/30/1950	F	CA	92841	Kaiser Health Plan HMO
08/16/1986	F	CA	92683	Kaiser Health Plan HMO
07/31/1975	F	CA	92627	Kaiser Health Plan HMO
01/20/1955	M	CA	92630	Kaiser Health Plan HMO
08/05/1959	F	CA	92806	Kaiser Health Plan HMO
08/18/1964	F	CA	92865	Kaiser Health Plan HMO
11/28/1958	F	CA	92806	Kaiser Health Plan HMO
02/19/1976	M	CA	92701	Kaiser Health Plan HMO
09/06/1979	F	CA	92679	Kaiser Health Plan HMO
10/08/1975	M	CA	92612	Kaiser Health Plan HMO
05/27/1945	F	CA	92823	Kaiser Health Plan HMO
04/19/1947	F	CA	90720	Kaiser Health Plan HMO
01/14/1954	F	CA	92646	Kaiser Health Plan HMO
07/14/1951	M	CA	92879	Kaiser Health Plan HMO
06/18/1984	M	CA	92703	Kaiser Health Plan HMO
10/17/1945	F	CA	92868	Kaiser Health Plan HMO
04/06/1950	F	CA	92706	Kaiser Health Plan HMO
04/11/1953	F	CA	90706	Kaiser Health Plan HMO
11/22/1985	F	CA	92870	Kaiser Health Plan HMO
05/25/1954	F	CA	92868	Kaiser Health Plan HMO
10/17/1958	F	CA	92804	Kaiser Health Plan HMO

03/12/1964	M	CA	92711	Kaiser Health Plan HMO
08/24/1977	F	CA	90620	Kaiser Health Plan HMO
09/19/1981	M	CA	926531125	Kaiser Health Plan HMO
03/21/1983	F	CA	92057	Kaiser Health Plan HMO
05/22/1957	F	CA	90631	Kaiser Health Plan HMO
03/24/1976	F	CA	92833	Kaiser Health Plan HMO
11/11/1955	F	CA	92782	Kaiser Health Plan HMO
05/03/1957	F	CA	92704	Kaiser Health Plan HMO
02/09/1955	F	CA	92801	Kaiser Health Plan HMO
06/18/1955	F	CA	92705	Kaiser Health Plan HMO
09/25/1964	M	CA	92704	Kaiser Health Plan HMO
02/15/1957	F	CA	92626	Kaiser Health Plan HMO
10/25/1956	F	CA	92821	Kaiser Health Plan HMO
11/17/1958	F	CA	92587	Kaiser Health Plan HMO
09/19/1959	F	CA	92780	Kaiser Health Plan HMO
09/23/1974	F	CA	90623	Kaiser Health Plan HMO
11/22/1931	F	CA	92653	Kaiser Health Plan HMO
07/10/1969	F	CA	92691	Kaiser Health Plan HMO
05/30/1976	F	CA	90047	Kaiser Health Plan HMO
02/01/1961	F	CA	92704	Kaiser Health Plan HMO
04/20/1967	M	CA	92701	Kaiser Health Plan HMO
06/03/1965	M	CA	92805	Kaiser Health Plan HMO
03/08/1980	F	CA	92704	Kaiser Health Plan HMO
10/08/1975	F	CA	92506	Kaiser Health Plan HMO
08/24/1956	F	CA	92867	Kaiser Health Plan HMO
05/13/1958	F	CA	92703	Kaiser Health Plan HMO
08/23/1967	F	CA	92804	Kaiser Health Plan HMO
01/07/1967	M	CA	92688	Kaiser Health Plan HMO
02/06/1970	F	CA	92688	Kaiser Health Plan HMO
07/31/1949	F	CA	92706	Kaiser Health Plan HMO
08/23/1973	F	CA	92703	Kaiser Health Plan HMO
09/29/1956	F	CA	92780	Kaiser Health Plan HMO
03/15/1965	M	CA	92705	Kaiser Health Plan HMO
03/15/1962	F	CA	92647	Kaiser Health Plan HMO
11/29/1978	F	CA	92627	Kaiser Health Plan HMO
03/17/1980	F	CA	92703	Kaiser Health Plan HMO
05/20/1941	F	CA	92703	Kaiser Health Plan HMO
06/14/1949	F	CA	92656	Kaiser Health Plan HMO
11/26/1965	M	CA	92802	Kaiser Health Plan HMO
10/26/1967	F	CA	90808	Kaiser Health Plan HMO
08/13/1971	F	CA	92551	Kaiser Health Plan HMO
03/28/1986	M	CA	92630	Kaiser Health Plan HMO
10/06/1982	F	CA	92869	Kaiser Health Plan HMO
08/06/1949	M	CA	92553	Kaiser Health Plan HMO
10/28/1984	F	CA	92683	Kaiser Health Plan HMO
10/25/1959	M	CA	92865	Kaiser Health Plan HMO
10/18/1968	M	CA	92833	Kaiser Health Plan HMO
06/08/1939	F	CA	92704	Kaiser Health Plan HMO
04/14/1965	F	CA	92840	Kaiser Health Plan HMO
01/07/1982	M	CA	92881	Kaiser Health Plan HMO
09/30/1982	M	CA	928150362	Kaiser Health Plan HMO
10/05/1968	F	CA	92708	Kaiser Health Plan HMO

10/24/1970	F	CA	92503	Kaiser Health Plan HMO
10/16/1983	F	CA	90755	Kaiser Health Plan HMO
08/10/1966	M	CA	92845	Kaiser Health Plan HMO
09/27/1966	M	CA	92705	Kaiser Health Plan HMO
05/20/1976	F	CA	92587	Kaiser Health Plan HMO
06/13/1969	F	CA	92704	Kaiser Health Plan HMO
06/02/1966	M	CA	92883	Kaiser Health Plan HMO
03/13/1983	M	CA	92704	Kaiser Health Plan HMO
05/26/1967	M	CA	90305	Kaiser Health Plan HMO
11/04/1977	M	CA	92870	Kaiser Health Plan HMO
12/15/1984	F	CA	92804	Kaiser Health Plan HMO
06/09/1971	M	CA	92708	Kaiser Health Plan HMO
02/26/1986	M	CA	92603	Kaiser Health Plan HMO
01/08/1971	M	CA	92841	Kaiser Health Plan HMO
04/12/1954	F	CA	92869	Kaiser Health Plan HMO
07/10/1956	F	CA	90807	Kaiser Health Plan HMO
04/01/1961	F	CA	92704	Kaiser Health Plan HMO
01/16/1949	F	CA	92807	Kaiser Health Plan HMO
01/05/1950	M	CA	92503	Kaiser Health Plan HMO
06/12/1951	M	CA	92867	Kaiser Health Plan HMO
06/23/1982	M	CA	92691	Kaiser Health Plan HMO
06/06/1954	M	CA	92688	Kaiser Health Plan HMO
09/11/1954	F	CA	92843	Kaiser Health Plan HMO
07/24/1956	M	CA	92626	Kaiser Health Plan HMO
06/07/1981	M	CA	92886	Kaiser Health Plan HMO
07/02/1982	F	CA	92647	Kaiser Health Plan HMO
12/26/1950	F	CA	92656	Kaiser Health Plan HMO
07/21/1969	M	CA	92882	Kaiser Health Plan HMO
09/28/1961	M	CA	90802	Kaiser Health Plan HMO
12/29/1951	F	CA	92821	Kaiser Health Plan HMO
03/02/1955	F	CA	92806	Kaiser Health Plan HMO
01/04/1961	F	CA	91766	Kaiser Health Plan HMO
04/03/1973	F	CA	92805	Kaiser Health Plan HMO
07/19/1966	M	CA	90745	Kaiser Health Plan HMO
01/29/1979	F	CA	90638	Kaiser Health Plan HMO
09/27/1971	M	CA	92843	Kaiser Health Plan HMO
07/24/1946	M	CA	92840	Kaiser Health Plan HMO
06/24/1956	M	CA	90703	Kaiser Health Plan HMO
08/30/1962	M	CA	92629	Kaiser Health Plan HMO
07/03/1972	M	CA	90602	Kaiser Health Plan HMO
03/29/1961	F	CA	92692	Kaiser Health Plan HMO
10/13/1978	F	CA	91402	Kaiser Health Plan HMO
02/25/1980	F	CA	92683	Kaiser Health Plan HMO
02/06/1971	F	CA	92648	Kaiser Health Plan HMO
05/12/1970	F	CA	92705	Kaiser Health Plan HMO
05/20/1971	F	CA	92679	Kaiser Health Plan HMO
01/10/1980	F	CA	92843	Kaiser Health Plan HMO
10/08/1983	M	CA	92606	Kaiser Health Plan HMO
08/30/1956	F	CA	92648	Kaiser Health Plan HMO
05/21/1969	F	CA	92870	Kaiser Health Plan HMO
10/16/1961	M	CA	91763	Kaiser Health Plan HMO
07/13/1943	M	CA	92056	Kaiser Health Plan HMO

06/01/1977	F	CA	92704	Kaiser Health Plan HMO
06/25/1947	F	CA	92840	Kaiser Health Plan HMO
03/24/1967	M	CA	90670	Kaiser Health Plan HMO
11/10/1970	F	CA	92706	Kaiser Health Plan HMO
12/22/1939	M	CA	91791	Kaiser Health Plan HMO
08/29/1949	M	CA	92843	Kaiser Health Plan HMO
01/23/1985	F	CA	90201	Kaiser Health Plan HMO
08/10/1971	M	CA	92663	Kaiser Health Plan HMO
11/30/1954	F	CA	92683	Kaiser Health Plan HMO
03/14/1976	M	CA	92870	Kaiser Health Plan HMO
07/06/1962	F	CA	92840	Kaiser Health Plan HMO
12/17/1974	F	CA	90640	Kaiser Health Plan HMO
09/27/1970	F	CA	92804	Kaiser Health Plan HMO
08/29/1968	F	CA	90606	Kaiser Health Plan HMO
02/14/1981	F	CA	92868	Kaiser Health Plan HMO
06/20/1975	F	CA	92868	Kaiser Health Plan HMO
11/11/1975	F	CA	92840	Kaiser Health Plan HMO
05/19/1950	F	CA	92324	Kaiser Health Plan HMO
12/15/1948	F	CA	92610	Kaiser Health Plan HMO
01/25/1963	F	CA	92806	Kaiser Health Plan HMO
05/12/1970	M	CA	92845	Kaiser Health Plan HMO
11/10/1970	F	CA	90703	Kaiser Health Plan HMO
03/21/1970	F	CA	92653	Kaiser Health Plan HMO
08/08/1985	M	CA	92706	Kaiser Health Plan HMO
07/09/1957	M	CA	90808	Kaiser Health Plan HMO
11/08/1985	F	CA	92705	Kaiser Health Plan HMO
08/13/1985	F	CA	92704	Kaiser Health Plan HMO
01/30/1970	M	CA	92857	Kaiser Health Plan HMO
07/18/1956	F	CA	92677	Kaiser Health Plan HMO
01/16/1977	F	CA	92843	Kaiser Health Plan HMO
07/30/1971	F	CA	92557	Kaiser Health Plan HMO
03/14/1976	F	CA	92815	Kaiser Health Plan HMO
11/25/1975	M	CA	90638	Kaiser Health Plan HMO
01/02/1968	M	CA	90809	Kaiser Health Plan HMO
07/15/1947	F	CA	92655	Kaiser Health Plan HMO
09/23/1948	M	CA	91709	Kaiser Health Plan HMO
05/03/1983	M	CA	92867	Kaiser Health Plan HMO
10/08/1986	M	CA	92630	Kaiser Health Plan HMO
06/05/1982	M	CA	92831	Kaiser Health Plan HMO
11/26/1954	F	CA	92683	Kaiser Health Plan HMO
07/09/1982	F	CA	92620	Kaiser Health Plan HMO
04/18/1965	F	CA	92620	Kaiser Health Plan HMO
09/13/1974	F	CA	92672	Kaiser Health Plan HMO
08/24/1964	F	CA	90745	Kaiser Health Plan HMO
10/12/1961	F	CA	92503	Kaiser Health Plan HMO
07/31/1973	M	CA	92345	Kaiser Health Plan HMO
12/07/1966	M	CA	92703	Kaiser Health Plan HMO
05/09/1963	M	CA	92704	Kaiser Health Plan HMO
08/23/1944	F	CA	92395	Kaiser Health Plan HMO
03/13/1981	M	CA	90621	Kaiser Health Plan HMO
02/24/1945	F	CA	92630	Kaiser Health Plan HMO
02/23/1981	M	CA	92677	Kaiser Health Plan HMO

12/17/1950	M	CA	92705	Kaiser Health Plan HMO
04/14/1956	F	CA	92706	Kaiser Health Plan HMO
08/04/1965	F	CA	90805	Kaiser Health Plan HMO
10/13/1973	M	CA	92570	Kaiser Health Plan HMO
06/15/1944	F	CA	92887	Kaiser Health Plan HMO
03/24/1949	F	CA	90604	Kaiser Health Plan HMO
01/10/1962	F	CA	92707	Kaiser Health Plan HMO
07/05/1961	F	CA	92704	Kaiser Health Plan HMO
08/16/1970	F	CA	92656	Kaiser Health Plan HMO
03/19/1967	F	CA	92618	Kaiser Health Plan HMO
05/10/1964	M	CA	92879	Kaiser Health Plan HMO
06/02/1944	M	CA	91765	Kaiser Health Plan HMO
05/03/1944	M	CA	92508	Kaiser Health Plan HMO
09/30/1978	M	CA	92833	Kaiser Health Plan HMO
09/22/1969	M	CA	91730	Kaiser Health Plan HMO
06/24/1972	M	CA	92692	Kaiser Health Plan HMO
06/22/1949	F	CA	92505	Kaiser Health Plan HMO
06/20/1982	F	CA	92801	Kaiser Health Plan HMO
06/30/1968	M	CA	92677	Kaiser Health Plan HMO
03/24/1964	F	CA	92869	Kaiser Health Plan HMO
01/31/1960	F	CA	92870	Kaiser Health Plan HMO
09/05/1956	M	CA	90620	Kaiser Health Plan HMO
06/21/1946	M	CA	92807	Kaiser Health Plan HMO
03/19/1979	F	CA	92707	Kaiser Health Plan HMO
07/03/1980	M	CA	92882	Kaiser Health Plan HMO
05/01/1973	F	CA	92870	Kaiser Health Plan HMO
07/23/1983	F	CA	90301	Kaiser Health Plan HMO
11/06/1971	M	CA	92835	Kaiser Health Plan HMO
03/03/1953	M	CA	92691	Kaiser Health Plan HMO
05/29/1984	M	CA	92886	Kaiser Health Plan HMO
10/28/1950	F	CA	92625	Kaiser Health Plan HMO
02/08/1952	F	CA	92886	Kaiser Health Plan HMO
08/21/1979	F	CA	92707	Kaiser Health Plan HMO
12/10/1970	M	CA	92626	Kaiser Health Plan HMO
10/26/1958	F	CA	92651	Kaiser Health Plan HMO
11/21/1965	F	CA	92691	Kaiser Health Plan HMO
06/15/1962	M	CA	927821112	Kaiser Health Plan HMO
08/16/1976	M	CA	92868	Kaiser Health Plan HMO
12/30/1969	M	CA	90630	Kaiser Health Plan HMO
06/18/1975	F	CA	92683	Kaiser Health Plan HMO
11/13/1951	M	CA	92870	Kaiser Health Plan HMO
01/04/1983	F	CA	92629	Kaiser Health Plan HMO
04/03/1959	F	CA	92863	Kaiser Health Plan HMO
05/03/1965	M	CA	92672	Kaiser Health Plan HMO
04/07/1971	M	CA	92860	Kaiser Health Plan HMO
03/17/1962	F	CA	92804	Kaiser Health Plan HMO
02/11/1965	F	CA	92708	Kaiser Health Plan HMO
01/04/1948	F	CA	92821	Kaiser Health Plan HMO
05/31/1948	M	CA	92805	Kaiser Health Plan HMO
03/07/1959	F	CA	92886	Kaiser Health Plan HMO
10/08/1982	F	CA	92701	Kaiser Health Plan HMO
08/17/1955	F	CA	90715	Kaiser Health Plan HMO

11/29/1961	F	CA	90631	Kaiser Health Plan HMO
03/27/1967	M	CA	92867	Kaiser Health Plan HMO
07/22/1971	F	CA	92054	Kaiser Health Plan HMO
06/12/1954	F	CA	92647	Kaiser Health Plan HMO
10/29/1981	F	CA	923370510	Kaiser Health Plan HMO
02/03/1956	F	CA	92707	Kaiser Health Plan HMO
02/19/1962	F	CA	92506	Kaiser Health Plan HMO
08/30/1961	F	CA	92841	Kaiser Health Plan HMO
06/20/1975	F	CA	91748	Kaiser Health Plan HMO
12/24/1962	F	CA	92802	Kaiser Health Plan HMO
08/05/1979	M	CA	92869	Kaiser Health Plan HMO
12/25/1967	F	CA	92626	Kaiser Health Plan HMO
03/30/1969	F	CA	91803	Kaiser Health Plan HMO
07/10/1980	F	CA	92646	Kaiser Health Plan HMO
09/10/1952	F	CA	90803	Kaiser Health Plan HMO
09/25/1975	M	CA	90037	Kaiser Health Plan HMO
03/16/1980	M	CA	92503	Kaiser Health Plan HMO
05/04/1951	F	CA	90631	Kaiser Health Plan HMO
12/06/1949	F	CA	91301	Kaiser Health Plan HMO
06/03/1947	M	CA	92780	Kaiser Health Plan HMO
03/03/1951	F	CA	92624	Kaiser Health Plan HMO
07/07/1952	M	CA	92178	Kaiser Health Plan HMO
04/05/1971	F	CA	92602	Kaiser Health Plan HMO
08/28/1954	M	CA	92701	Kaiser Health Plan HMO
10/14/1974	F	CA	91801	Kaiser Health Plan HMO
11/19/1957	F	CA	90638	Kaiser Health Plan HMO
07/23/1956	M	CA	92869	Kaiser Health Plan HMO
08/15/1963	F	CA	91745	Kaiser Health Plan HMO
02/04/1975	F	CA	92706	Kaiser Health Plan HMO
06/28/1982	F	CA	92627	Kaiser Health Plan HMO
11/07/1949	M	CA	92840	Kaiser Health Plan HMO
09/09/1952	F	CA	92630	Kaiser Health Plan HMO
03/12/1985	M	CA	92833	Kaiser Health Plan HMO
03/25/1952	F	CA	92056	Kaiser Health Plan HMO
04/23/1954	F	CA	92821	Kaiser Health Plan HMO
04/25/1975	F	CA	90620	Kaiser Health Plan HMO
04/11/1963	M	CA	90745	Kaiser Health Plan HMO
05/16/1975	M	CA	91768	Kaiser Health Plan HMO
07/04/1972	M	CA	92701	Kaiser Health Plan HMO
08/03/1950	M	CA	90638	Kaiser Health Plan HMO
04/17/1960	F	CA	92866	Kaiser Health Plan HMO
10/24/1966	F	CA	92808	Kaiser Health Plan HMO
11/17/1966	F	CA	92806	Kaiser Health Plan HMO
02/03/1960	M	CA	92618	Kaiser Health Plan HMO
02/03/1953	F	CA	91745	Kaiser Health Plan HMO
03/23/1957	F	CA	92630	Kaiser Health Plan HMO
10/31/1958	F	CA	92869	Kaiser Health Plan HMO
01/17/1975	M	CA	92692	Kaiser Health Plan HMO
10/08/1962	M	CA	92603	Kaiser Health Plan HMO
08/01/1982	F	CA	90638	Kaiser Health Plan HMO
08/23/1980	M	CA	90631	Kaiser Health Plan HMO
05/02/1977	M	CA	92833	Kaiser Health Plan HMO

03/15/1978	F	CA	90621	Kaiser Health Plan HMO
12/15/1975	M	CA	90815	Kaiser Health Plan HMO
02/21/1974	M	CA	92630	Kaiser Health Plan HMO
11/20/1974	F	CA	92840	Kaiser Health Plan HMO
04/08/1978	F	CA	92692	Kaiser Health Plan HMO
06/10/1979	M	CA	90745	Kaiser Health Plan HMO
11/18/1982	F	CA	92653	Kaiser Health Plan HMO
06/18/1967	M	CA	90810	Kaiser Health Plan HMO
01/05/1974	M	CA	92886	Kaiser Health Plan HMO
11/05/1965	F	CA	92692	Kaiser Health Plan HMO
03/23/1982	M	CA	92880	Kaiser Health Plan HMO
08/04/1949	F	CA	92806	Kaiser Health Plan HMO
10/06/1982	F	CA	92708	Kaiser Health Plan HMO
02/05/1988	F	CA	92804	Kaiser Health Plan HMO
04/08/1979	F	CA	92882	Kaiser Health Plan HMO
01/02/1978	F	CA	92780	Kaiser Health Plan HMO
10/02/1985	F	CA	92647	Kaiser Health Plan HMO
06/06/1978	F	CA	92832	Kaiser Health Plan HMO
11/25/1971	M	CA	91320	Kaiser Health Plan HMO
05/12/1983	F	CA	90640	Kaiser Health Plan HMO
04/30/1987	M	CA	92886	Kaiser Health Plan HMO
04/21/1981	F	CA	92802	Kaiser Health Plan HMO
01/30/1972	F	CA	92782	Kaiser Health Plan HMO
05/26/1981	F	CA	90804	Kaiser Health Plan HMO
03/14/1977	M	CA	92703	Kaiser Health Plan HMO
02/17/1953	F	CA	92804	Kaiser Health Plan HMO
07/24/1972	M	CA	92870	Kaiser Health Plan HMO
09/11/1980	M	CA	92840	Kaiser Health Plan HMO
10/17/1970	M	CA	92840	Kaiser Health Plan HMO
08/07/1987	M	CA	92630	Kaiser Health Plan HMO
10/05/1977	F	CA	92646	Kaiser Health Plan HMO
12/10/1982	F	CA	90703	Kaiser Health Plan HMO
10/10/1971	F	CA	92882	Kaiser Health Plan HMO
06/23/1982	F	CA	90712	Kaiser Health Plan HMO
03/10/1977	F	CA	92821	Kaiser Health Plan HMO
01/12/1966	F	CA	90631	Kaiser Health Plan HMO
07/20/1949	F	CA	90703	Kaiser Health Plan HMO
09/13/1958	M	CA	92614	Kaiser Health Plan HMO
07/25/1979	M	CA	92707	Kaiser Health Plan HMO
03/18/1983	M	CA	90815	Kaiser Health Plan HMO
04/05/1979	M	CA	92833	Kaiser Health Plan HMO
11/26/1983	M	CA	92805	Kaiser Health Plan HMO
07/08/1982	F	CA	90807	Kaiser Health Plan HMO
09/12/1982	F	CA	92883	Kaiser Health Plan HMO
07/14/1961	F	CA	92831	Kaiser Health Plan HMO
02/21/1965	M	CA	92627	Kaiser Health Plan HMO
02/02/1982	F	CA	90803	Kaiser Health Plan HMO
05/14/1981	M	CA	90680	Kaiser Health Plan HMO
01/07/1955	F	CA	92780	Kaiser Health Plan HMO
11/30/1979	F	CA	90701	Kaiser Health Plan HMO
10/15/1981	F	CA	90605	Kaiser Health Plan HMO
09/19/1985	M	CA	92503	Kaiser Health Plan HMO

09/18/1971	M	CA	90815	Kaiser Health Plan HMO
04/05/1979	F	CA	92557	Kaiser Health Plan HMO
10/30/1979	M	CA	92780	Kaiser Health Plan HMO
09/21/1985	M	CA	92683	Kaiser Health Plan HMO
10/24/1976	M	CA	91302	Kaiser Health Plan HMO
02/06/1987	M	CA	92887	Kaiser Health Plan HMO
06/26/1985	M	CA	92808	Kaiser Health Plan HMO
07/29/1984	M	CA	92780	Kaiser Health Plan HMO
03/05/1970	F	CA	92602	Kaiser Health Plan HMO
03/05/1951	M	CA	92604	Kaiser Health Plan HMO
10/28/1978	F	CA	91710	Kaiser Health Plan HMO
02/02/1979	F	CA	90277	Kaiser Health Plan HMO
06/03/1983	M	CA	92504	Kaiser Health Plan HMO
02/22/1980	F	CA	92676	Kaiser Health Plan HMO
11/11/1966	M	CA	92841	Kaiser Health Plan HMO
04/11/1984	F	CA	90680	Kaiser Health Plan HMO
01/24/1984	M	CA	92840	Kaiser Health Plan HMO
02/18/1987	F	CA	91766	Kaiser Health Plan HMO
02/22/1981	M	CA	92840	Kaiser Health Plan HMO
03/03/1982	F	CA	92704	Kaiser Health Plan HMO
03/14/1987	M	CA	92610	Kaiser Health Plan HMO
11/15/1975	F	CA	92802	Kaiser Health Plan HMO
03/26/1972	M	CA	90620	Kaiser Health Plan HMO
04/03/1978	M	CA	92805	Kaiser Health Plan HMO
09/02/1982	F	CA	92882	Kaiser Health Plan HMO
09/27/1972	F	CA	92843	Kaiser Health Plan HMO
02/02/1984	M	CA	92648	Kaiser Health Plan HMO
02/08/1979	F	CA	90651	Kaiser Health Plan HMO
10/22/1977	F	CA	92626	Kaiser Health Plan HMO
03/05/1972	F	CA	92508	Kaiser Health Plan HMO
09/07/1980	F	CA	92620	Kaiser Health Plan HMO
11/28/1975	M	CA	92870	Kaiser Health Plan HMO
01/21/1981	F	CA	92780	Kaiser Health Plan HMO
12/06/1976	F	CA	90712	Kaiser Health Plan HMO
10/25/1981	F	CA	92376	Kaiser Health Plan HMO
02/15/1985	M	CA	92505	Kaiser Health Plan HMO
10/13/1986	M	CA	92688	Kaiser Health Plan HMO
05/12/1974	M	CA	92337	Kaiser Health Plan HMO
12/12/1984	F	CA	92840	Kaiser Health Plan HMO
04/01/1976	F	CA	90703	Kaiser Health Plan HMO
08/17/1974	F	CA	92626	Kaiser Health Plan HMO
09/10/1979	M	CA	92780	Kaiser Health Plan HMO
10/26/1970	F	CA	928011534	Kaiser Health Plan HMO
10/06/1956	F	CA	92802	Kaiser Health Plan HMO
02/14/1985	M	CA	92840	Kaiser Health Plan HMO
10/22/1968	M	CA	92866	Kaiser Health Plan HMO
12/10/1972	M	CA	92880	Kaiser Health Plan HMO
08/29/1975	F	CA	92683	Kaiser Health Plan HMO
06/04/1969	M	CA	91302	Kaiser Health Plan HMO
01/05/1985	F	CA	91706	Kaiser Health Plan HMO
06/07/1975	F	CA	92008	Kaiser Health Plan HMO
03/18/1983	F	CA	92629	Kaiser Health Plan HMO

06/16/1963	F	CA	90630	Kaiser Health Plan HMO
12/17/1974	M	CA	92869	Kaiser Health Plan HMO
11/10/1978	M	CA	90713	Kaiser Health Plan HMO
04/27/1982	F	CA	90621	Kaiser Health Plan HMO
05/21/1972	F	CA	92808	Kaiser Health Plan HMO
08/31/1975	F	CA	92602	Kaiser Health Plan HMO
05/20/1977	M	CA	92604	Kaiser Health Plan HMO
03/04/1976	M	CA	92805	Kaiser Health Plan HMO
07/31/1966	F	CA	92870	Kaiser Health Plan HMO
01/06/1966	M	CA	92840	Kaiser Health Plan HMO
07/19/1979	M	CA	90680	Kaiser Health Plan HMO
09/02/1964	F	CA	92866	Kaiser Health Plan HMO
04/30/1964	M	CA	92801	Kaiser Health Plan HMO
12/22/1978	F	CA	92704	Kaiser Health Plan HMO
04/11/1949	F	CA	90631	Kaiser Health Plan HMO
12/24/1974	F	CA	92806	Kaiser Health Plan HMO
01/31/1950	M	CA	92833	Kaiser Health Plan HMO
02/01/1961	M	CA	90650	Kaiser Health Plan HMO
09/12/1985	M	CA	92804	Kaiser Health Plan HMO
05/04/1979	M	CA	90680	Kaiser Health Plan HMO
12/09/1981	F	CA	92832	Kaiser Health Plan HMO
04/08/1975	F	CA	92646	Kaiser Health Plan HMO
08/19/1982	F	CA	92780	Kaiser Health Plan HMO
08/04/1974	F	CA	90604	Kaiser Health Plan HMO
09/17/1942	F	CA	90712	Kaiser Health Plan HMO
12/13/1958	F	CA	92704	Kaiser Health Plan HMO
02/02/1963	F	CA	90802	Kaiser Health Plan HMO
01/12/1965	F	CA	92835	Kaiser Health Plan HMO
10/25/1953	F	CA	92629	Kaiser Health Plan HMO
12/07/1971	F	CA	92646	Kaiser Health Plan HMO
10/18/1943	F	CA	92805	Kaiser Health Plan HMO
07/10/1975	F	CA	92832	Kaiser Health Plan HMO
04/03/1970	F	CA	92704	Kaiser Health Plan HMO
07/02/1942	M	CA	90803	Kaiser Health Plan HMO
06/27/1975	M	CA	90621	Kaiser Health Plan HMO
10/24/1976	F	CA	92844	Kaiser Health Plan HMO
08/17/1957	M	CA	92656	Kaiser Health Plan HMO
02/26/1953	F	CA	92870	Kaiser Health Plan HMO
02/10/1952	F	CA	92804	Kaiser Health Plan HMO
10/02/1955	F	CA	92835	Kaiser Health Plan HMO
03/05/1957	F	CA	92624	Kaiser Health Plan HMO
11/09/1960	F	CA	92887	Kaiser Health Plan HMO
04/19/1975	F	CA	92627	Kaiser Health Plan HMO
03/15/1947	F	CA	92833	Kaiser Health Plan HMO
03/01/1955	F	CA	92673	Kaiser Health Plan HMO
04/27/1963	F	CA	92806	Kaiser Health Plan HMO
08/14/1962	M	CA	92629	Kaiser Health Plan HMO
07/02/1961	M	CA	92805	Kaiser Health Plan HMO
11/27/1964	M	CA	92649	Kaiser Health Plan HMO
08/20/1953	M	CA	92807	Kaiser Health Plan HMO
12/31/1950	F	CA	92883	Kaiser Health Plan HMO
09/10/1967	F	CA	91784	Kaiser Health Plan HMO

10/12/1966	F	CA	92843	Kaiser Health Plan HMO
11/08/1949	F	CA	92672	Kaiser Health Plan HMO
07/06/1977	F	CA	90638	Kaiser Health Plan HMO
11/28/1966	F	CA	92780	Kaiser Health Plan HMO
05/19/1974	F	CA	92647	Kaiser Health Plan HMO
09/29/1954	F	CA	92619	Kaiser Health Plan HMO
11/21/1953	F	CA	92880	Kaiser Health Plan HMO
10/02/1954	F	CA	92845	Kaiser Health Plan HMO
08/28/1957	F	CA	92646	Kaiser Health Plan HMO
12/23/1972	F	CA	90007	Kaiser Health Plan HMO
02/11/1967	F	CA	92833	Kaiser Health Plan HMO
07/24/1960	F	CA	92886	Kaiser Health Plan HMO
02/07/1946	F	CA	90703	Kaiser Health Plan HMO
12/20/1946	F	CA	92841	Kaiser Health Plan HMO
07/28/1974	F	CA	92649	Kaiser Health Plan HMO
06/01/1949	F	CA	92845	Kaiser Health Plan HMO
01/12/1949	F	CA	92835	Kaiser Health Plan HMO
03/18/1949	F	CA	92780	Kaiser Health Plan HMO
02/16/1969	F	CA	92692	Kaiser Health Plan HMO
05/05/1950	F	CA	92691	Kaiser Health Plan HMO
04/29/1951	F	CA	92646	Kaiser Health Plan HMO
02/03/1982	M	CA	92630	Kaiser Health Plan HMO
10/31/1976	M	CA	91745	Kaiser Health Plan HMO
12/25/1949	M	CA	92688	Kaiser Health Plan HMO
10/08/1968	F	CA	92647	Kaiser Health Plan HMO
04/08/1963	M	CA	92805	Kaiser Health Plan HMO
01/02/1947	F	CA	92683	Kaiser Health Plan HMO
05/11/1952	F	CA	92807	Kaiser Health Plan HMO
07/15/1969	F	CA	92840	Kaiser Health Plan HMO
08/21/1958	F	CA	92607	Kaiser Health Plan HMO
08/30/1966	F	CA	91765	Kaiser Health Plan HMO
01/23/1966	F	CA	91803	Kaiser Health Plan HMO
09/03/1980	F	CA	92704	Kaiser Health Plan HMO
08/27/1973	F	CA	92840	Kaiser Health Plan HMO
03/12/1982	F	CA	92677	Kaiser Health Plan HMO
09/27/1953	M	CA	92620	Kaiser Health Plan HMO
09/25/1968	M	CA	90638	Kaiser Health Plan HMO
07/12/1963	F	CA	92780	Kaiser Health Plan HMO
01/21/1958	F	CA	91752	Kaiser Health Plan HMO
08/17/1982	F	CA	91506	Kaiser Health Plan HMO
11/24/1971	F	CA	92704	Kaiser Health Plan HMO
01/04/1948	F	CA	90604	Kaiser Health Plan HMO
06/19/1974	M	CA	92707	Kaiser Health Plan HMO
06/15/1946	F	CA	92708	Kaiser Health Plan HMO
08/30/1970	M	CA	92508	Kaiser Health Plan HMO
07/08/1953	F	CA	92845	Kaiser Health Plan HMO
10/28/1981	F	CA	90723	Kaiser Health Plan HMO
05/04/1967	M	CA	92694	Kaiser Health Plan HMO
08/02/1951	F	CA	92886	Kaiser Health Plan HMO
07/12/1964	F	CA	92782	Kaiser Health Plan HMO
10/05/1955	F	CA	92869	Kaiser Health Plan HMO
02/03/1978	F	CA	90803	Kaiser Health Plan HMO

03/24/1975	F	CA	92780	Kaiser Health Plan HMO
10/23/1952	F	CA	92807	Kaiser Health Plan HMO
10/06/1955	F	CA	92562	Kaiser Health Plan HMO
04/21/1978	F	CA	92708	Kaiser Health Plan HMO
10/29/1947	M	CA	92673	Kaiser Health Plan HMO
10/17/1950	F	CA	92705	Kaiser Health Plan HMO
04/21/1949	M	CA	92840	Kaiser Health Plan HMO
12/03/1954	F	CA	92694	Kaiser Health Plan HMO
05/01/1976	F	CA	91001	Kaiser Health Plan HMO
02/10/1965	F	CA	92806	Kaiser Health Plan HMO
10/16/1945	M	CA	92620	Kaiser Health Plan HMO
06/28/1974	F	CA	92807	Kaiser Health Plan HMO
11/14/1974	F	CA	90703	Kaiser Health Plan HMO
08/27/1970	M	CA	92647	Kaiser Health Plan HMO
07/22/1980	F	CA	90815	Kaiser Health Plan HMO
05/24/1977	F	CA	92078	Kaiser Health Plan HMO
06/20/1968	F	CA	92861	Kaiser Health Plan HMO
03/10/1965	F	CA	92870	Kaiser Health Plan HMO
08/09/1965	F	CA	92867	Kaiser Health Plan HMO
12/20/1965	M	CA	90638	Kaiser Health Plan HMO
02/08/1963	F	CA	90703	Kaiser Health Plan HMO
11/26/1984	F	CA	92509	Kaiser Health Plan HMO
10/13/1976	F	CA	92530	Kaiser Health Plan HMO
08/05/1972	F	CA	92705	Kaiser Health Plan HMO
10/20/1986	F	CA	92867	Kaiser Health Plan HMO
11/14/1973	M	CA	92688	Kaiser Health Plan HMO
10/04/1966	F	CA	90804	Kaiser Health Plan HMO
04/05/1963	F	CA	92865	Kaiser Health Plan HMO
10/27/1974	M	CA	92704	Kaiser Health Plan HMO
11/28/1947	F	CA	90815	Kaiser Health Plan HMO
07/22/1950	F	CA	92806	Kaiser Health Plan HMO
01/18/1953	F	CA	92805	Kaiser Health Plan HMO
08/24/1973	F	CA	92651	Kaiser Health Plan HMO
10/09/1955	F	CA	92703	Kaiser Health Plan HMO
10/23/1961	F	CA	92886	Kaiser Health Plan HMO
05/10/1947	F	CA	92804	Kaiser Health Plan HMO
10/07/1971	M	CA	90803	Kaiser Health Plan HMO
01/22/1975	F	CA	90620	Kaiser Health Plan HMO
07/06/1964	F	CA	92620	Kaiser Health Plan HMO
03/27/1980	F	CA	91744	Kaiser Health Plan HMO
09/19/1983	F	CA	91802	Kaiser Health Plan HMO
03/04/1961	F	CA	92553	Kaiser Health Plan HMO
01/19/1968	M	CA	92656	Kaiser Health Plan HMO
12/23/1975	F	CA	90680	Kaiser Health Plan HMO
06/07/1985	F	CA	92880	Kaiser Health Plan HMO
04/15/1982	F	CA	91732	Kaiser Health Plan HMO
05/14/1966	F	CA	92647	Kaiser Health Plan HMO
10/15/1982	F	CA	92805	Kaiser Health Plan HMO
06/24/1977	F	CA	92867	Kaiser Health Plan HMO
12/05/1956	F	CA	92835	Kaiser Health Plan HMO
03/15/1968	M	CA	92646	Kaiser Health Plan HMO
09/15/1976	M	CA	92879	Kaiser Health Plan HMO

08/10/1980	M	CA	92683	Kaiser Health Plan HMO
06/06/1984	F	CA	91739	Kaiser Health Plan HMO
08/13/1947	F	CA	92603	Kaiser Health Plan HMO
05/15/1984	F	CA	92704	Kaiser Health Plan HMO
12/02/1974	F	CA	92802	Kaiser Health Plan HMO
02/24/1977	F	CA	92868	Kaiser Health Plan HMO
06/07/1978	F	CA	90680	Kaiser Health Plan HMO
10/08/1987	M	CA	92835	Kaiser Health Plan HMO
09/25/1966	F	CA	92868	Kaiser Health Plan HMO
03/25/1968	M	CA	92701	Kaiser Health Plan HMO
09/28/1955	M	CA	92604	Kaiser Health Plan HMO
08/03/1960	F	CA	92870	Kaiser Health Plan HMO
10/04/1955	F	CA	92871	Kaiser Health Plan HMO
09/28/1954	F	CA	92869	Kaiser Health Plan HMO
04/26/1959	M	CA	92865	Kaiser Health Plan HMO
04/27/1957	F	CA	92614	Kaiser Health Plan HMO
09/13/1961	M	CA	92619	Kaiser Health Plan HMO
01/10/1954	M	CA	92509	Kaiser Health Plan HMO
12/08/1950	M	CA	927051111	Kaiser Health Plan HMO
04/20/1974	F	CA	92602	Kaiser Health Plan HMO
09/15/1966	M	CA	92782	Kaiser Health Plan HMO
12/24/1960	M	CA	90803	Kaiser Health Plan HMO
12/10/1950	M	CA	92677	Kaiser Health Plan HMO
08/15/1955	M	CA	92705	Kaiser Health Plan HMO
03/28/1959	F	CA	92867	Kaiser Health Plan HMO
03/11/1966	M	CA	92656	Kaiser Health Plan HMO
09/25/1956	F	CA	90815	Kaiser Health Plan HMO
01/30/1957	M	CA	92868	Kaiser Health Plan HMO
08/07/1970	M	CA	928451225	Kaiser Health Plan HMO
08/07/1954	F	CA	92661	Kaiser Health Plan HMO
10/08/1954	M	CA	90670	Kaiser Health Plan HMO
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02/12/1957	F	CA	92833	Kaiser Health Plan HMO
05/31/1951	M	CA	91748	Kaiser Health Plan HMO
05/11/1960	F	CA	92626	Kaiser Health Plan HMO
10/04/1964	F	CA	90814	Kaiser Health Plan HMO
12/08/1970	M	CA	92821	Kaiser Health Plan HMO
02/25/1966	M	CA	92707	Kaiser Health Plan HMO
01/23/1966	F	CA	92673	Kaiser Health Plan HMO
08/09/1956	M	CA	92606	Kaiser Health Plan HMO
10/10/1963	F	CA	92869	Kaiser Health Plan HMO
08/23/1953	M	CA	92677	Kaiser Health Plan HMO
09/30/1951	F	CA	92692	Kaiser Health Plan HMO
04/09/1967	F	CA	92630	Kaiser Health Plan HMO
03/23/1962	F	CA	92672	Kaiser Health Plan HMO
03/15/1969	F	CA	90803	Kaiser Health Plan HMO
02/24/1950	F	CA	92675	Kaiser Health Plan HMO
10/28/1961	F	CA	92630	Kaiser Health Plan HMO
07/18/1959	F	CA	92867	Kaiser Health Plan HMO
04/09/1960	F	CA	92840	Kaiser Health Plan HMO
03/26/1947	F	CA	92626	Kaiser Health Plan HMO
01/04/1967	F	CA	92630	Kaiser Health Plan HMO

03/19/1958	F	CA	92620	Kaiser Health Plan HMO
05/11/1964	M	CA	92882	Kaiser Health Plan HMO
11/01/1956	F	CA	90680	Kaiser Health Plan HMO
10/25/1951	F	CA	91770	Kaiser Health Plan HMO
03/03/1955	F	CA	92677	Kaiser Health Plan HMO
02/26/1976	M	CA	92649	Kaiser Health Plan HMO
09/19/1977	M	CA	92807	Kaiser Health Plan HMO
03/27/1956	F	CA	92841	Kaiser Health Plan HMO
01/13/1961	M	CA	92807	Kaiser Health Plan HMO
02/04/1961	F	CA	92866	Kaiser Health Plan HMO
04/07/1961	F	CA	92866	Kaiser Health Plan HMO
04/26/1951	F	CA	92705	Kaiser Health Plan HMO
11/16/1944	M	CA	92672	Kaiser Health Plan HMO
06/05/1969	F	CA	92805	Kaiser Health Plan HMO
07/04/1967	F	CA	92845	Kaiser Health Plan HMO
07/05/1957	M	CA	91801	Kaiser Health Plan HMO
05/17/1972	F	CA	90019	Kaiser Health Plan HMO
10/29/1948	M	CA	92660	Kaiser Health Plan HMO
08/13/1961	F	CA	92555	Kaiser Health Plan HMO
01/09/1957	M	CA	90638	Kaiser Health Plan HMO
03/30/1957	F	CA	928833156	Kaiser Health Plan HMO
03/29/1953	F	CA	92610	Kaiser Health Plan HMO
10/15/1950	F	CA	92620	Kaiser Health Plan HMO
09/06/1943	F	CA	92646	Kaiser Health Plan HMO
08/22/1971	F	CA	92833	Kaiser Health Plan HMO
06/09/1959	M	CA	92336	Kaiser Health Plan HMO
01/25/1972	F	CA	92626	Kaiser Health Plan HMO
10/07/1970	M	CA	92678	Kaiser Health Plan HMO
08/02/1965	F	CA	92808	Kaiser Health Plan HMO
05/24/1971	F	CA	92706	Kaiser Health Plan HMO
04/06/1979	F	CA	92702	Kaiser Health Plan HMO
08/21/1950	M	CA	92886	Kaiser Health Plan HMO
06/20/1979	M	CA	91803	Kaiser Health Plan HMO
10/05/1976	F	CA	92821	Kaiser Health Plan HMO
09/12/1957	F	CA	92807	Kaiser Health Plan HMO
09/14/1969	F	CA	92782	Kaiser Health Plan HMO
09/26/1952	F	CA	907037375	Kaiser Health Plan HMO
02/23/1971	F	CA	926183994	Kaiser Health Plan HMO
08/02/1979	F	CA	92656	Kaiser Health Plan HMO
01/14/1961	F	CA	92782	Kaiser Health Plan HMO
05/30/1967	F	CA	92807	Kaiser Health Plan HMO
01/18/1970	M	CA	92840	Kaiser Health Plan HMO
12/31/1954	F	CA	92688	Kaiser Health Plan HMO
05/22/1979	M	CA	90802	Kaiser Health Plan HMO
04/03/1985	F	CA	92618	Kaiser Health Plan HMO
06/15/1982	M	CA	92865	Kaiser Health Plan HMO
03/15/1976	M	CA	92656	Kaiser Health Plan HMO
06/07/1982	M	CA	92866	Kaiser Health Plan HMO
01/01/1977	F	CA	92840	Kaiser Health Plan HMO
10/12/1973	F	CA	928216482	Kaiser Health Plan HMO
11/06/1961	M	CA	92835	Kaiser Health Plan HMO
08/10/1953	F	CA	92869	Kaiser Health Plan HMO

08/25/1952	F	CA	92648	Kaiser Health Plan HMO
12/13/1951	F	CA	92886	Kaiser Health Plan HMO
02/10/1959	F	CA	92616	Kaiser Health Plan HMO
08/30/1947	M	CA	92843	Kaiser Health Plan HMO
06/21/1979	M	CA	92505	Kaiser Health Plan HMO
06/25/1978	M	CA	92404	Kaiser Health Plan HMO
12/08/1960	M	CA	908135304	Kaiser Health Plan HMO
05/07/1964	M	CA	91752	Kaiser Health Plan HMO
01/28/1950	F	CA	92882	Kaiser Health Plan HMO
11/12/1959	F	CA	92805	Kaiser Health Plan HMO
12/14/1974	M	CA	92649	Kaiser Health Plan HMO
06/14/1960	M	CA	92833	Kaiser Health Plan HMO
05/27/1954	M	CA	92841	Kaiser Health Plan HMO
11/14/1960	M	CA	90680	Kaiser Health Plan HMO
11/11/1984	F	CA	92806	Kaiser Health Plan HMO
07/16/1954	F	CA	92620	Kaiser Health Plan HMO
02/14/1970	M	CA	92704	Kaiser Health Plan HMO
02/15/1951	M	CA	90631	Kaiser Health Plan HMO
10/05/1971	M	CA	92865	Kaiser Health Plan HMO
08/24/1975	M	CA	92562	Kaiser Health Plan HMO
04/24/1969	M	CA	92705	Kaiser Health Plan HMO
03/25/1953	M	CA	92704	Kaiser Health Plan HMO
07/13/1953	M	CA	92860	Kaiser Health Plan HMO
09/04/1973	M	CA	91744	Kaiser Health Plan HMO
07/04/1977	M	CA	91710	Kaiser Health Plan HMO
09/23/1963	M	CA	92627	Kaiser Health Plan HMO
04/04/1966	M	CA	92882	Kaiser Health Plan HMO
06/12/1980	M	CA	92672	Kaiser Health Plan HMO
09/01/1959	M	CA	92704	Kaiser Health Plan HMO
11/21/1971	F	CA	92806	Kaiser Health Plan HMO
03/31/1955	M	CA	92627	Kaiser Health Plan HMO
04/20/1958	M	CA	92869	Kaiser Health Plan HMO
09/09/1960	M	CA	92530	Kaiser Health Plan HMO
06/16/1982	M	CA	92555	Kaiser Health Plan HMO
07/23/1968	M	CA	92707	Kaiser Health Plan HMO
08/01/1983	M	CA	92701	Kaiser Health Plan HMO
11/01/1961	M	CA	92707	Kaiser Health Plan HMO
01/29/1965	F	CA	92782	Kaiser Health Plan HMO
07/29/1967	M	CA	92707	Kaiser Health Plan HMO
08/26/1962	M	CA	92833	Kaiser Health Plan HMO
03/10/1981	M	CA	92624	Kaiser Health Plan HMO
12/27/1976	M	CA	92057	Kaiser Health Plan HMO
02/28/1982	M	CA	92860	Kaiser Health Plan HMO
10/05/1979	M	CA	92860	Kaiser Health Plan HMO
12/06/1975	M	CA	92882	Kaiser Health Plan HMO
10/07/1952	M	CA	92630	Kaiser Health Plan HMO
09/03/1969	M	CA	92882	Kaiser Health Plan HMO
12/10/1972	M	CA	92833	Kaiser Health Plan HMO
09/10/1946	M	CA	92703	Kaiser Health Plan HMO
09/12/1978	M	CA	92706	Kaiser Health Plan HMO
09/24/1949	M	CA	92802	Kaiser Health Plan HMO
01/26/1982	M	CA	91761	Kaiser Health Plan HMO

10/08/1974	M	CA	92647	Kaiser Health Plan HMO
04/10/1977	M	CA	92805	Kaiser Health Plan HMO
07/21/1981	M	CA	92530	Kaiser Health Plan HMO
02/26/1962	F	CA	92706	Kaiser Health Plan HMO
02/19/1961	M	CA	92801	Kaiser Health Plan HMO
07/21/1968	F	CA	90620	Kaiser Health Plan HMO
02/10/1977	M	CA	90640	Kaiser Health Plan HMO
01/03/1980	M	CA	92683	Kaiser Health Plan HMO
04/16/1947	F	CA	91768	Kaiser Health Plan HMO
09/30/1957	M	CA	92880	Kaiser Health Plan HMO
10/08/1950	M	CA	92867	Kaiser Health Plan HMO
04/03/1950	M	CA	926241346	Kaiser Health Plan HMO
10/28/1954	M	CA	92530	Kaiser Health Plan HMO
05/19/1950	F	CA	920581118	Kaiser Health Plan HMO
10/22/1956	M	CA	92604	Kaiser Health Plan HMO
03/18/1959	M	CA	92653	Kaiser Health Plan HMO
09/06/1985	M	CA	92804	Kaiser Health Plan HMO
08/28/1983	M	CA	91709	Kaiser Health Plan HMO
09/13/1973	M	CA	92627	Kaiser Health Plan HMO
11/23/1973	M	CA	92801	Kaiser Health Plan HMO
08/13/1987	M	CA	92801	Kaiser Health Plan HMO
05/03/1970	M	CA	90745	Kaiser Health Plan HMO
03/23/1967	M	CA	92806	Kaiser Health Plan HMO
06/13/1978	M	CA	92505	Kaiser Health Plan HMO
01/10/1983	M	CA	92505	Kaiser Health Plan HMO
08/07/1975	M	CA	91737	Kaiser Health Plan HMO
08/04/1987	M	CA	91789	Kaiser Health Plan HMO
10/07/1980	M	CA	92024	Kaiser Health Plan HMO
10/30/1987	F	CA	92704	Kaiser Health Plan HMO
12/01/1965	M	CA	92703	Kaiser Health Plan HMO
12/12/1965	M	CA	92675	Kaiser Health Plan HMO
01/20/1957	F	CA	92843	Kaiser Health Plan HMO
03/31/1978	M	CA	92881	Kaiser Health Plan HMO
02/27/1974	F	CA	92825	Kaiser Health Plan HMO
10/08/1956	F	CA	92821	Kaiser Health Plan HMO
02/09/1967	F	CA	92879	Kaiser Health Plan HMO
10/09/1972	M	CA	92882	Kaiser Health Plan HMO
09/18/1960	M	CA	92860	Kaiser Health Plan HMO
02/24/1976	F	CA	91762	Kaiser Health Plan HMO
06/18/1974	F	CA	90660	Kaiser Health Plan HMO
03/26/1959	M	CA	92807	Kaiser Health Plan HMO
02/04/1978	F	CA	92688	Kaiser Health Plan HMO
07/04/1963	M	CA	91765	Kaiser Health Plan HMO
10/10/1952	M	CA	92629	Kaiser Health Plan HMO
07/03/1973	M	CA	91765	Kaiser Health Plan HMO
04/29/1970	M	CA	90620	Kaiser Health Plan HMO
04/12/1949	F	CA	92840	Kaiser Health Plan HMO
05/20/1978	M	CA	90278	Kaiser Health Plan HMO
07/01/1957	M	CA	90755	Kaiser Health Plan HMO
08/09/1967	M	CA	91748	Kaiser Health Plan HMO
07/21/1980	F	CA	91730	Kaiser Health Plan HMO
09/05/1950	M	CA	90230	Kaiser Health Plan HMO

04/09/1961	F	CA	90802	Kaiser Health Plan HMO
06/19/1981	M	CA	92532	Kaiser Health Plan HMO
09/17/1973	F	CA	92376	Kaiser Health Plan HMO
01/12/1948	M	CA	92505	Kaiser Health Plan HMO
07/11/1948	F	CA	92584	Kaiser Health Plan HMO
01/04/1963	F	CA	92626	Kaiser Health Plan HMO
10/31/1978	F	CA	91733	Kaiser Health Plan HMO
12/12/1970	M	CA	90004	Kaiser Health Plan HMO
09/26/1984	F	CA	92804	Kaiser Health Plan HMO
11/22/1969	F	CA	92517	Kaiser Health Plan HMO
06/08/1972	M	CA	92618	Kaiser Health Plan HMO
06/05/1965	F	CA	92626	Kaiser Health Plan HMO
09/24/1981	M	CA	90620	Kaiser Health Plan HMO
11/26/1958	M	CA	92551	Kaiser Health Plan HMO
10/19/1965	F	CA	92508	Kaiser Health Plan HMO
05/08/1968	F	CA	92691	Kaiser Health Plan HMO
09/21/1951	M	CA	92620	Kaiser Health Plan HMO
02/12/1981	M	CA	92805	Kaiser Health Plan HMO
04/08/1983	F	CA	90034	Kaiser Health Plan HMO
05/09/1969	M	CA	91345	Kaiser Health Plan HMO
08/24/1950	M	CA	92545	Kaiser Health Plan HMO
06/28/1971	M	CA	92707	Kaiser Health Plan HMO
12/06/1979	F	CA	90262	Kaiser Health Plan HMO
06/16/1984	F	CA	92316	Kaiser Health Plan HMO
05/26/1963	F	CA	90706	Kaiser Health Plan HMO
12/07/1977	F	CA	92869	Kaiser Health Plan HMO
07/29/1979	F	CA	92844	Kaiser Health Plan HMO
12/17/1982	F	CA	92688	Kaiser Health Plan HMO
12/24/1972	M	CA	92806	Kaiser Health Plan HMO
07/05/1977	M	CA	91352	Kaiser Health Plan HMO
05/29/1966	F	CA	92886	Kaiser Health Plan HMO
05/28/1982	M	CA	92880	Kaiser Health Plan HMO
02/02/1971	F	CA	92869	Kaiser Health Plan HMO
10/04/1967	M	CA	90755	Kaiser Health Plan HMO
06/02/1972	M	CA	92805	Kaiser Health Plan HMO
12/14/1977	F	CA	92879	Kaiser Health Plan HMO
02/06/1980	M	CA	92808	Kaiser Health Plan HMO
01/06/1976	F	CA	91504	Kaiser Health Plan HMO
06/22/1978	F	CA	90638	Kaiser Health Plan HMO
09/12/1977	F	CA	92562	Kaiser Health Plan HMO
12/28/1974	M	CA	90304	Kaiser Health Plan HMO
08/29/1967	M	CA	90249	Kaiser Health Plan HMO
03/18/1965	F	CA	91766	Kaiser Health Plan HMO
10/12/1974	F	CA	92831	Kaiser Health Plan HMO
07/04/1980	F	CA	91706	Kaiser Health Plan HMO
11/22/1979	F	CA	91762	Kaiser Health Plan HMO
12/15/1969	F	CA	92618	Kaiser Health Plan HMO
12/20/1982	F	CA	92831	Kaiser Health Plan HMO
12/21/1982	M	CA	92861	Kaiser Health Plan HMO
02/13/1977	F	CA	93015	Kaiser Health Plan HMO
04/24/1969	F	CA	90806	Kaiser Health Plan HMO
02/03/1961	F	CA	92587	Kaiser Health Plan HMO

10/27/1982	F	CA	92867	Kaiser Health Plan HMO
12/12/1967	F	CA	90803	Kaiser Health Plan HMO
01/15/1983	M	CA	92704	Kaiser Health Plan HMO
09/22/1982	F	CA	92804	Kaiser Health Plan HMO
03/31/1980	M	CA	90650	Kaiser Health Plan HMO
05/04/1967	M	CA	90026	Kaiser Health Plan HMO
07/06/1965	F	CA	92831	Kaiser Health Plan HMO
03/23/1965	F	CA	92860	Kaiser Health Plan HMO
01/10/1977	M	CA	92804	Kaiser Health Plan HMO
02/14/1961	F	CA	92630	Kaiser Health Plan HMO
03/01/1978	M	CA	90044	Kaiser Health Plan HMO
12/17/1970	M	CA	92879	Kaiser Health Plan HMO
10/12/1977	M	CA	91791	Kaiser Health Plan HMO
09/28/1970	M	CA	92886	Kaiser Health Plan HMO
09/27/1970	M	CA	92626	Kaiser Health Plan HMO
10/31/1955	M	CA	92833	Kaiser Health Plan HMO
01/21/1969	F	CA	92506	Kaiser Health Plan HMO
10/15/1963	M	CA	92882	Kaiser Health Plan HMO
02/05/1978	F	CA	92530	Kaiser Health Plan HMO
06/21/1984	F	CA	90044	Kaiser Health Plan HMO
07/20/1982	M	CA	90221	Kaiser Health Plan HMO
06/18/1967	F	CA	92630	Kaiser Health Plan HMO
06/04/1981	F	CA	90723	Kaiser Health Plan HMO
08/12/1985	M	CA	90744	Kaiser Health Plan HMO
06/16/1961	F	CA	91732	Kaiser Health Plan HMO
09/13/1984	M	CA	92780	Kaiser Health Plan HMO
04/20/1979	M	CA	90241	Kaiser Health Plan HMO
08/24/1976	M	CA	92673	Kaiser Health Plan HMO
04/10/1982	F	CA	92663	Kaiser Health Plan HMO
03/20/1982	F	CA	90805	Kaiser Health Plan HMO
02/02/1971	F	CA	92835	Kaiser Health Plan HMO
07/02/1977	M	CA	92532	Kaiser Health Plan HMO
11/15/1968	F	CA	90712	Kaiser Health Plan HMO
05/13/1975	M	CA	92505	Kaiser Health Plan HMO
05/04/1981	M	CA	92807	Kaiser Health Plan HMO
03/30/1969	F	CA	90804	Kaiser Health Plan HMO
02/20/1977	F	CA	90242	Kaiser Health Plan HMO
12/19/1969	F	CA	90814	Kaiser Health Plan HMO
02/25/1967	F	CA	91732	Kaiser Health Plan HMO
03/27/1983	M	CA	92630	Kaiser Health Plan HMO
11/25/1974	F	CA	90220	Kaiser Health Plan HMO
03/09/1979	F	CA	90703	Kaiser Health Plan HMO
05/01/1973	M	CA	92656	Kaiser Health Plan HMO
03/22/1985	F	CA	90706	Kaiser Health Plan HMO
03/10/1982	F	CA	92805	Kaiser Health Plan HMO
05/08/1973	F	CA	92822	Kaiser Health Plan HMO
08/05/1975	M	CA	92833	Kaiser Health Plan HMO
08/05/1979	F	CA	90605	Kaiser Health Plan HMO
03/22/1979	F	CA	90303	Kaiser Health Plan HMO
07/17/1977	F	CA	92336	Kaiser Health Plan HMO
07/19/1970	F	CA	90601	Kaiser Health Plan HMO
08/20/1975	F	CA	90755	Kaiser Health Plan HMO

04/26/1977	M	CA	92860	Kaiser Health Plan HMO
03/22/1986	F	CA	90680	Kaiser Health Plan HMO
05/18/1982	M	CA	91750	Kaiser Health Plan HMO
02/22/1948	M	CA	91709	Kaiser Health Plan HMO
12/13/1978	F	CA	92801	Kaiser Health Plan HMO
11/24/1978	F	CA	92630	Kaiser Health Plan HMO
10/15/1970	F	CA	92703	Kaiser Health Plan HMO
05/29/1973	M	CA	91791	Kaiser Health Plan HMO
04/27/1972	F	CA	92084	Kaiser Health Plan HMO
11/02/1975	F	CA	90744	Kaiser Health Plan HMO
11/22/1977	M	CA	90740	Kaiser Health Plan HMO
02/28/1984	F	CA	92504	Kaiser Health Plan HMO
09/03/1986	F	CA	92503	Kaiser Health Plan HMO
09/11/1981	F	CA	90620	Kaiser Health Plan HMO
10/24/1984	F	CA	92649	Kaiser Health Plan HMO
07/20/1978	F	CA	92683	Kaiser Health Plan HMO
01/06/1983	F	CA	90805	Kaiser Health Plan HMO
10/18/1984	F	CA	92880	Kaiser Health Plan HMO
09/07/1979	F	CA	90802	Kaiser Health Plan HMO
07/07/1984	M	CA	91709	Kaiser Health Plan HMO
04/23/1985	F	CA	92026	Kaiser Health Plan HMO
08/03/1976	F	CA	91710	Kaiser Health Plan HMO
12/13/1981	M	CA	92831	Kaiser Health Plan HMO
08/26/1980	F	CA	91768	Kaiser Health Plan HMO
08/28/1973	M	CA	92780	Kaiser Health Plan HMO
07/12/1976	F	CA	91709	Kaiser Health Plan HMO
07/02/1976	M	CA	91755	Kaiser Health Plan HMO
04/27/1981	M	CA	92840	Kaiser Health Plan HMO
11/09/1983	F	CA	92831	Kaiser Health Plan HMO
12/28/1978	M	CA	90631	Kaiser Health Plan HMO
06/13/1983	F	CA	92647	Kaiser Health Plan HMO
09/10/1984	M	CA	92801	Kaiser Health Plan HMO
10/28/1966	F	CA	92807	Kaiser Health Plan HMO
07/04/1971	M	CA	92869	Kaiser Health Plan HMO
10/18/1962	F	CA	92656	Kaiser Health Plan HMO
12/12/1977	M	CA	92808	Kaiser Health Plan HMO
10/01/1950	F	CA	92866	Kaiser Health Plan HMO
02/27/1964	F	CA	92780	Kaiser Health Plan HMO
10/10/1963	F	CA	92780	Kaiser Health Plan HMO
10/04/1949	F	CA	92867	Kaiser Health Plan HMO
11/26/1976	M	CA	92647	Kaiser Health Plan HMO
07/12/1960	M	CA	927071848	Kaiser Health Plan HMO
01/08/1954	F	CA	925137276	Kaiser Health Plan HMO
11/10/1967	F	CA	92688	Kaiser Health Plan HMO
06/15/1973	F	CA	92807	Kaiser Health Plan HMO
02/18/1948	M	CA	92845	Kaiser Health Plan HMO
07/22/1955	F	CA	92833	Kaiser Health Plan HMO
03/02/1965	F	CA	92882	Kaiser Health Plan HMO
07/03/1979	F	CA	92806	Kaiser Health Plan HMO
10/28/1980	F	CA	92647	Kaiser Health Plan HMO
06/21/1979	M	CA	92677	Kaiser Health Plan HMO
10/21/1975	F	CA	92843	Kaiser Health Plan HMO

04/12/1963	F	CA	92629	Kaiser Health Plan HMO
03/06/1962	F	CA	90631	Kaiser Health Plan HMO
09/16/1977	F	CA	92701	Kaiser Health Plan HMO
02/17/1972	M	CA	92647	Kaiser Health Plan HMO
03/20/1977	M	CA	92861	Kaiser Health Plan HMO
05/18/1980	F	CA	92807	Kaiser Health Plan HMO
01/19/1952	F	CA	92870	Kaiser Health Plan HMO
08/17/1960	F	CA	92705	Kaiser Health Plan HMO
07/22/1973	F	CA	92806	Kaiser Health Plan HMO
08/11/1977	F	CA	92707	Kaiser Health Plan HMO
04/28/1947	M	CA	92683	Kaiser Health Plan HMO
07/30/1975	F	CA	90805	Kaiser Health Plan HMO
03/12/1952	F	CA	91730	Kaiser Health Plan HMO
12/01/1970	F	CA	92649	Kaiser Health Plan HMO
05/23/1973	F	CA	90620	Kaiser Health Plan HMO
12/30/1948	F	CA	92804	Kaiser Health Plan HMO
01/08/1982	F	CA	92868	Kaiser Health Plan HMO
07/17/1984	M	CA	92843	Kaiser Health Plan HMO
10/19/1986	F	CA	90242	Kaiser Health Plan HMO
12/18/1979	M	CA	92705	Kaiser Health Plan HMO
01/04/1949	M	CA	92835	Kaiser Health Plan HMO
05/04/1955	F	CA	90221	Kaiser Health Plan HMO
10/07/1975	F	CA	92703	Kaiser Health Plan HMO
07/08/1958	F	CA	90720	Kaiser Health Plan HMO
07/22/1963	M	CA	90631	Kaiser Health Plan HMO
02/14/1981	M	CA	92832	Kaiser Health Plan HMO
02/15/1985	M	CA	91709	Kaiser Health Plan HMO
08/15/1970	F	CA	92808	Kaiser Health Plan HMO
11/11/1962	F	CA	91784	Kaiser Health Plan HMO
06/23/1980	F	CA	92620	Kaiser Health Plan HMO
02/17/1972	M	CA	92506	Kaiser Health Plan HMO
07/08/1949	M	CA	92626	Kaiser Health Plan HMO
08/20/1980	F	CA	91801	Kaiser Health Plan HMO
01/27/1950	F	CA	92808	Kaiser Health Plan HMO
06/29/1953	F	CA	92692	Kaiser Health Plan HMO
08/09/1950	F	CA	92630	Kaiser Health Plan HMO
07/28/1954	F	CA	92123	Kaiser Health Plan HMO
08/05/1954	F	CA	92703	Kaiser Health Plan HMO
12/07/1955	F	CA	917615825	Kaiser Health Plan HMO
08/17/1961	M	CA	92701	Kaiser Health Plan HMO
12/04/1959	F	CA	92620	Kaiser Health Plan HMO
11/27/1974	F	CA	92802	Kaiser Health Plan HMO
08/25/1978	F	CA	90713	Kaiser Health Plan HMO
04/30/1956	F	CA	92821	Kaiser Health Plan HMO
01/13/1950	M	CA	92840	Kaiser Health Plan HMO
11/06/1946	F	CA	90712	Kaiser Health Plan HMO
07/30/1984	F	CA	91767	Kaiser Health Plan HMO
11/04/1952	F	CA	92804	Kaiser Health Plan HMO
11/24/1954	F	CA	92843	Kaiser Health Plan HMO
01/20/1962	M	CA	92630	Kaiser Health Plan HMO
08/16/1980	M	CA	92843	Kaiser Health Plan HMO
09/09/1981	F	CA	92629	Kaiser Health Plan HMO

02/03/1975	F	CA	92703	Kaiser Health Plan HMO
10/22/1981	F	CA	91748	Kaiser Health Plan HMO
10/19/1962	F	CA	90604	Kaiser Health Plan HMO
04/18/1971	M	CA	92841	Kaiser Health Plan HMO
12/14/1982	F	CA	92832	Kaiser Health Plan HMO
08/13/1955	F	CA	90670	Kaiser Health Plan HMO
07/17/1978	F	CA	92840	Kaiser Health Plan HMO
04/11/1965	F	CA	92879	Kaiser Health Plan HMO
04/30/1983	F	CA	92882	Kaiser Health Plan HMO
09/16/1983	M	CA	90805	Kaiser Health Plan HMO
11/28/1961	F	CA	927082649	Kaiser Health Plan HMO
11/06/1977	F	CA	90605	Kaiser Health Plan HMO
12/09/1963	F	CA	92630	Kaiser Health Plan HMO
08/26/1981	F	CA	90011	Kaiser Health Plan HMO
10/02/1962	F	CA	92704	Kaiser Health Plan HMO
11/19/1981	M	CA	92804	Kaiser Health Plan HMO
05/17/1962	M	CA	92821	Kaiser Health Plan HMO
05/02/1952	F	CA	92840	Kaiser Health Plan HMO
01/22/1943	F	CA	92845	Kaiser Health Plan HMO
11/10/1977	F	CA	92626	Kaiser Health Plan HMO
02/06/1951	F	CA	92882	Kaiser Health Plan HMO
09/25/1961	F	CA	92706	Kaiser Health Plan HMO
08/28/1947	M	CA	92886	Kaiser Health Plan HMO
08/12/1982	M	CA	92602	Kaiser Health Plan HMO
03/30/1978	F	CA	92832	Kaiser Health Plan HMO
11/27/1951	F	CA	92883	Kaiser Health Plan HMO
12/31/1964	F	CA	92683	Kaiser Health Plan HMO
01/11/1945	F	CA	92656	Kaiser Health Plan HMO
11/26/1947	M	CA	91789	Kaiser Health Plan HMO
03/19/1953	F	CA	92530	Kaiser Health Plan HMO
01/29/1968	M	CA	92840	Kaiser Health Plan HMO
05/05/1951	F	CA	92704	Kaiser Health Plan HMO
09/26/1959	F	CA	90630	Kaiser Health Plan HMO
12/15/1975	F	CA	92831	Kaiser Health Plan HMO
07/05/1977	F	CA	90631	Kaiser Health Plan HMO
09/21/1981	M	CA	92840	Kaiser Health Plan HMO
05/07/1978	F	CA	92626	Kaiser Health Plan HMO
05/09/1967	M	CA	90620	Kaiser Health Plan HMO
10/03/1965	M	CA	92703	Kaiser Health Plan HMO
03/04/1961	F	CA	92804	Kaiser Health Plan HMO
08/30/1980	F	CA	92807	Kaiser Health Plan HMO
11/20/1950	F	CA	92867	Kaiser Health Plan HMO
10/16/1985	F	CA	92833	Kaiser Health Plan HMO
09/03/1982	M	CA	92614	Kaiser Health Plan HMO
08/09/1945	F	CA	92691	Kaiser Health Plan HMO
08/11/1956	F	CA	92625	Kaiser Health Plan HMO
07/03/1960	F	CA	92662	Kaiser Health Plan HMO
03/27/1968	F	CA	92707	Kaiser Health Plan HMO
03/04/1984	F	CA	92782	Kaiser Health Plan HMO
10/27/1961	F	CA	92801	Kaiser Health Plan HMO
10/21/1966	M	CA	92845	Kaiser Health Plan HMO
04/30/1969	F	CA	92708	Kaiser Health Plan HMO

07/07/1983	F	CA	92832	Kaiser Health Plan HMO
03/14/1979	M	CA	92649	Kaiser Health Plan HMO
07/26/1973	M	CA	92704	Kaiser Health Plan HMO
11/05/1983	F	CA	92840	Kaiser Health Plan HMO
05/13/1986	F	CA	92705	Kaiser Health Plan HMO
10/13/1986	F	CA	92780	Kaiser Health Plan HMO
12/07/1962	F	CA	92708	Kaiser Health Plan HMO
11/09/1973	F	CA	92844	Kaiser Health Plan HMO
07/30/1964	F	CA	92704	Kaiser Health Plan HMO
02/18/1982	F	CA	92882	Kaiser Health Plan HMO
03/30/1981	M	CA	92707	Kaiser Health Plan HMO
09/29/1978	M	CA	92706	Kaiser Health Plan HMO
02/17/1983	M	CA	92843	Kaiser Health Plan HMO
12/22/1971	F	CA	90621	Kaiser Health Plan HMO
01/13/1987	F	CA	92705	Kaiser Health Plan HMO
05/09/1976	F	CA	90631	Kaiser Health Plan HMO
02/27/1979	F	CA	92780	Kaiser Health Plan HMO
12/19/1963	M	CA	92780	Kaiser Health Plan HMO
06/17/1968	F	CA	92780	Kaiser Health Plan HMO
07/20/1978	F	CA	92843	Kaiser Health Plan HMO
06/27/1984	M	CA	92701	Kaiser Health Plan HMO
12/04/1979	F	CA	92708	Kaiser Health Plan HMO
11/02/1981	F	CA	92614	Kaiser Health Plan HMO
04/23/1983	F	CA	92782	Kaiser Health Plan HMO
10/15/1982	F	CA	92557	Kaiser Health Plan HMO
04/20/1983	F	CA	92620	Kaiser Health Plan HMO
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11/25/1975	F	CA	90621	Kaiser Health Plan HMO
11/09/1983	F	CA	92708	Kaiser Health Plan HMO
12/25/1971	F	CA	92704	Kaiser Health Plan HMO
02/04/1989	F	CA	92806	Kaiser Health Plan HMO
11/30/1971	F	CA	92806	Kaiser Health Plan HMO
08/04/1983	F	CA	91789	Kaiser Health Plan HMO
10/29/1975	F	CA	92801	Kaiser Health Plan HMO
05/25/1960	F	CA	92865	Kaiser Health Plan HMO
04/25/1955	F	CA	91765	Kaiser Health Plan HMO
07/31/1950	F	CA	92688	Kaiser Health Plan HMO
06/10/1945	M	CA	928035372	Kaiser Health Plan HMO
08/28/1946	F	CA	92805	Kaiser Health Plan HMO
07/23/1953	F	CA	92871	Kaiser Health Plan HMO
04/25/1952	F	CA	92868	Kaiser Health Plan HMO
02/26/1965	M	CA	92630	Kaiser Health Plan HMO
07/24/1963	M	CA	925065849	Kaiser Health Plan HMO
03/09/1967	M	CA	92879	Kaiser Health Plan HMO
10/24/1963	F	CA	90604	Kaiser Health Plan HMO
05/23/1959	F	CA	92840	Kaiser Health Plan HMO
08/29/1960	F	CA	92807	Kaiser Health Plan HMO
08/23/1954	M	CA	926531133	Kaiser Health Plan HMO
04/12/1950	M	CA	926916615	Kaiser Health Plan HMO
06/12/1959	M	CA	92868	Kaiser Health Plan HMO
09/18/1959	F	CA	92868	Kaiser Health Plan HMO
01/31/1953	F	CA	92863	Kaiser Health Plan HMO

12/23/1951	F	CA	92620	Kaiser Health Plan HMO
05/01/1967	F	CA	90620	Kaiser Health Plan HMO
07/05/1974	M	CA	92604	Kaiser Health Plan HMO
03/26/1961	F	CA	92691	Kaiser Health Plan HMO
03/25/1940	F	CA	92865	Kaiser Health Plan HMO
04/14/1968	F	CA	92802	Kaiser Health Plan HMO
04/13/1970	M	CA	92804	Kaiser Health Plan HMO
11/02/1957	F	CA	92886	Kaiser Health Plan HMO
08/14/1949	F	CA	92337	Kaiser Health Plan HMO
09/11/1962	F	CA	92056	Kaiser Health Plan HMO
11/11/1948	F	CA	90804	Kaiser Health Plan HMO
06/08/1950	F	CA	92882	Kaiser Health Plan HMO
04/02/1954	M	CA	92882	Kaiser Health Plan HMO
04/24/1964	F	CA	92702	Kaiser Health Plan HMO
07/20/1969	M	CA	92868	Kaiser Health Plan HMO
03/25/1949	F	CA	92557	Kaiser Health Plan HMO
10/07/1937	F	CA	92675	Kaiser Health Plan HMO
09/28/1975	F	CA	92840	Kaiser Health Plan HMO
05/19/1956	M	CA	92886	Kaiser Health Plan HMO
09/09/1949	M	CA	90814	Kaiser Health Plan HMO
05/15/1977	F	CA	92805	Kaiser Health Plan HMO
12/19/1968	F	CA	92702	Kaiser Health Plan HMO
05/16/1958	M	CA	90621	Kaiser Health Plan HMO
09/10/1954	F	CA	92840	Kaiser Health Plan HMO
04/28/1976	M	CA	91744	Kaiser Health Plan HMO
06/10/1945	F	CA	92841	Kaiser Health Plan HMO
09/29/1967	M	CA	92704	Kaiser Health Plan HMO
11/30/1961	M	CA	90814	Kaiser Health Plan HMO
05/08/1972	F	CA	92880	Kaiser Health Plan HMO
06/02/1980	F	CA	92782	Kaiser Health Plan HMO
06/15/1947	F	CA	92870	Kaiser Health Plan HMO
03/05/1959	F	CA	92692	Kaiser Health Plan HMO
08/24/1959	F	CA	92612	Kaiser Health Plan HMO
10/07/1945	F	CA	92683	Kaiser Health Plan HMO
05/06/1970	F	CA	92882	Kaiser Health Plan HMO
03/30/1969	M	CA	91765	Kaiser Health Plan HMO
10/12/1973	F	CA	917893249	Kaiser Health Plan HMO
11/29/1970	F	CA	92807	Kaiser Health Plan HMO
04/05/1962	F	CA	92647	Kaiser Health Plan HMO
01/11/1943	M	CA	926307051	Kaiser Health Plan HMO
08/14/1966	F	CA	92557	Kaiser Health Plan HMO
04/27/1986	F	CA	92705	Kaiser Health Plan HMO
10/20/1953	F	CA	92629	Kaiser Health Plan HMO
08/09/1959	M	CA	92562	Kaiser Health Plan HMO
03/31/1956	F	CA	92626	Kaiser Health Plan HMO
10/09/1974	F	CA	92870	Kaiser Health Plan HMO
03/26/1968	M	CA	92808	Kaiser Health Plan HMO
03/04/1963	M	CA	92806	Kaiser Health Plan HMO
06/16/1957	F	CA	92807	Kaiser Health Plan HMO
05/22/1964	F	CA	92691	Kaiser Health Plan HMO
02/24/1951	F	CA	92807	Kaiser Health Plan HMO
10/09/1947	F	CA	92807	Kaiser Health Plan HMO

03/17/1985	M	CA	92866	Kaiser Health Plan HMO
07/28/1961	M	CA	92845	Kaiser Health Plan HMO
01/21/1955	F	CA	92780	Kaiser Health Plan HMO
10/13/1954	F	CA	92691	Kaiser Health Plan HMO
01/17/1961	F	CA	92865	Kaiser Health Plan HMO
04/10/1947	F	CA	92806	Kaiser Health Plan HMO
08/12/1949	M	CA	91761	Kaiser Health Plan HMO
08/18/1951	F	CA	92879	Kaiser Health Plan HMO
06/25/1969	F	CA	92870	Kaiser Health Plan HMO
01/02/1957	M	CA	92701	Kaiser Health Plan HMO
06/12/1962	M	CA	92505	Kaiser Health Plan HMO
04/23/1965	F	CA	92705	Kaiser Health Plan HMO
08/06/1964	F	CA	92683	Kaiser Health Plan HMO
11/16/1979	F	CA	92707	Kaiser Health Plan HMO
11/16/1967	M	CA	92630	Kaiser Health Plan HMO
10/31/1963	F	CA	92843	Kaiser Health Plan HMO
01/07/1969	M	CA	92807	Kaiser Health Plan HMO
05/31/1977	M	CA	92879	Kaiser Health Plan HMO
02/07/1954	M	CA	92782	Kaiser Health Plan HMO
09/10/1972	F	CA	92610	Kaiser Health Plan HMO
07/08/1958	M	CA	91732	Kaiser Health Plan HMO
05/07/1961	F	CA	92704	Kaiser Health Plan HMO
08/04/1966	M	CA	92805	Kaiser Health Plan HMO
11/16/1956	M	CA	92868	Kaiser Health Plan HMO
06/28/1965	F	CA	92833	Kaiser Health Plan HMO
02/28/1952	F	CA	92807	Kaiser Health Plan HMO
04/22/1953	M	CA	92647	Kaiser Health Plan HMO
10/28/1950	F	CA	92676	Kaiser Health Plan HMO
08/01/1950	F	CA	92802	Kaiser Health Plan HMO
07/06/1974	F	CA	92708	Kaiser Health Plan HMO
12/14/1962	F	CA	92336	Kaiser Health Plan HMO
04/01/1946	F	CA	92840	Kaiser Health Plan HMO
01/25/1966	F	CA	92869	Kaiser Health Plan HMO
11/12/1957	F	CA	92706	Kaiser Health Plan HMO
11/26/1949	F	CA	92840	Kaiser Health Plan HMO
10/03/1967	F	CA	92843	Kaiser Health Plan HMO
08/07/1953	F	CA	92651	Kaiser Health Plan HMO
11/25/1955	M	CA	92692	Kaiser Health Plan HMO
10/15/1958	M	CA	92807	Kaiser Health Plan HMO
04/26/1976	M	CA	90723	Kaiser Health Plan HMO
09/30/1957	F	CA	92602	Kaiser Health Plan HMO
02/06/1957	F	CA	92532	Kaiser Health Plan HMO
11/22/1964	F	CA	90680	Kaiser Health Plan HMO
02/16/1965	F	CA	92614	Kaiser Health Plan HMO
01/29/1958	M	CA	91762	Kaiser Health Plan HMO
12/30/1951	M	CA	92804	Kaiser Health Plan HMO
01/02/1980	M	CA	90815	Kaiser Health Plan HMO
03/03/1961	M	CA	92679	Kaiser Health Plan HMO
04/21/1960	F	CA	91765	Kaiser Health Plan HMO
05/28/1950	M	CA	92705	Kaiser Health Plan HMO
04/19/1960	F	CA	92630	Kaiser Health Plan HMO
09/27/1961	M	CA	92505	Kaiser Health Plan HMO

05/06/1945	F	CA	92703	Kaiser Health Plan HMO
02/22/1961	M	CA	91709	Kaiser Health Plan HMO
09/22/1964	M	CA	92859	Kaiser Health Plan HMO
03/24/1965	F	CA	92630	Kaiser Health Plan HMO
01/09/1948	F	CA	92647	Kaiser Health Plan HMO
11/22/1954	M	CA	92780	Kaiser Health Plan HMO
03/07/1956	M	CA	92647	Kaiser Health Plan HMO
02/28/1955	M	CA	92570	Kaiser Health Plan HMO
12/21/1956	F	CA	92802	Kaiser Health Plan HMO
04/29/1966	M	CA	92691	Kaiser Health Plan HMO
04/10/1979	F	CA	92503	Kaiser Health Plan HMO
11/23/1950	F	CA	90630	Kaiser Health Plan HMO
01/11/1957	F	CA	91710	Kaiser Health Plan HMO
02/22/1959	F	CA	92883	Kaiser Health Plan HMO
06/24/1970	F	CA	92808	Kaiser Health Plan HMO
05/09/1951	F	CA	92821	Kaiser Health Plan HMO
01/13/1959	M	CA	92703	Kaiser Health Plan HMO
11/08/1979	F	CA	90638	Kaiser Health Plan HMO
04/06/1971	F	CA	90603	Kaiser Health Plan HMO
07/24/1965	M	CA	92886	Kaiser Health Plan HMO
08/22/1946	M	CA	92840	Kaiser Health Plan HMO
11/04/1962	M	CA	92870	Kaiser Health Plan HMO
08/18/1965	F	CA	92806	Kaiser Health Plan HMO
09/02/1950	F	CA	92844	Kaiser Health Plan HMO
09/15/1964	M	CA	92656	Kaiser Health Plan HMO
10/28/1962	M	CA	92503	Kaiser Health Plan HMO
02/08/1979	M	CA	92627	Kaiser Health Plan HMO
07/14/1967	F	CA	92563	Kaiser Health Plan HMO
07/25/1974	F	CA	92505	Kaiser Health Plan HMO
05/07/1966	M	CA	92782	Kaiser Health Plan HMO
04/01/1959	F	CA	92837	Kaiser Health Plan HMO
01/06/1964	F	CA	92336	Kaiser Health Plan HMO
02/18/1948	F	CA	90680	Kaiser Health Plan HMO
01/15/1954	M	CA	92801	Kaiser Health Plan HMO
01/29/1949	F	CA	90630	Kaiser Health Plan HMO
05/16/1964	F	CA	90621	Kaiser Health Plan HMO
08/21/1965	F	CA	90631	Kaiser Health Plan HMO
12/09/1955	M	CA	92845	Kaiser Health Plan HMO
07/05/1956	M	CA	92806	Kaiser Health Plan HMO
12/10/1973	F	CA	92843	Kaiser Health Plan HMO
10/27/1946	F	CA	90740	Kaiser Health Plan HMO
10/25/1958	F	CA	92506	Kaiser Health Plan HMO
06/29/1966	F	CA	90638	Kaiser Health Plan HMO
05/17/1971	F	CA	92805	Kaiser Health Plan HMO
05/27/1952	F	CA	92646	Kaiser Health Plan HMO
11/04/1952	M	CA	91709	Kaiser Health Plan HMO
03/09/1953	M	CA	92807	Kaiser Health Plan HMO
11/21/1955	M	CA	92807	Kaiser Health Plan HMO
02/05/1958	F	CA	92656	Kaiser Health Plan HMO
05/23/1954	M	CA	926184720	Kaiser Health Plan HMO
04/27/1953	F	CA	92867	Kaiser Health Plan HMO
03/28/1967	F	CA	92782	Kaiser Health Plan HMO

05/17/1969	F	CA	92618	Kaiser Health Plan HMO
03/03/1952	F	CA	92869	Kaiser Health Plan HMO
01/11/1961	M	CA	90680	Kaiser Health Plan HMO
06/30/1974	F	CA	92879	Kaiser Health Plan HMO
07/22/1980	F	CA	90631	Kaiser Health Plan HMO
06/18/1943	F	CA	90680	Kaiser Health Plan HMO
10/26/1984	F	CA	92870	Kaiser Health Plan HMO
10/04/1976	F	CA	90680	Kaiser Health Plan HMO
07/30/1988	F	CA	92869	Kaiser Health Plan HMO
06/06/1973	F	CA	92646	Kaiser Health Plan HMO
07/18/1984	M	CA	92675	Kaiser Health Plan HMO
02/15/1983	F	CA	90638	Kaiser Health Plan HMO
08/24/1959	M	CA	92870	Kaiser Health Plan HMO
01/30/1975	M	CA	92679	Kaiser Health Plan HMO
10/28/1953	F	CA	92612	Kaiser Health Plan HMO
09/23/1980	M	CA	92841	Kaiser Health Plan HMO
02/05/1974	M	CA	92804	Kaiser Health Plan HMO
03/08/1984	M	CA	92882	Kaiser Health Plan HMO
12/19/1962	F	CA	92868	Kaiser Health Plan HMO
08/28/1976	F	CA	92832	Kaiser Health Plan HMO
06/27/1971	F	CA	92870	Kaiser Health Plan HMO
04/16/1977	F	CA	90701	Kaiser Health Plan HMO
03/25/1951	F	CA	92805	Kaiser Health Plan HMO
05/10/1980	F	CA	92606	Kaiser Health Plan HMO
05/15/1956	F	CA	92840	Kaiser Health Plan HMO
12/13/1973	F	CA	92506	Kaiser Health Plan HMO
09/25/1963	F	CA	92865	Kaiser Health Plan HMO
12/28/1981	M	CA	92807	Kaiser Health Plan HMO
02/04/1959	F	CA	92782	Kaiser Health Plan HMO
07/21/1979	F	CA	92840	Kaiser Health Plan HMO
09/12/1978	F	CA	92801	Kaiser Health Plan HMO
02/03/1974	M	CA	92711	Kaiser Health Plan HMO
03/27/1962	F	CA	92883	Kaiser Health Plan HMO
03/20/1962	M	CA	92808	Kaiser Health Plan HMO
10/29/1975	M	CA	92808	Kaiser Health Plan HMO
06/08/1965	M	CA	92804	Kaiser Health Plan HMO
11/09/1966	M	CA	92869	Kaiser Health Plan HMO
07/11/1975	F	CA	92336	Kaiser Health Plan HMO
05/28/1965	M	CA	92882	Kaiser Health Plan HMO
10/19/1966	M	CA	92882	Kaiser Health Plan HMO
06/04/1963	M	CA	92691	Kaiser Health Plan HMO
12/26/1978	F	CA	90620	Kaiser Health Plan HMO
08/21/1963	M	CA	90680	Kaiser Health Plan HMO
06/17/1979	F	CA	92867	Kaiser Health Plan HMO
09/09/1975	M	CA	90814	Kaiser Health Plan HMO
07/16/1969	F	CA	92704	Kaiser Health Plan HMO
09/21/1961	M	CA	91709	Kaiser Health Plan HMO
04/24/1963	F	CA	92688	Kaiser Health Plan HMO
02/18/1964	M	CA	92708	Kaiser Health Plan HMO
11/24/1970	F	CA	92630	Kaiser Health Plan HMO
11/24/1971	M	CA	90630	Kaiser Health Plan HMO
06/25/1946	M	CA	92882	Kaiser Health Plan HMO

04/22/1975	M	CA	92708	Kaiser Health Plan HMO
04/13/1980	F	CA	92703	Kaiser Health Plan HMO
01/23/1962	M	CA	90036	Kaiser Health Plan HMO
07/22/1983	M	CA	90723	Kaiser Health Plan HMO
10/29/1972	M	CA	92806	Kaiser Health Plan HMO
01/01/1972	M	CA	91710	Kaiser Health Plan HMO
01/26/1975	M	CA	92656	Kaiser Health Plan HMO
09/17/1984	M	CA	92870	Kaiser Health Plan HMO
01/30/1989	M	CA	92591	Kaiser Health Plan HMO
04/18/1986	M	CA	92604	Kaiser Health Plan HMO
02/08/1978	F	CA	92879	Kaiser Health Plan HMO
04/29/1987	M	CA	92780	Kaiser Health Plan HMO
04/10/1985	F	CA	92882	Kaiser Health Plan HMO
02/01/1977	M	CA	91708	Kaiser Health Plan HMO
04/07/1986	F	CA	92686	Kaiser Health Plan HMO
12/25/1979	M	CA	92703	Kaiser Health Plan HMO
12/27/1988	M	CA	92562	Kaiser Health Plan HMO
06/24/1962	M	CA	92707	Kaiser Health Plan HMO
06/07/1954	F	CA	92887	Kaiser Health Plan HMO
08/01/1956	F	CA	92630	Kaiser Health Plan HMO
10/04/1955	M	CA	90814	Kaiser Health Plan HMO
03/12/1963	F	CA	92802	Kaiser Health Plan HMO
11/04/1944	F	CA	92706	Kaiser Health Plan HMO
01/22/1949	F	CA	92706	Kaiser Health Plan HMO
07/25/1957	F	CA	90808	Kaiser Health Plan HMO
03/26/1956	F	CA	92620	Kaiser Health Plan HMO
09/02/1952	F	CA	92841	Kaiser Health Plan HMO
07/25/1969	F	CA	92843	Kaiser Health Plan HMO
01/08/1953	F	CA	92835	Kaiser Health Plan HMO
12/28/1970	F	CA	92701	Kaiser Health Plan HMO
02/25/1964	F	CA	92656	Kaiser Health Plan HMO
11/05/1977	F	CA	92683	Kaiser Health Plan HMO
04/30/1969	F	CA	92804	Kaiser Health Plan HMO
08/04/1984	F	CA	90806	Kaiser Health Plan HMO
08/04/1984	F	CA	90806	Kaiser Health Plan HMO
01/22/1984	F	CA	91745	Kaiser Health Plan HMO
09/24/1953	M	CA	92701	Kaiser Health Plan HMO
05/25/1966	M	CA	92336	Kaiser Health Plan HMO
02/11/1967	M	CA	92701	Kaiser Health Plan HMO
11/28/1934	M	CA	92701	Kaiser Health Plan HMO
01/20/1954	M	CA	90740	Kaiser Health Plan HMO

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CIGNA

Date Of Birth	Gender	State	ZipCode	Medical Option
04/24/1977	F	CA	90814	CIGNA Health Plan HMO
11/18/1956	M	CA	92806	CIGNA Health Plan HMO
11/24/1952	M	CA	92688	CIGNA Health Plan HMO
10/20/1950	M	CA	92656	CIGNA Health Plan HMO
12/03/1939	F	CA	92870	CIGNA Health Plan HMO
10/22/1958	F	CA	92683	CIGNA Health Plan HMO
12/23/1966	M	CA	92782	CIGNA Health Plan HMO
02/18/1956	F	CA	92780	CIGNA Health Plan HMO
07/25/1957	F	CA	92869	CIGNA Health Plan HMO
08/13/1947	F	CA	92646	CIGNA Health Plan HMO
01/13/1955	F	CA	92704	CIGNA Health Plan HMO
06/28/1960	F	CA	92620	CIGNA Health Plan HMO
02/07/1977	F	CA	92707	CIGNA Health Plan HMO
03/16/1953	F	CA	92843	CIGNA Health Plan HMO
07/10/1949	M	CA	92610	CIGNA Health Plan HMO
07/22/1969	F	CA	92843	CIGNA Health Plan HMO
06/29/1969	F	CA	90620	CIGNA Health Plan HMO
01/21/1981	M	CA	92505	CIGNA Health Plan HMO
06/18/1980	F	CA	92706	CIGNA Health Plan HMO
12/09/1958	F	CA	92821	CIGNA Health Plan HMO
07/07/1950	M	CA	92869	CIGNA Health Plan HMO
12/02/1956	F	CA	92704	CIGNA Health Plan HMO
01/29/1955	M	CA	92835	CIGNA Health Plan HMO
09/13/1985	M	CA	92807	CIGNA Health Plan HMO
10/28/1947	M	CA	90703	CIGNA Health Plan HMO
03/26/1970	F	CA	92707	CIGNA Health Plan HMO
06/22/1946	M	CA	91748	CIGNA Health Plan HMO
08/25/1946	M	CA	92626	CIGNA Health Plan HMO
05/24/1950	F	CA	92886	CIGNA Health Plan HMO
09/06/1952	M	CA	92805	CIGNA Health Plan HMO
09/22/1951	F	CA	926272320	CIGNA Health Plan HMO
04/16/1959	M	CA	92860	CIGNA Health Plan HMO
03/27/1962	M	CA	92880	CIGNA Health Plan HMO
10/06/1956	F	CA	92637	CIGNA Health Plan HMO
10/16/1963	M	CA	92869	CIGNA Health Plan HMO
07/04/1942	M	CA	92881	CIGNA Health Plan HMO
03/09/1943	M	CA	92692	CIGNA Health Plan HMO
09/17/1978	F	CA	92840	CIGNA Health Plan HMO
07/26/1973	M	CA	92707	CIGNA Health Plan HMO
09/09/1959	F	CA	92708	CIGNA Health Plan HMO
06/18/1949	M	CA	92806	CIGNA Health Plan HMO
08/21/1971	F	CA	92704	CIGNA Health Plan HMO
08/21/1983	F	CA	92679	CIGNA Health Plan HMO
01/17/1980	F	CA	92833	CIGNA Health Plan HMO
04/27/1949	M	CA	92691	CIGNA Health Plan HMO

10/14/1949	F	CA	92880	CIGNA Health Plan HMO
06/29/1951	F	CA	92869	CIGNA Health Plan HMO
04/28/1951	F	CA	92702	CIGNA Health Plan HMO
08/25/1956	M	CA	92869	CIGNA Health Plan HMO
09/23/1958	F	CA	92620	CIGNA Health Plan HMO
08/29/1947	M	CA	92683	CIGNA Health Plan HMO
04/26/1960	F	CA	92869	CIGNA Health Plan HMO
04/07/1975	M	CA	92706	CIGNA Health Plan HMO
01/24/1962	M	CA	92806	CIGNA Health Plan HMO
03/19/1959	M	CA	92509	CIGNA Health Plan HMO
06/22/1953	M	CA	92845	CIGNA Health Plan HMO
11/16/1947	M	CA	92882	CIGNA Health Plan HMO
03/15/1978	F	CA	92336	CIGNA Health Plan HMO
06/01/1983	M	CA	90716	CIGNA Health Plan HMO
06/07/1971	M	CA	92691	CIGNA Health Plan HMO
04/01/1980	F	CA	92782	CIGNA Health Plan HMO
05/06/1960	F	CA	92703	CIGNA Health Plan HMO
02/01/1976	F	CA	92806	CIGNA Health Plan HMO
08/22/1977	M	CA	92707	CIGNA Health Plan HMO
04/27/1954	M	CA	91761	CIGNA Health Plan HMO
02/27/1966	F	CA	92532	CIGNA Health Plan HMO
12/08/1952	F	CA	92659	CIGNA Health Plan HMO
01/22/1949	M	CA	90631	CIGNA Health Plan HMO
03/11/1957	F	CA	92880	CIGNA Health Plan HMO
01/08/1961	F	CA	92706	CIGNA Health Plan HMO
10/02/1946	M	CA	92692	CIGNA Health Plan HMO
07/07/1961	M	CA	92630	CIGNA Health Plan HMO
09/09/1960	M	CA	92683	CIGNA Health Plan HMO
03/04/1982	M	CA	92882	CIGNA Health Plan HMO
04/06/1967	F	CA	91710	CIGNA Health Plan HMO
11/17/1949	M	CA	92807	CIGNA Health Plan HMO
04/27/1967	M	CA	92868	CIGNA Health Plan HMO
08/13/1970	M	CA	92869	CIGNA Health Plan HMO
11/14/1975	F	CA	92705	CIGNA Health Plan HMO
04/01/1974	F	CA	92602	CIGNA Health Plan HMO
11/23/1973	F	CA	92683	CIGNA Health Plan HMO
05/05/1962	F	CA	90631	CIGNA Health Plan HMO
02/08/1962	M	CA	92886	CIGNA Health Plan HMO
05/14/1971	F	CA	90630	CIGNA Health Plan HMO
06/11/1969	F	CA	90604	CIGNA Health Plan HMO
04/09/1970	M	CA	92867	CIGNA Health Plan HMO
07/12/1963	F	CA	92704	CIGNA Health Plan HMO
07/16/1964	F	CA	92656	CIGNA Health Plan HMO
02/06/1971	F	CA	92805	CIGNA Health Plan HMO
04/28/1962	M	CA	90803	CIGNA Health Plan HMO
12/09/1963	M	CA	91765	CIGNA Health Plan HMO
08/07/1975	F	CA	92806	CIGNA Health Plan HMO
08/18/1964	M	CA	92865	CIGNA Health Plan HMO
05/16/1972	F	CA	92807	CIGNA Health Plan HMO
11/16/1980	M	CA	92704	CIGNA Health Plan HMO
01/14/1969	F	CA	92620	CIGNA Health Plan HMO

12/06/1952	F	CA	90680	CIGNA Health Plan HMO
03/18/1980	M	CA	92843	CIGNA Health Plan HMO
09/16/1981	F	CA	90713	CIGNA Health Plan HMO
12/07/1967	M	CA	92683	CIGNA Health Plan HMO
04/01/1960	F	CA	92706	CIGNA Health Plan HMO
09/07/1968	F	CA	92866	CIGNA Health Plan HMO
01/10/1958	M	CA	92683	CIGNA Health Plan HMO
12/14/1975	M	CA	92705	CIGNA Health Plan HMO
05/08/1956	M	CA	90620	CIGNA Health Plan HMO
05/06/1965	F	CA	92867	CIGNA Health Plan HMO
03/08/1968	M	CA	90680	CIGNA Health Plan HMO
02/17/1974	M	CA	92831	CIGNA Health Plan HMO
07/06/1970	F	CA	92804	CIGNA Health Plan HMO
08/16/1963	M	CA	92683	CIGNA Health Plan HMO
02/22/1974	M	CA	92868	CIGNA Health Plan HMO
08/30/1963	M	CA	92867	CIGNA Health Plan HMO
07/26/1971	F	CA	92880	CIGNA Health Plan HMO
01/25/1976	F	CA	91744	CIGNA Health Plan HMO
02/11/1963	M	CA	90604	CIGNA Health Plan HMO
11/21/1966	M	CA	92705	CIGNA Health Plan HMO
12/09/1970	M	CA	92867	CIGNA Health Plan HMO
10/31/1964	M	CA	92870	CIGNA Health Plan HMO
12/12/1958	M	CA	927057005	CIGNA Health Plan HMO
10/29/1962	F	CA	92620	CIGNA Health Plan HMO
03/17/1976	F	CA	92882	CIGNA Health Plan HMO
01/04/1969	M	CA	92508	CIGNA Health Plan HMO
07/07/1960	F	CA	91750	CIGNA Health Plan HMO
12/31/1956	F	CA	92831	CIGNA Health Plan HMO
08/15/1956	F	CA	92780	CIGNA Health Plan HMO
03/12/1965	M	CA	92881	CIGNA Health Plan HMO
11/01/1967	M	CA	92804	CIGNA Health Plan HMO
05/06/1962	M	CA	92807	CIGNA Health Plan HMO
05/12/1978	M	CA	92630	CIGNA Health Plan HMO
10/11/1973	F	CA	92870	CIGNA Health Plan HMO
12/20/1961	M	CA	90620	CIGNA Health Plan HMO
03/20/1959	M	CA	92672	CIGNA Health Plan HMO
12/05/1974	F	CA	92503	CIGNA Health Plan HMO
04/07/1973	F	CA	92703	CIGNA Health Plan HMO
07/23/1977	F	CA	92867	CIGNA Health Plan HMO
04/11/1980	F	CA	92879	CIGNA Health Plan HMO
03/05/1970	M	CA	92706	CIGNA Health Plan HMO
10/17/1978	M	CA	91762	CIGNA Health Plan HMO
06/19/1966	F	CA	92503	CIGNA Health Plan HMO
02/01/1949	F	CA	92703	CIGNA Health Plan HMO
06/21/1975	M	CA	92804	CIGNA Health Plan HMO
05/19/1970	F	CA	92780	CIGNA Health Plan HMO
08/14/1976	M	CA	92867	CIGNA Health Plan HMO
08/31/1972	F	CA	92706	CIGNA Health Plan HMO
01/09/1955	F	CA	92840	CIGNA Health Plan HMO
06/10/1976	M	CA	91752	CIGNA Health Plan HMO
07/24/1974	F	CA	92840	CIGNA Health Plan HMO

05/08/1971	F	CA	92805	CIGNA Health Plan HMO
02/03/1975	F	CA	92780	CIGNA Health Plan HMO
12/18/1955	M	CA	92679	CIGNA Health Plan HMO
07/10/1971	M	CA	92691	CIGNA Health Plan HMO
12/16/1977	M	CA	90703	CIGNA Health Plan HMO
09/24/1960	M	CA	92692	CIGNA Health Plan HMO
06/10/1962	M	CA	92805	CIGNA Health Plan HMO
07/26/1968	M	CA	92647	CIGNA Health Plan HMO
05/11/1965	F	CA	92804	CIGNA Health Plan HMO
08/23/1967	F	CA	92802	CIGNA Health Plan HMO
10/17/1967	M	CA	92679	CIGNA Health Plan HMO
03/09/1962	M	CA	92887	CIGNA Health Plan HMO
10/04/1972	M	CA	92707	CIGNA Health Plan HMO
04/29/1974	F	CA	92867	CIGNA Health Plan HMO
11/26/1977	M	CA	92843	CIGNA Health Plan HMO
04/15/1976	M	CA	90670	CIGNA Health Plan HMO
01/18/1972	M	CA	92683	CIGNA Health Plan HMO
09/25/1959	F	CA	92886	CIGNA Health Plan HMO
11/25/1948	M	CA	92683	CIGNA Health Plan HMO
10/26/1960	M	CA	92610	CIGNA Health Plan HMO
08/05/1975	M	CA	90603	CIGNA Health Plan HMO
02/27/1951	M	CA	926305462	CIGNA Health Plan HMO
02/14/1954	M	CA	92867	CIGNA Health Plan HMO
12/26/1978	F	CA	92867	CIGNA Health Plan HMO
03/05/1977	M	CA	92867	CIGNA Health Plan HMO
11/27/1954	F	CA	92802	CIGNA Health Plan HMO
03/17/1975	M	CA	92883	CIGNA Health Plan HMO
01/23/1968	F	CA	92802	CIGNA Health Plan HMO
06/03/1978	F	CA	92801	CIGNA Health Plan HMO
07/19/1959	M	CA	92804	CIGNA Health Plan HMO
01/17/1969	F	CA	92883	CIGNA Health Plan HMO
01/28/1961	M	CA	92780	CIGNA Health Plan HMO
05/19/1967	F	CA	92704	CIGNA Health Plan HMO
12/22/1972	F	CA	92868	CIGNA Health Plan HMO
03/12/1965	M	CA	92647	CIGNA Health Plan HMO
01/26/1961	M	CA	92886	CIGNA Health Plan HMO
12/19/1975	F	CA	92805	CIGNA Health Plan HMO
12/31/1960	M	CA	92805	CIGNA Health Plan HMO
07/18/1962	F	CA	92867	CIGNA Health Plan HMO
11/27/1969	F	CA	92831	CIGNA Health Plan HMO
01/24/1978	M	CA	92647	CIGNA Health Plan HMO
01/14/1976	M	CA	92806	CIGNA Health Plan HMO
01/04/1969	F	CA	92804	CIGNA Health Plan HMO
02/28/1968	F	CA	92707	CIGNA Health Plan HMO
01/08/1977	M	CA	92707	CIGNA Health Plan HMO
10/16/1962	F	CA	92867	CIGNA Health Plan HMO
03/26/1969	F	CA	92704	CIGNA Health Plan HMO
04/15/1966	M	CA	92865	CIGNA Health Plan HMO
08/18/1965	M	CA	927997933	CIGNA Health Plan HMO
05/03/1960	F	CA	92677	CIGNA Health Plan HMO
11/06/1973	M	CA	92688	CIGNA Health Plan HMO

01/13/1949	F	CA	92677	CIGNA Health Plan HMO
04/24/1981	M	CA	90680	CIGNA Health Plan HMO
10/26/1980	F	CA	90620	CIGNA Health Plan HMO
03/26/1964	M	CA	92856	CIGNA Health Plan HMO
05/10/1981	M	CA	92691	CIGNA Health Plan HMO
04/22/1967	M	CA	92843	CIGNA Health Plan HMO
11/18/1973	M	CA	92840	CIGNA Health Plan HMO
11/08/1968	M	CA	92841	CIGNA Health Plan HMO
05/14/1963	F	CA	91752	CIGNA Health Plan HMO
02/03/1969	M	CA	92802	CIGNA Health Plan HMO
03/01/1972	M	CA	92683	CIGNA Health Plan HMO
04/18/1977	F	CA	92869	CIGNA Health Plan HMO
12/01/1951	F	CA	92780	CIGNA Health Plan HMO
07/11/1969	F	CA	92677	CIGNA Health Plan HMO
02/28/1972	M	CA	92673	CIGNA Health Plan HMO
05/27/1963	F	CA	92626	CIGNA Health Plan HMO
01/06/1964	F	CA	92703	CIGNA Health Plan HMO
10/15/1956	F	CA	92705	CIGNA Health Plan HMO
08/24/1965	M	CA	92807	CIGNA Health Plan HMO
05/14/1975	F	CA	90623	CIGNA Health Plan HMO
11/20/1963	M	CA	92620	CIGNA Health Plan HMO
02/19/1965	F	CA	90806	CIGNA Health Plan HMO
05/09/1971	M	CA	92701	CIGNA Health Plan HMO
10/11/1978	M	CA	92806	CIGNA Health Plan HMO
07/07/1958	M	CA	92886	CIGNA Health Plan HMO
11/24/1973	M	CA	92688	CIGNA Health Plan HMO
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04/20/1978	F	CA	91709	CIGNA Health Plan HMO
08/28/1973	F	CA	92870	CIGNA Health Plan HMO
10/04/1967	F	CA	92656	CIGNA Health Plan HMO
09/05/1951	F	CA	92804	CIGNA Health Plan HMO
09/21/1963	F	CA	92806	CIGNA Health Plan HMO
04/21/1972	M	CA	92807	CIGNA Health Plan HMO
03/13/1965	M	CA	92653	CIGNA Health Plan HMO
05/10/1963	M	CA	92870	CIGNA Health Plan HMO
08/20/1970	M	CA	92782	CIGNA Health Plan HMO
10/18/1964	M	CA	92806	CIGNA Health Plan HMO
08/24/1959	M	CA	92821	CIGNA Health Plan HMO
06/07/1972	F	CA	90638	CIGNA Health Plan HMO
12/14/1970	M	CA	92336	CIGNA Health Plan HMO
01/12/1966	M	CA	92705	CIGNA Health Plan HMO
05/06/1965	F	CA	92807	CIGNA Health Plan HMO
08/06/1968	M	CA	92530	CIGNA Health Plan HMO
11/22/1972	M	CA	92804	CIGNA Health Plan HMO
12/29/1967	M	CA	92626	CIGNA Health Plan HMO
12/26/1959	M	CA	92870	CIGNA Health Plan HMO
11/13/1953	M	CA	92780	CIGNA Health Plan HMO
02/19/1975	M	CA	92656	CIGNA Health Plan HMO
01/18/1971	M	CA	91745	CIGNA Health Plan HMO
01/03/1969	M	CA	92870	CIGNA Health Plan HMO
12/13/1966	F	CA	90808	CIGNA Health Plan HMO

11/03/1980	F	CA	92880	CIGNA Health Plan HMO
03/22/1977	M	CA	90713	CIGNA Health Plan HMO
07/06/1971	M	CA	92882	CIGNA Health Plan HMO
12/09/1979	M	CA	92840	CIGNA Health Plan HMO
09/15/1977	M	CA	90603	CIGNA Health Plan HMO
08/19/1968	M	CA	92805	CIGNA Health Plan HMO
11/15/1963	F	CA	92870	CIGNA Health Plan HMO
12/02/1959	F	CA	92647	CIGNA Health Plan HMO
07/29/1974	M	CA	92703	CIGNA Health Plan HMO
08/14/1963	F	CA	92804	CIGNA Health Plan HMO
09/11/1964	F	CA	92886	CIGNA Health Plan HMO
07/02/1970	F	CA	92704	CIGNA Health Plan HMO
09/07/1960	M	CA	92707	CIGNA Health Plan HMO
08/17/1956	M	CA	92802	CIGNA Health Plan HMO
06/01/1973	M	CA	92595	CIGNA Health Plan HMO
08/18/1947	M	CA	92805	CIGNA Health Plan HMO
08/17/1974	M	CA	92845	CIGNA Health Plan HMO
12/25/1970	M	CA	90713	CIGNA Health Plan HMO
07/15/1970	F	CA	92886	CIGNA Health Plan HMO
01/07/1955	M	CA	92620	CIGNA Health Plan HMO
04/25/1968	F	CA	92503	CIGNA Health Plan HMO
05/09/1956	M	CA	92704	CIGNA Health Plan HMO
05/18/1965	M	CA	92807	CIGNA Health Plan HMO
04/09/1971	F	CA	92679	CIGNA Health Plan HMO
10/19/1959	F	CA	92703	CIGNA Health Plan HMO
02/16/1957	M	CA	90621	CIGNA Health Plan HMO
02/27/1958	M	CA	92656	CIGNA Health Plan HMO
03/08/1962	F	CA	92802	CIGNA Health Plan HMO
05/26/1972	M	CA	92804	CIGNA Health Plan HMO
10/13/1963	F	CA	92708	CIGNA Health Plan HMO
12/01/1971	M	CA	92656	CIGNA Health Plan HMO
07/07/1956	F	CA	92610	CIGNA Health Plan HMO
02/09/1968	F	CA	92705	CIGNA Health Plan HMO
01/22/1958	M	CA	92821	CIGNA Health Plan HMO
10/29/1975	F	CA	92805	CIGNA Health Plan HMO
09/18/1956	F	CA	92677	CIGNA Health Plan HMO
02/02/1966	F	CA	90601	CIGNA Health Plan HMO
04/21/1969	M	CA	92867	CIGNA Health Plan HMO
05/21/1966	M	CA	92805	CIGNA Health Plan HMO
03/17/1968	M	CA	92882	CIGNA Health Plan HMO
06/21/1965	M	CA	92707	CIGNA Health Plan HMO
12/04/1972	M	CA	92843	CIGNA Health Plan HMO
08/26/1969	F	CA	91710	CIGNA Health Plan HMO
09/29/1966	M	CA	92675	CIGNA Health Plan HMO
01/27/1960	M	CA	92656	CIGNA Health Plan HMO
06/20/1961	M	CA	907132502	CIGNA Health Plan HMO
03/02/1970	M	CA	92869	CIGNA Health Plan HMO
07/14/1978	M	CA	92880	CIGNA Health Plan HMO
12/14/1963	M	CA	92604	CIGNA Health Plan HMO
12/02/1954	M	CA	92683	CIGNA Health Plan HMO
06/18/1985	M	CA	92880	CIGNA Health Plan HMO

05/31/1977	F	CA	91765	CIGNA Health Plan HMO
09/27/1973	F	CA	90013	CIGNA Health Plan HMO
05/01/1971	M	CA	92694	CIGNA Health Plan HMO
04/03/1972	F	CA	92865	CIGNA Health Plan HMO
04/11/1982	F	CA	90802	CIGNA Health Plan HMO
09/09/1976	F	CA	90045	CIGNA Health Plan HMO
08/30/1979	F	CA	92606	CIGNA Health Plan HMO
08/28/1948	M	CA	92612	CIGNA Health Plan HMO
07/26/1961	M	CA	92677	CIGNA Health Plan HMO
01/07/1978	M	CA	92586	CIGNA Health Plan HMO
08/05/1971	M	CA	92010	CIGNA Health Plan HMO
06/14/1953	M	CA	92886	CIGNA Health Plan HMO
02/24/1962	F	CA	92705	CIGNA Health Plan HMO
03/27/1946	M	CA	92620	CIGNA Health Plan HMO
04/28/1951	M	CA	92128	CIGNA Health Plan HMO
04/21/1957	M	CA	92673	CIGNA Health Plan HMO
12/26/1975	F	CA	92630	CIGNA Health Plan HMO
06/28/1971	M	CA	92688	CIGNA Health Plan HMO
04/22/1970	F	CA	92887	CIGNA Health Plan HMO
09/23/1972	F	CA	92870	CIGNA Health Plan HMO
01/08/1976	M	CA	92661	CIGNA Health Plan HMO
01/26/1980	F	CA	91741	CIGNA Health Plan HMO
09/03/1964	F	CA	92808	CIGNA Health Plan HMO
09/27/1960	F	CA	92691	CIGNA Health Plan HMO
10/21/1971	F	CA	92708	CIGNA Health Plan HMO
05/15/1956	F	CA	92648	CIGNA Health Plan HMO
10/02/1967	F	CA	92833	CIGNA Health Plan HMO
07/30/1951	F	CA	92808	CIGNA Health Plan HMO
10/12/1959	F	CA	90620	CIGNA Health Plan HMO
07/22/1963	F	CA	91761	CIGNA Health Plan HMO
01/02/1960	F	CA	92780	CIGNA Health Plan HMO
07/04/1953	F	CA	92701	CIGNA Health Plan HMO
01/13/1973	F	CA	92865	CIGNA Health Plan HMO
09/19/1965	F	CA	90630	CIGNA Health Plan HMO
06/17/1959	F	CA	92868	CIGNA Health Plan HMO
01/30/1959	F	CA	92683	CIGNA Health Plan HMO
03/05/1961	F	CA	92843	CIGNA Health Plan HMO
06/15/1968	F	CA	92649	CIGNA Health Plan HMO
09/28/1952	F	CA	92804	CIGNA Health Plan HMO
07/02/1968	F	CA	92677	CIGNA Health Plan HMO
12/28/1968	F	CA	92859	CIGNA Health Plan HMO
05/28/1955	F	CA	92656	CIGNA Health Plan HMO
09/12/1966	F	CA	92570	CIGNA Health Plan HMO
12/17/1972	M	CA	91205	CIGNA Health Plan HMO
05/27/1959	F	CA	92866	CIGNA Health Plan HMO
05/04/1944	F	CA	92703	CIGNA Health Plan HMO
04/29/1975	F	CA	91744	CIGNA Health Plan HMO
12/17/1981	F	CA	90620	CIGNA Health Plan HMO
05/28/1981	F	CA	92806	CIGNA Health Plan HMO
06/08/1981	F	CA	92840	CIGNA Health Plan HMO
02/26/1983	M	CA	92703	CIGNA Health Plan HMO

04/02/1979	F	CA	92688	CIGNA Health Plan HMO
11/30/1946	M	CA	92653	CIGNA Health Plan HMO
09/07/1959	M	CA	91709	CIGNA Health Plan HMO
07/07/1957	M	CA	926921015	CIGNA Health Plan HMO
09/13/1968	F	CA	90638	CIGNA Health Plan HMO
04/29/1957	M	CA	92708	CIGNA Health Plan HMO
08/02/1962	F	CA	92677	CIGNA Health Plan HMO
10/02/1960	F	CA	92802	CIGNA Health Plan HMO
10/26/1949	F	CA	92780	CIGNA Health Plan HMO
02/21/1952	F	CA	92606	CIGNA Health Plan HMO
02/25/1977	F	CA	92677	CIGNA Health Plan HMO
06/19/1960	F	CA	91748	CIGNA Health Plan HMO
01/14/1949	F	CA	92653	CIGNA Health Plan HMO
11/25/1963	F	CA	90630	CIGNA Health Plan HMO
11/13/1960	F	CA	92604	CIGNA Health Plan HMO
06/02/1961	F	CA	92868	CIGNA Health Plan HMO
01/04/1943	F	CA	92679	CIGNA Health Plan HMO
06/10/1943	F	CA	92886	CIGNA Health Plan HMO
08/24/1949	F	CA	92867	CIGNA Health Plan HMO
01/26/1946	M	CA	92683	CIGNA Health Plan HMO
09/24/1947	F	CA	92782	CIGNA Health Plan HMO
03/08/1949	F	CA	92711	CIGNA Health Plan HMO
02/01/1942	F	CA	90622	CIGNA Health Plan HMO
07/29/1951	F	CA	90620	CIGNA Health Plan HMO
05/28/1951	M	CA	92655	CIGNA Health Plan HMO
11/30/1949	F	CA	92841	CIGNA Health Plan HMO
10/20/1971	F	CA	92865	CIGNA Health Plan HMO
12/19/1960	F	CA	92801	CIGNA Health Plan HMO
06/16/1948	F	CA	92865	CIGNA Health Plan HMO
03/28/1941	M	CA	92708	CIGNA Health Plan HMO
08/12/1945	F	CA	91748	CIGNA Health Plan HMO
02/14/1967	M	CA	92647	CIGNA Health Plan HMO
10/25/1980	F	CA	92704	CIGNA Health Plan HMO
08/29/1966	M	CA	90240	CIGNA Health Plan HMO
07/11/1973	F	CA	92882	CIGNA Health Plan HMO
05/14/1953	F	CA	91709	CIGNA Health Plan HMO
02/10/1955	M	CA	92841	CIGNA Health Plan HMO
11/26/1953	F	CA	92833	CIGNA Health Plan HMO
06/12/1971	F	CA	92806	CIGNA Health Plan HMO
11/22/1951	M	CA	92804	CIGNA Health Plan HMO
11/05/1981	F	CA	91752	CIGNA Health Plan HMO
12/01/1967	F	CA	91789	CIGNA Health Plan HMO
03/30/1963	M	CA	92840	CIGNA Health Plan HMO
07/31/1986	F	CA	92840	CIGNA Health Plan HMO
02/14/1936	M	CA	90631	CIGNA Health Plan HMO
12/21/1958	F	CA	92869	CIGNA Health Plan HMO
03/20/1960	F	CA	92595	CIGNA Health Plan HMO
08/31/1957	F	CA	92647	CIGNA Health Plan HMO
02/18/1963	F	CA	92780	CIGNA Health Plan HMO
10/26/1952	F	CA	92677	CIGNA Health Plan HMO
10/15/1959	F	CA	92867	CIGNA Health Plan HMO

06/23/1962	F	CA	92832	CIGNA Health Plan HMO
03/06/1978	F	CA	92840	CIGNA Health Plan HMO
10/16/1945	F	CA	92707	CIGNA Health Plan HMO
09/18/1970	F	CA	92869	CIGNA Health Plan HMO
06/02/1958	F	CA	90680	CIGNA Health Plan HMO
08/01/1959	F	CA	92865	CIGNA Health Plan HMO
12/04/1970	F	CA	90631	CIGNA Health Plan HMO
07/04/1950	F	CA	92782	CIGNA Health Plan HMO
10/22/1981	F	CA	90680	CIGNA Health Plan HMO
03/25/1960	F	CA	92832	CIGNA Health Plan HMO
11/28/1959	F	CA	92703	CIGNA Health Plan HMO
11/01/1964	F	CA	92780	CIGNA Health Plan HMO
09/11/1985	F	CA	92706	CIGNA Health Plan HMO
03/23/1982	F	CA	92867	CIGNA Health Plan HMO
02/10/1954	F	CA	92705	CIGNA Health Plan HMO
05/27/1967	F	CA	92703	CIGNA Health Plan HMO
12/12/1974	F	CA	92703	CIGNA Health Plan HMO
08/21/1983	F	CA	92802	CIGNA Health Plan HMO
08/14/1952	F	CA	92647	CIGNA Health Plan HMO
03/06/1955	F	CA	92704	CIGNA Health Plan HMO
07/11/1958	F	CA	92663	CIGNA Health Plan HMO
05/28/1957	M	CA	92704	CIGNA Health Plan HMO
02/27/1987	F	CA	927057029	CIGNA Health Plan HMO
09/08/1957	F	CA	92606	CIGNA Health Plan HMO
10/01/1953	F	CA	92683	CIGNA Health Plan HMO
11/03/1963	F	CA	90808	CIGNA Health Plan HMO
05/10/1943	M	CA	928672922	CIGNA Health Plan HMO
05/05/1950	F	CA	92806	CIGNA Health Plan HMO
01/09/1968	F	CA	92630	CIGNA Health Plan HMO
08/30/1962	F	CA	92804	CIGNA Health Plan HMO
04/08/1953	F	CA	92821	CIGNA Health Plan HMO
12/13/1964	M	CA	92801	CIGNA Health Plan HMO
05/09/1956	F	CA	92802	CIGNA Health Plan HMO
03/30/1969	F	CA	92840	CIGNA Health Plan HMO
12/10/1957	F	CA	926754422	CIGNA Health Plan HMO
03/17/1980	F	CA	92780	CIGNA Health Plan HMO
12/05/1981	F	CA	92707	CIGNA Health Plan HMO
03/14/1950	F	CA	92677	CIGNA Health Plan HMO
03/26/1987	F	CA	92804	CIGNA Health Plan HMO
09/27/1979	F	CA	90631	CIGNA Health Plan HMO
12/28/1968	F	CA	92840	CIGNA Health Plan HMO
12/22/1955	F	CA	92624	CIGNA Health Plan HMO
08/19/1981	F	CA	90638	CIGNA Health Plan HMO
03/12/1953	F	CA	92831	CIGNA Health Plan HMO
08/25/1956	M	CA	928695859	CIGNA Health Plan HMO
11/18/1981	F	CA	92879	CIGNA Health Plan HMO
08/20/1974	F	CA	92704	CIGNA Health Plan HMO
05/02/1966	M	CA	92701	CIGNA Health Plan HMO
02/11/1950	F	CA	90720	CIGNA Health Plan HMO
12/05/1960	F	CA	92886	CIGNA Health Plan HMO
01/20/1967	F	CA	90813	CIGNA Health Plan HMO

10/18/1956	F	CA	92804	CIGNA Health Plan HMO
03/28/1983	F	CA	92707	CIGNA Health Plan HMO
07/20/1956	F	CA	92870	CIGNA Health Plan HMO
03/23/1966	F	CA	92780	CIGNA Health Plan HMO
07/22/1969	F	CA	92841	CIGNA Health Plan HMO
06/25/1953	F	CA	90631	CIGNA Health Plan HMO
11/05/1982	F	CA	92683	CIGNA Health Plan HMO
08/10/1978	F	CA	92886	CIGNA Health Plan HMO
07/13/1985	M	CA	92833	CIGNA Health Plan HMO
12/22/1980	F	CA	92881	CIGNA Health Plan HMO
11/09/1978	F	CA	92706	CIGNA Health Plan HMO
01/26/1966	F	CA	92866	CIGNA Health Plan HMO
09/19/1982	F	CA	92832	CIGNA Health Plan HMO
07/21/1951	F	CA	90680	CIGNA Health Plan HMO
09/12/1980	F	CA	92870	CIGNA Health Plan HMO
08/29/1949	F	CA	92630	CIGNA Health Plan HMO
04/12/1966	M	CA	91792	CIGNA Health Plan HMO
07/22/1983	F	CA	92704	CIGNA Health Plan HMO
07/07/1954	F	CA	92656	CIGNA Health Plan HMO
10/25/1966	F	CA	92781	CIGNA Health Plan HMO
07/18/1950	F	CA	92869	CIGNA Health Plan HMO
09/19/1961	F	CA	92886	CIGNA Health Plan HMO
11/13/1968	F	CA	92410	CIGNA Health Plan HMO
07/15/1976	F	CA	92882	CIGNA Health Plan HMO
08/05/1964	F	CA	92704	CIGNA Health Plan HMO
04/29/1980	F	CA	92703	CIGNA Health Plan HMO
03/30/1969	M	CA	92866	CIGNA Health Plan HMO
04/24/1969	F	CA	92868	CIGNA Health Plan HMO
01/05/1971	F	CA	91732	CIGNA Health Plan HMO
04/16/1954	F	CA	92804	CIGNA Health Plan HMO
11/08/1960	F	CA	92843	CIGNA Health Plan HMO
06/14/1960	F	CA	92708	CIGNA Health Plan HMO
11/04/1941	F	CA	92629	CIGNA Health Plan HMO
01/29/1981	F	CA	92802	CIGNA Health Plan HMO
07/05/1985	F	CA	92707	CIGNA Health Plan HMO
01/10/1970	F	CA	92627	CIGNA Health Plan HMO
01/25/1985	M	CA	92706	CIGNA Health Plan HMO
02/08/1980	M	CA	92707	CIGNA Health Plan HMO
10/12/1962	F	CA	92703	CIGNA Health Plan HMO
11/14/1943	F	CA	91789	CIGNA Health Plan HMO
04/01/1944	M	CA	928177413	CIGNA Health Plan HMO
10/14/1969	F	CA	90262	CIGNA Health Plan HMO
01/24/1973	F	CA	92840	CIGNA Health Plan HMO
08/10/1954	F	CA	90638	CIGNA Health Plan HMO
02/25/1963	F	CA	92882	CIGNA Health Plan HMO
09/26/1978	F	CA	91030	CIGNA Health Plan HMO
12/07/1950	F	CA	92707	CIGNA Health Plan HMO
09/14/1951	F	CA	92706	CIGNA Health Plan HMO
07/05/1954	F	CA	92704	CIGNA Health Plan HMO
08/22/1949	M	CA	92833	CIGNA Health Plan HMO
06/03/1986	F	CA	92701	CIGNA Health Plan HMO

07/08/1986	F	CA	92869	CIGNA Health Plan HMO
08/31/1960	F	CA	92691	CIGNA Health Plan HMO
03/18/1978	F	CA	92626	CIGNA Health Plan HMO
02/05/1980	F	CA	92780	CIGNA Health Plan HMO
08/13/1967	F	CA	90715	CIGNA Health Plan HMO
05/15/1957	F	CA	928333943	CIGNA Health Plan HMO
10/07/1947	F	CA	92683	CIGNA Health Plan HMO
09/09/1977	F	CA	92704	CIGNA Health Plan HMO
12/23/1951	F	CA	92646	CIGNA Health Plan HMO
06/19/1963	F	CA	92868	CIGNA Health Plan HMO
08/24/1979	F	CA	92869	CIGNA Health Plan HMO
01/28/1946	F	CA	92637	CIGNA Health Plan HMO
06/20/1951	F	CA	92865	CIGNA Health Plan HMO
08/18/1973	F	CA	92704	CIGNA Health Plan HMO
06/05/1959	F	CA	91765	CIGNA Health Plan HMO
08/26/1958	F	CA	92868	CIGNA Health Plan HMO
12/01/1960	F	CA	92805	CIGNA Health Plan HMO
03/20/1968	F	CA	91786	CIGNA Health Plan HMO
08/07/1940	F	CA	927806136	CIGNA Health Plan HMO
07/20/1982	F	CA	92703	CIGNA Health Plan HMO
01/31/1983	F	CA	92701	CIGNA Health Plan HMO
10/31/1955	F	CA	92805	CIGNA Health Plan HMO
09/14/1956	F	CA	92865	CIGNA Health Plan HMO
10/13/1963	F	CA	92707	CIGNA Health Plan HMO
03/10/1949	F	CA	92868	CIGNA Health Plan HMO
12/29/1948	F	CA	92706	CIGNA Health Plan HMO
11/03/1953	F	CA	92706	CIGNA Health Plan HMO
11/08/1952	F	CA	92606	CIGNA Health Plan HMO
02/03/1956	F	CA	92870	CIGNA Health Plan HMO
09/24/1950	F	CA	92629	CIGNA Health Plan HMO
06/26/1963	F	CA	92685	CIGNA Health Plan HMO
12/29/1947	F	CA	92683	CIGNA Health Plan HMO
02/12/1979	F	CA	92557	CIGNA Health Plan HMO
02/03/1984	F	CA	92706	CIGNA Health Plan HMO
08/17/1973	F	CA	928710982	CIGNA Health Plan HMO
03/01/1940	M	CA	92683	CIGNA Health Plan HMO
09/03/1967	F	CA	92804	CIGNA Health Plan HMO
02/24/1986	F	CA	92704	CIGNA Health Plan HMO
10/14/1977	F	CA	91770	CIGNA Health Plan HMO
10/26/1955	F	CA	92802	CIGNA Health Plan HMO
10/25/1978	F	CA	90042	CIGNA Health Plan HMO
02/11/1965	F	CA	92683	CIGNA Health Plan HMO
06/17/1980	F	CA	92870	CIGNA Health Plan HMO
01/22/1982	M	CA	92833	CIGNA Health Plan HMO
12/29/1977	F	CA	92503	CIGNA Health Plan HMO
10/04/1977	F	CA	92704	CIGNA Health Plan HMO
01/02/1985	F	CA	92879	CIGNA Health Plan HMO
08/26/1978	F	CA	92841	CIGNA Health Plan HMO
01/07/1978	F	CA	92703	CIGNA Health Plan HMO
10/30/1970	F	CA	92805	CIGNA Health Plan HMO
11/15/1979	F	CA	92701	CIGNA Health Plan HMO

10/29/1970	F	CA	92805	CIGNA Health Plan HMO
07/22/1983	M	CA	92707	CIGNA Health Plan HMO
04/30/1987	F	CA	92870	CIGNA Health Plan HMO
03/16/1954	F	CA	92843	CIGNA Health Plan HMO
08/22/1981	F	CA	92703	CIGNA Health Plan HMO
09/11/1952	M	CA	92833	CIGNA Health Plan HMO
06/28/1977	M	CA	91710	CIGNA Health Plan HMO
04/23/1967	F	CA	92802	CIGNA Health Plan HMO
04/15/1974	M	CA	92841	CIGNA Health Plan HMO
04/02/1986	M	CA	92704	CIGNA Health Plan HMO
09/30/1976	M	CA	90621	CIGNA Health Plan HMO
05/20/1975	F	CA	91352	CIGNA Health Plan HMO
12/14/1975	M	CA	92831	CIGNA Health Plan HMO
07/25/1963	M	CA	92880	CIGNA Health Plan HMO
09/21/1985	M	CA	90680	CIGNA Health Plan HMO
10/24/1985	M	CA	92705	CIGNA Health Plan HMO
05/12/1958	F	CA	92683	CIGNA Health Plan HMO
09/27/1976	F	CA	92701	CIGNA Health Plan HMO
08/13/1973	F	CA	90631	CIGNA Health Plan HMO
07/05/1953	M	CA	90621	CIGNA Health Plan HMO
07/13/1981	F	CA	92503	CIGNA Health Plan HMO
09/11/1981	F	CA	92780	CIGNA Health Plan HMO
08/08/1968	F	CA	92883	CIGNA Health Plan HMO
04/14/1964	F	CA	90712	CIGNA Health Plan HMO
09/20/1961	F	CA	92868	CIGNA Health Plan HMO
04/20/1966	F	CA	92706	CIGNA Health Plan HMO
05/09/1965	F	CA	92843	CIGNA Health Plan HMO
08/19/1970	F	CA	92804	CIGNA Health Plan HMO
01/29/1988	F	CA	92840	CIGNA Health Plan HMO
12/14/1960	F	CA	92866	CIGNA Health Plan HMO
01/24/1983	F	CA	90807	CIGNA Health Plan HMO
11/15/1979	M	CA	92704	CIGNA Health Plan HMO
02/10/1956	F	CA	92840	CIGNA Health Plan HMO
05/12/1950	M	CA	92691	CIGNA Health Plan HMO
08/12/1958	M	CA	92530	CIGNA Health Plan HMO
06/14/1960	M	CA	92860	CIGNA Health Plan HMO
09/07/1951	M	CA	92782	CIGNA Health Plan HMO
10/17/1952	M	CA	92570	CIGNA Health Plan HMO
04/06/1974	M	CA	90602	CIGNA Health Plan HMO
08/20/1960	M	CA	92706	CIGNA Health Plan HMO
08/09/1947	M	CA	92503	CIGNA Health Plan HMO
07/01/1960	M	CA	92595	CIGNA Health Plan HMO
05/06/1946	M	CA	91765	CIGNA Health Plan HMO
03/18/1962	M	CA	92586	CIGNA Health Plan HMO
05/05/1971	M	CA	92866	CIGNA Health Plan HMO
11/19/1962	M	CA	92780	CIGNA Health Plan HMO
08/17/1956	M	CA	92806	CIGNA Health Plan HMO
07/24/1951	M	CA	92867	CIGNA Health Plan HMO
08/15/1962	M	CA	92845	CIGNA Health Plan HMO
06/30/1950	M	CA	92653	CIGNA Health Plan HMO
11/29/1972	F	CA	92832	CIGNA Health Plan HMO

11/28/1974	F	CA	92688	CIGNA Health Plan HMO
08/25/1981	F	CA	92870	CIGNA Health Plan HMO
07/05/1976	F	CA	92688	CIGNA Health Plan HMO
06/05/1953	F	CA	92804	CIGNA Health Plan HMO
03/15/1955	F	CA	92657	CIGNA Health Plan HMO
03/05/1950	F	CA	92728	CIGNA Health Plan HMO
08/06/1958	F	CA	90804	CIGNA Health Plan HMO
03/20/1950	F	CA	92629	CIGNA Health Plan HMO
09/18/1957	F	CA	92886	CIGNA Health Plan HMO
02/27/1951	F	CA	92675	CIGNA Health Plan HMO
02/02/1954	F	CA	92805	CIGNA Health Plan HMO
04/09/1949	M	CA	90621	CIGNA Health Plan HMO
05/09/1968	F	CA	92607	CIGNA Health Plan HMO
01/24/1975	M	CA	92802	CIGNA Health Plan HMO
01/23/1981	F	CA	92673	CIGNA Health Plan HMO
07/29/1951	M	CA	92705	CIGNA Health Plan HMO
12/09/1960	F	CA	92630	CIGNA Health Plan HMO
05/17/1964	F	CA	92673	CIGNA Health Plan HMO
06/29/1955	F	CA	92865	CIGNA Health Plan HMO
08/28/1955	F	CA	90620	CIGNA Health Plan HMO
07/01/1946	F	CA	92832	CIGNA Health Plan HMO
11/03/1971	M	CA	92867	CIGNA Health Plan HMO
10/28/1973	F	CA	92780	CIGNA Health Plan HMO
08/01/1960	F	CA	92886	CIGNA Health Plan HMO
07/12/1969	F	CA	92840	CIGNA Health Plan HMO
04/28/1978	F	CA	92627	CIGNA Health Plan HMO
06/16/1983	F	CA	90815	CIGNA Health Plan HMO
08/23/1977	F	CA	92807	CIGNA Health Plan HMO
12/02/1973	F	CA	90740	CIGNA Health Plan HMO
05/10/1975	F	CA	92805	CIGNA Health Plan HMO
08/26/1964	F	CA	92701	CIGNA Health Plan HMO
07/19/1974	F	CA	90650	CIGNA Health Plan HMO
12/06/1965	F	CA	92614	CIGNA Health Plan HMO
07/24/1975	F	CA	92612	CIGNA Health Plan HMO
06/24/1954	F	CA	92705	CIGNA Health Plan HMO
06/28/1960	M	CA	92627	CIGNA Health Plan HMO
11/16/1968	F	CA	92705	CIGNA Health Plan HMO
02/19/1966	F	CA	92646	CIGNA Health Plan HMO
03/05/1969	F	CA	92840	CIGNA Health Plan HMO
06/24/1954	F	CA	92705	CIGNA Health Plan HMO
09/05/1977	F	CA	92868	CIGNA Health Plan HMO
05/26/1961	F	CA	92626	CIGNA Health Plan HMO
10/22/1954	F	CA	92806	CIGNA Health Plan HMO
11/15/1963	M	CA	92592	CIGNA Health Plan HMO
04/28/1981	F	CA	92625	CIGNA Health Plan HMO
12/22/1969	F	CA	92057	CIGNA Health Plan HMO
10/19/1960	F	CA	92705	CIGNA Health Plan HMO
12/03/1970	F	CA	92780	CIGNA Health Plan HMO
03/06/1969	F	CA	92705	CIGNA Health Plan HMO
06/21/1957	M	CA	92703	CIGNA Health Plan HMO
10/31/1965	F	CA	92869	CIGNA Health Plan HMO

09/27/1960	F	CA	92805	CIGNA Health Plan HMO
12/07/1939	M	CA	92677	CIGNA Health Plan HMO
01/17/1969	F	CA	927051700	CIGNA Health Plan HMO
05/17/1973	F	CA	92708	CIGNA Health Plan HMO
06/09/1954	M	CA	92707	CIGNA Health Plan HMO
09/30/1972	F	CA	92805	CIGNA Health Plan HMO
08/01/1947	F	CA	92614	CIGNA Health Plan HMO
06/10/1977	F	CA	92808	CIGNA Health Plan HMO
09/15/1954	F	CA	92646	CIGNA Health Plan HMO
11/06/1974	F	CA	92879	CIGNA Health Plan HMO
04/21/1960	F	CA	91701	CIGNA Health Plan HMO
12/25/1981	F	CA	92805	CIGNA Health Plan HMO
01/28/1948	F	CA	92804	CIGNA Health Plan HMO
10/21/1974	F	CA	90804	CIGNA Health Plan HMO
08/12/1954	F	CA	92656	CIGNA Health Plan HMO
07/22/1953	F	CA	92604	CIGNA Health Plan HMO
04/20/1969	F	CA	92677	CIGNA Health Plan HMO
09/13/1964	F	CA	90605	CIGNA Health Plan HMO
11/16/1954	F	CA	91765	CIGNA Health Plan HMO
08/12/1978	F	CA	90680	CIGNA Health Plan HMO
11/12/1977	F	CA	92867	CIGNA Health Plan HMO
09/15/1979	F	CA	90680	CIGNA Health Plan HMO
12/15/1958	F	CA	92844	CIGNA Health Plan HMO
04/21/1972	F	CA	90814	CIGNA Health Plan HMO
09/23/1981	F	CA	92646	CIGNA Health Plan HMO
02/01/1979	F	CA	92821	CIGNA Health Plan HMO
10/14/1958	F	CA	92806	CIGNA Health Plan HMO
10/08/1969	F	CA	92688	CIGNA Health Plan HMO
04/05/1957	F	CA	91710	CIGNA Health Plan HMO
02/15/1947	M	CA	92705	CIGNA Health Plan HMO
03/21/1954	M	CA	92663	CIGNA Health Plan HMO
11/09/1959	F	CA	92869	CIGNA Health Plan HMO
01/11/1971	M	CA	92869	CIGNA Health Plan HMO
07/25/1953	F	CA	92869	CIGNA Health Plan HMO
10/13/1974	M	CA	92802	CIGNA Health Plan HMO
05/01/1976	F	CA	92841	CIGNA Health Plan HMO
04/21/1944	M	CA	92702	CIGNA Health Plan HMO
05/19/1965	M	CA	92706	CIGNA Health Plan HMO
02/02/1956	F	CA	92672	CIGNA Health Plan HMO
12/13/1954	M	CA	92866	CIGNA Health Plan HMO
04/06/1936	M	CA	92861	CIGNA Health Plan HMO
07/01/1975	M	CA	92879	CIGNA Health Plan HMO
03/31/1956	F	CA	92337	CIGNA Health Plan HMO
11/18/1976	F	CA	92801	CIGNA Health Plan HMO
07/21/1966	M	CA	92806	CIGNA Health Plan HMO
04/27/1970	F	CA	90620	CIGNA Health Plan HMO
08/10/1948	M	CA	92801	CIGNA Health Plan HMO
06/27/1983	F	CA	92870	CIGNA Health Plan HMO
03/05/1945	M	CA	92843	CIGNA Health Plan HMO
10/05/1953	F	CA	92843	CIGNA Health Plan HMO
05/27/1973	F	CA	92782	CIGNA Health Plan HMO

07/14/1973	F	CA	92802	CIGNA Health Plan HMO
05/19/1969	F	CA	92606	CIGNA Health Plan HMO
04/20/1938	M	CA	92705	CIGNA Health Plan HMO
01/09/1954	F	CA	92840	CIGNA Health Plan HMO
04/30/1938	M	CA	92871	CIGNA Health Plan HMO
12/14/1954	F	CA	92706	CIGNA Health Plan HMO
06/27/1978	F	CA	92705	CIGNA Health Plan HMO
06/02/1943	M	CA	92683	CIGNA Health Plan HMO
07/24/1946	F	CA	92509	CIGNA Health Plan HMO
10/14/1969	F	CA	92707	CIGNA Health Plan HMO
01/18/1967	F	CA	92805	CIGNA Health Plan HMO
07/08/1957	F	CA	92804	CIGNA Health Plan HMO
04/12/1983	F	CA	92801	CIGNA Health Plan HMO
08/08/1949	F	CA	90670	CIGNA Health Plan HMO
10/13/1973	M	CA	92707	CIGNA Health Plan HMO
10/07/1971	F	CA	92707	CIGNA Health Plan HMO
08/16/1956	F	CA	92883	CIGNA Health Plan HMO
09/28/1956	F	CA	90630	CIGNA Health Plan HMO
05/16/1969	F	CA	92703	CIGNA Health Plan HMO
12/14/1957	F	CA	90715	CIGNA Health Plan HMO
12/22/1976	M	CA	92882	CIGNA Health Plan HMO
01/18/1942	F	CA	92705	CIGNA Health Plan HMO
05/21/1967	F	CA	92804	CIGNA Health Plan HMO
11/29/1945	F	CA	92604	CIGNA Health Plan HMO
08/10/1980	F	CA	92801	CIGNA Health Plan HMO
07/28/1948	F	CA	92868	CIGNA Health Plan HMO
12/08/1968	M	CA	92683	CIGNA Health Plan HMO
05/20/1982	F	CA	92504	CIGNA Health Plan HMO
07/24/1967	F	CA	90716	CIGNA Health Plan HMO
05/19/1970	F	CA	92707	CIGNA Health Plan HMO
04/19/1982	F	CA	92630	CIGNA Health Plan HMO
04/05/1955	F	CA	92843	CIGNA Health Plan HMO
10/10/1976	F	CA	92832	CIGNA Health Plan HMO
08/19/1956	F	CA	92703	CIGNA Health Plan HMO
04/02/1959	M	CA	92886	CIGNA Health Plan HMO
12/24/1970	F	CA	92711	CIGNA Health Plan HMO
05/08/1965	F	CA	90805	CIGNA Health Plan HMO
04/27/1977	F	CA	90806	CIGNA Health Plan HMO
06/15/1972	F	CA	92841	CIGNA Health Plan HMO
10/06/1977	F	CA	92805	CIGNA Health Plan HMO
08/27/1978	F	CA	92707	CIGNA Health Plan HMO
11/22/1972	F	CA	92832	CIGNA Health Plan HMO
04/28/1971	F	CA	92707	CIGNA Health Plan HMO
10/22/1949	M	CA	92707	CIGNA Health Plan HMO
05/27/1974	F	CA	92704	CIGNA Health Plan HMO
11/28/1972	F	CA	92780	CIGNA Health Plan HMO
04/10/1952	F	CA	92614	CIGNA Health Plan HMO
01/03/1948	F	CA	92869	CIGNA Health Plan HMO
01/08/1966	F	CA	92130	CIGNA Health Plan HMO
02/11/1970	F	CA	92223	CIGNA Health Plan HMO
02/09/1952	M	CA	92704	CIGNA Health Plan HMO

08/30/1962	F	CA	92833	CIGNA Health Plan HMO
07/07/1972	F	CA	92802	CIGNA Health Plan HMO
11/14/1973	F	CA	92626	CIGNA Health Plan HMO
11/20/1957	F	CA	92706	CIGNA Health Plan HMO
10/18/1980	F	CA	92704	CIGNA Health Plan HMO
07/01/1953	F	CA	92869	CIGNA Health Plan HMO
09/19/1957	F	CA	90715	CIGNA Health Plan HMO
02/17/1975	F	CA	90745	CIGNA Health Plan HMO
06/01/1941	M	CA	92677	CIGNA Health Plan HMO
08/20/1950	F	CA	92703	CIGNA Health Plan HMO
01/12/1960	M	CA	92683	CIGNA Health Plan HMO
11/29/1952	M	CA	92867	CIGNA Health Plan HMO
02/05/1951	F	CA	92683	CIGNA Health Plan HMO
04/20/1969	F	CA	91709	CIGNA Health Plan HMO
04/04/1972	F	CA	92675	CIGNA Health Plan HMO
12/05/1951	F	CA	92886	CIGNA Health Plan HMO
01/05/1963	M	CA	92804	CIGNA Health Plan HMO
03/15/1978	M	CA	92806	CIGNA Health Plan HMO
10/31/1980	F	CA	92346	CIGNA Health Plan HMO
11/05/1982	M	CA	90650	CIGNA Health Plan HMO
09/26/1984	F	CA	90731	CIGNA Health Plan HMO
03/06/1976	M	CA	92708	CIGNA Health Plan HMO
03/22/1948	M	CA	92844	CIGNA Health Plan HMO
12/12/1938	M	CA	92708	CIGNA Health Plan HMO
04/30/1947	M	CA	92843	CIGNA Health Plan HMO
12/25/1977	F	CA	92805	CIGNA Health Plan HMO
02/08/1963	F	CA	92863	CIGNA Health Plan HMO
06/08/1968	F	CA	90623	CIGNA Health Plan HMO
03/02/1986	F	CA	92704	CIGNA Health Plan HMO
08/02/1973	F	CA	92691	CIGNA Health Plan HMO
01/02/1954	M	CA	92868	CIGNA Health Plan HMO
06/18/1954	F	CA	92802	CIGNA Health Plan HMO
01/31/1958	M	CA	90005	CIGNA Health Plan HMO
08/19/1963	F	CA	92683	CIGNA Health Plan HMO
08/18/1955	F	CA	92688	CIGNA Health Plan HMO
07/25/1947	F	CA	92604	CIGNA Health Plan HMO
11/15/1950	M	CA	925636230	CIGNA Health Plan HMO
04/08/1981	F	CA	90680	CIGNA Health Plan HMO
04/17/1966	M	CA	92844	CIGNA Health Plan HMO
10/27/1958	F	CA	92570	CIGNA Health Plan HMO
10/07/1944	M	CA	92886	CIGNA Health Plan HMO
07/19/1941	M	CA	91748	CIGNA Health Plan HMO
12/21/1955	F	CA	92677	CIGNA Health Plan HMO
05/07/1945	M	CA	928402954	CIGNA Health Plan HMO
02/26/1953	F	CA	92606	CIGNA Health Plan HMO
08/22/1976	F	CA	91748	CIGNA Health Plan HMO
06/28/1950	M	CA	92604	CIGNA Health Plan HMO
12/30/1960	F	CA	90045	CIGNA Health Plan HMO
05/08/1981	F	CA	92620	CIGNA Health Plan HMO
07/04/1967	M	CA	92833	CIGNA Health Plan HMO
02/03/1948	F	CA	92692	CIGNA Health Plan HMO

12/15/1948	M	CA	92688	CIGNA Health Plan HMO
07/17/1971	F	CA	92602	CIGNA Health Plan HMO
08/06/1954	M	CA	90620	CIGNA Health Plan HMO
09/16/1943	M	CA	92886	CIGNA Health Plan HMO
07/27/1961	M	CA	90680	CIGNA Health Plan HMO
06/28/1947	F	CA	92677	CIGNA Health Plan HMO
03/02/1963	F	CA	92780	CIGNA Health Plan HMO
09/10/1981	M	CA	90621	CIGNA Health Plan HMO
05/08/1980	F	CA	92627	CIGNA Health Plan HMO
03/21/1971	F	CA	92672	CIGNA Health Plan HMO
02/21/1946	M	CA	92780	CIGNA Health Plan HMO
01/19/1981	F	CA	92706	CIGNA Health Plan HMO
06/24/1976	F	CA	92868	CIGNA Health Plan HMO
09/15/1953	M	CA	92868	CIGNA Health Plan HMO
08/01/1946	M	CA	90660	CIGNA Health Plan HMO
04/25/1945	F	CA	92870	CIGNA Health Plan HMO
10/05/1949	F	CA	92057	CIGNA Health Plan HMO
01/19/1960	M	CA	92630	CIGNA Health Plan HMO
04/22/1967	M	CA	92604	CIGNA Health Plan HMO
05/07/1944	F	CA	90621	CIGNA Health Plan HMO
09/09/1977	M	CA	92626	CIGNA Health Plan HMO
09/07/1956	M	CA	92881	CIGNA Health Plan HMO
08/09/1954	M	CA	92503	CIGNA Health Plan HMO
03/24/1967	M	CA	92584	CIGNA Health Plan HMO
05/22/1949	F	CA	92620	CIGNA Health Plan HMO
06/12/1951	M	CA	92688	CIGNA Health Plan HMO
04/29/1938	M	CA	927821052	CIGNA Health Plan HMO
07/26/1974	F	CA	926778809	CIGNA Health Plan HMO
04/24/1941	F	CA	92806	CIGNA Health Plan HMO
10/18/1955	F	CA	92870	CIGNA Health Plan HMO
05/25/1961	F	CA	92866	CIGNA Health Plan HMO
11/07/1941	F	CA	92841	CIGNA Health Plan HMO
11/14/1980	F	CA	92804	CIGNA Health Plan HMO
04/29/1952	M	CA	92584	CIGNA Health Plan HMO
07/08/1950	F	CA	92869	CIGNA Health Plan HMO
10/26/1968	M	CA	92647	CIGNA Health Plan HMO
09/20/1959	M	CA	92707	CIGNA Health Plan HMO
07/22/1961	F	CA	92887	CIGNA Health Plan HMO
05/07/1961	F	CA	92706	CIGNA Health Plan HMO
10/01/1979	F	CA	91737	CIGNA Health Plan HMO
01/30/1979	M	CA	92780	CIGNA Health Plan HMO
09/17/1980	F	CA	92868	CIGNA Health Plan HMO
07/14/1968	F	CA	92831	CIGNA Health Plan HMO
09/28/1977	F	CA	92865	CIGNA Health Plan HMO
10/21/1964	F	CA	92804	CIGNA Health Plan HMO
04/25/1962	F	CA	927280708	CIGNA Health Plan HMO
08/14/1967	M	CA	92869	CIGNA Health Plan HMO
02/20/1983	F	CA	92707	CIGNA Health Plan HMO
06/24/1951	M	CA	92869	CIGNA Health Plan HMO
05/22/1984	F	CA	92504	CIGNA Health Plan HMO
06/05/1954	F	CA	90745	CIGNA Health Plan HMO

03/14/1962	M	CA	92691	CIGNA Health Plan HMO
06/25/1957	M	CA	92054	CIGNA Health Plan HMO
09/30/1952	M	CA	92870	CIGNA Health Plan HMO
09/26/1951	M	CA	92706	CIGNA Health Plan HMO
03/10/1971	M	CA	92707	CIGNA Health Plan HMO
08/10/1963	M	CA	92704	CIGNA Health Plan HMO
06/21/1965	F	CA	90650	CIGNA Health Plan HMO
08/21/1980	F	CA	92704	CIGNA Health Plan HMO
04/28/1946	M	CA	92707	CIGNA Health Plan HMO
06/19/1952	F	CA	92801	CIGNA Health Plan HMO
12/21/1969	F	CA	92780	CIGNA Health Plan HMO
08/04/1977	M	CA	91773	CIGNA Health Plan HMO
01/10/1949	F	CA	92683	CIGNA Health Plan HMO
09/08/1960	F	CA	92804	CIGNA Health Plan HMO
09/09/1968	M	CA	92706	CIGNA Health Plan HMO
03/28/1952	F	CA	92692	CIGNA Health Plan HMO
04/28/1971	F	CA	92866	CIGNA Health Plan HMO
05/08/1968	M	CA	92866	CIGNA Health Plan HMO
12/02/1955	F	CA	92833	CIGNA Health Plan HMO
12/15/1960	F	CA	92701	CIGNA Health Plan HMO
12/25/1973	F	CA	92677	CIGNA Health Plan HMO
03/12/1972	F	CA	92704	CIGNA Health Plan HMO
01/08/1971	F	CA	92647	CIGNA Health Plan HMO
01/11/1963	F	CA	92882	CIGNA Health Plan HMO
07/28/1974	M	CA	90505	CIGNA Health Plan HMO
11/20/1972	M	CA	92801	CIGNA Health Plan HMO
04/06/1974	F	CA	92653	CIGNA Health Plan HMO
08/23/1952	F	CA	92688	CIGNA Health Plan HMO
03/01/1980	F	CA	92606	CIGNA Health Plan HMO
09/25/1962	M	CA	92701	CIGNA Health Plan HMO
10/17/1959	M	CA	92867	CIGNA Health Plan HMO
09/03/1937	M	CA	92869	CIGNA Health Plan HMO
09/07/1976	F	CA	92701	CIGNA Health Plan HMO
09/02/1964	M	CA	92805	CIGNA Health Plan HMO
06/06/1979	F	CA	91709	CIGNA Health Plan HMO
08/05/1960	M	CA	92683	CIGNA Health Plan HMO
10/13/1965	M	CA	92656	CIGNA Health Plan HMO
09/17/1973	M	CA	92867	CIGNA Health Plan HMO
08/12/1982	F	CA	92683	CIGNA Health Plan HMO
09/17/1953	F	CA	92844	CIGNA Health Plan HMO
08/30/1976	F	CA	92802	CIGNA Health Plan HMO
10/20/1955	F	CA	92028	CIGNA Health Plan HMO
06/28/1957	M	CA	90807	CIGNA Health Plan HMO
07/01/1956	F	CA	92867	CIGNA Health Plan HMO
12/07/1982	M	CA	90605	CIGNA Health Plan HMO
06/03/1982	F	CA	92604	CIGNA Health Plan HMO
09/20/1953	M	CA	92838	CIGNA Health Plan HMO
03/30/1976	M	CA	92620	CIGNA Health Plan HMO
04/07/1977	F	CA	92509	CIGNA Health Plan HMO
10/03/1941	M	CA	92780	CIGNA Health Plan HMO
12/09/1973	F	CA	92705	CIGNA Health Plan HMO

08/31/1948	M	CA	92692	CIGNA Health Plan HMO
10/08/1950	F	CA	90620	CIGNA Health Plan HMO
04/03/1958	F	CA	92805	CIGNA Health Plan HMO
03/28/1961	F	CA	92656	CIGNA Health Plan HMO
08/16/1960	F	CA	92866	CIGNA Health Plan HMO
11/19/1958	F	CA	92649	CIGNA Health Plan HMO
10/01/1974	F	CA	92610	CIGNA Health Plan HMO
09/06/1960	F	CA	92264	CIGNA Health Plan HMO
02/28/1977	F	CA	92704	CIGNA Health Plan HMO
03/30/1967	F	CA	92708	CIGNA Health Plan HMO
08/06/1969	F	CA	92708	CIGNA Health Plan HMO
06/24/1949	F	CA	92801	CIGNA Health Plan HMO
11/13/1964	M	CA	92703	CIGNA Health Plan HMO
06/13/1961	M	CA	92683	CIGNA Health Plan HMO
02/10/1966	F	CA	92867	CIGNA Health Plan HMO
11/07/1959	F	CA	92706	CIGNA Health Plan HMO
09/06/1965	F	CA	92840	CIGNA Health Plan HMO
07/04/1947	F	CA	92656	CIGNA Health Plan HMO
03/05/1983	F	CA	92656	CIGNA Health Plan HMO
07/07/1971	F	CA	92879	CIGNA Health Plan HMO
08/29/1974	F	CA	92882	CIGNA Health Plan HMO
10/19/1961	M	CA	92646	CIGNA Health Plan HMO
01/06/1948	M	CA	92627	CIGNA Health Plan HMO
02/08/1974	F	CA	90805	CIGNA Health Plan HMO
07/06/1967	M	CA	90630	CIGNA Health Plan HMO
11/24/1971	F	CA	92704	CIGNA Health Plan HMO
02/08/1959	F	CA	92806	CIGNA Health Plan HMO
09/08/1958	M	CA	92840	CIGNA Health Plan HMO
10/20/1960	F	CA	928420871	CIGNA Health Plan HMO
01/03/1961	M	CA	92843	CIGNA Health Plan HMO
04/19/1963	F	CA	90605	CIGNA Health Plan HMO
01/26/1951	F	CA	90706	CIGNA Health Plan HMO
07/26/1953	M	CA	92655	CIGNA Health Plan HMO
09/08/1954	M	CA	91730	CIGNA Health Plan HMO
04/11/1981	F	CA	92863	CIGNA Health Plan HMO
05/06/1952	F	CA	92806	CIGNA Health Plan HMO
01/01/1968	M	CA	92648	CIGNA Health Plan HMO
01/30/1950	F	CA	92869	CIGNA Health Plan HMO
02/02/1951	F	CA	92675	CIGNA Health Plan HMO
07/14/1947	F	CA	92706	CIGNA Health Plan HMO
07/27/1977	F	CA	92802	CIGNA Health Plan HMO
10/01/1954	F	CA	92673	CIGNA Health Plan HMO
02/16/1969	F	CA	90631	CIGNA Health Plan HMO
08/22/1945	M	CA	92673	CIGNA Health Plan HMO
12/06/1971	F	CA	92703	CIGNA Health Plan HMO
09/16/1973	M	CA	92780	CIGNA Health Plan HMO
07/24/1973	F	CA	90712	CIGNA Health Plan HMO
04/03/1964	F	CA	92805	CIGNA Health Plan HMO
10/20/1961	M	CA	90630	CIGNA Health Plan HMO
01/05/1960	F	CA	92843	CIGNA Health Plan HMO
09/12/1980	F	CA	92701	CIGNA Health Plan HMO

02/05/1956	F	CA	92570	CIGNA Health Plan HMO
12/21/1955	F	CA	92867	CIGNA Health Plan HMO
05/06/1961	F	CA	92867	CIGNA Health Plan HMO
01/11/1961	F	CA	92675	CIGNA Health Plan HMO
04/22/1974	F	CA	92869	CIGNA Health Plan HMO
06/24/1968	M	CA	92867	CIGNA Health Plan HMO
02/02/1957	M	CA	92683	CIGNA Health Plan HMO
09/25/1965	M	CA	92860	CIGNA Health Plan HMO
01/06/1970	F	CA	92532	CIGNA Health Plan HMO
11/10/1948	M	CA	92807	CIGNA Health Plan HMO
11/20/1948	M	CA	92880	CIGNA Health Plan HMO
07/23/1974	F	CA	92879	CIGNA Health Plan HMO
09/18/1954	F	CA	92869	CIGNA Health Plan HMO
07/12/1950	M	CA	91768	CIGNA Health Plan HMO
12/18/1953	F	CA	92804	CIGNA Health Plan HMO
05/21/1946	F	CA	90810	CIGNA Health Plan HMO
07/08/1953	M	CA	92842	CIGNA Health Plan HMO
08/12/1959	F	CA	92646	CIGNA Health Plan HMO
05/15/1962	M	CA	92586	CIGNA Health Plan HMO
08/16/1986	F	CA	92782	CIGNA Health Plan HMO
12/09/1974	F	CA	92706	CIGNA Health Plan HMO
01/18/1953	F	CA	92692	CIGNA Health Plan HMO
12/11/1943	M	CA	92844	CIGNA Health Plan HMO
03/22/1952	M	CA	92802	CIGNA Health Plan HMO
04/02/1980	F	CA	92530	CIGNA Health Plan HMO
10/26/1983	F	CA	92780	CIGNA Health Plan HMO
07/07/1970	F	CA	91769	CIGNA Health Plan HMO
01/22/1974	F	CA	92780	CIGNA Health Plan HMO
02/25/1963	F	CA	92841	CIGNA Health Plan HMO
01/06/1957	F	CA	92130	CIGNA Health Plan HMO
05/14/1952	F	CA	92868	CIGNA Health Plan HMO
04/01/1966	M	CA	92802	CIGNA Health Plan HMO
08/14/1961	M	CA	91770	CIGNA Health Plan HMO
12/09/1967	M	CA	92683	CIGNA Health Plan HMO
08/14/1976	M	CA	92807	CIGNA Health Plan HMO
02/20/1950	F	CA	92614	CIGNA Health Plan HMO
12/29/1969	F	CA	92620	CIGNA Health Plan HMO
11/22/1961	F	CA	92802	CIGNA Health Plan HMO
03/14/1964	F	CA	92702	CIGNA Health Plan HMO
03/20/1967	M	CA	92683	CIGNA Health Plan HMO
03/29/1955	M	CA	90621	CIGNA Health Plan HMO
03/06/1973	F	CA	92705	CIGNA Health Plan HMO
07/04/1974	F	CA	92780	CIGNA Health Plan HMO
11/01/1950	M	CA	92688	CIGNA Health Plan HMO
01/20/1968	F	CA	92780	CIGNA Health Plan HMO
07/28/1967	F	CA	92869	CIGNA Health Plan HMO
09/30/1974	M	CA	92832	CIGNA Health Plan HMO
11/08/1977	F	CA	92503	CIGNA Health Plan HMO
01/08/1965	F	CA	92870	CIGNA Health Plan HMO
01/20/1979	F	CA	92509	CIGNA Health Plan HMO
08/14/1957	M	CA	92626	CIGNA Health Plan HMO

02/08/1980	F	CA	92867	CIGNA Health Plan HMO
11/23/1974	F	CA	92868	CIGNA Health Plan HMO
08/26/1948	M	CA	92683	CIGNA Health Plan HMO
02/01/1977	M	CA	92530	CIGNA Health Plan HMO
09/04/1955	F	CA	90701	CIGNA Health Plan HMO
11/12/1979	F	CA	92688	CIGNA Health Plan HMO
11/01/1967	F	CA	90712	CIGNA Health Plan HMO
04/03/1975	F	CA	92653	CIGNA Health Plan HMO
09/26/1982	F	CA	92706	CIGNA Health Plan HMO
02/20/1974	F	CA	92870	CIGNA Health Plan HMO
02/27/1975	F	CA	92702	CIGNA Health Plan HMO
12/07/1968	M	CA	92780	CIGNA Health Plan HMO
08/28/1983	M	CA	92840	CIGNA Health Plan HMO
02/04/1973	F	CA	92647	CIGNA Health Plan HMO
01/15/1948	M	CA	92844	CIGNA Health Plan HMO
06/13/1976	F	CA	92626	CIGNA Health Plan HMO
12/18/1958	M	CA	92865	CIGNA Health Plan HMO
06/02/1947	M	CA	92703	CIGNA Health Plan HMO
11/30/1953	M	CA	92780	CIGNA Health Plan HMO
01/06/1966	F	CA	92683	CIGNA Health Plan HMO
03/03/1978	F	CA	92707	CIGNA Health Plan HMO
12/31/1976	F	CA	90638	CIGNA Health Plan HMO
03/21/1985	F	CA	92706	CIGNA Health Plan HMO
07/07/1980	M	CA	92707	CIGNA Health Plan HMO
12/31/1985	F	CA	92805	CIGNA Health Plan HMO
04/13/1955	F	CA	92708	CIGNA Health Plan HMO
04/02/1977	M	CA	92630	CIGNA Health Plan HMO
03/01/1972	F	CA	92780	CIGNA Health Plan HMO
04/28/1952	F	CA	92804	CIGNA Health Plan HMO
08/28/1945	M	CA	92802	CIGNA Health Plan HMO
07/28/1965	F	CA	92821	CIGNA Health Plan HMO
10/15/1971	F	CA	91006	CIGNA Health Plan HMO
04/28/1976	F	CA	92867	CIGNA Health Plan HMO
04/29/1974	F	CA	92780	CIGNA Health Plan HMO
08/07/1985	F	CA	90620	CIGNA Health Plan HMO
06/10/1951	M	CA	90720	CIGNA Health Plan HMO
04/29/1967	F	CA	928081223	CIGNA Health Plan HMO
12/01/1940	F	CA	92708	CIGNA Health Plan HMO
03/13/1961	F	CA	92859	CIGNA Health Plan HMO
07/02/1955	F	CA	92604	CIGNA Health Plan HMO
07/03/1941	M	CA	90631	CIGNA Health Plan HMO
09/09/1956	F	CA	92612	CIGNA Health Plan HMO
08/31/1975	F	CA	92602	CIGNA Health Plan HMO
06/14/1959	F	CA	928838470	CIGNA Health Plan HMO
06/19/1942	F	CA	92646	CIGNA Health Plan HMO
10/29/1957	F	CA	92802	CIGNA Health Plan HMO
11/05/1951	F	CA	92131	CIGNA Health Plan HMO
09/29/1947	F	CA	92801	CIGNA Health Plan HMO
07/18/1961	M	CA	92630	CIGNA Health Plan HMO
06/29/1929	M	CA	90241	CIGNA Health Plan HMO
06/25/1942	M	CA	92637	CIGNA Health Plan HMO

10/05/1946	F	CA	92627	CIGNA Health Plan HMO
07/16/1981	F	CA	91770	CIGNA Health Plan HMO
04/25/1984	F	CA	92833	CIGNA Health Plan HMO
02/09/1982	F	CA	92683	CIGNA Health Plan HMO
08/23/1982	F	CA	90805	CIGNA Health Plan HMO
06/01/1949	F	CA	92656	CIGNA Health Plan HMO
09/06/1947	F	CA	92649	CIGNA Health Plan HMO
01/09/1977	F	CA	92780	CIGNA Health Plan HMO
12/02/1949	F	CA	92867	CIGNA Health Plan HMO
10/12/1961	F	CA	92627	CIGNA Health Plan HMO
01/17/1970	F	CA	91709	CIGNA Health Plan HMO
05/29/1968	M	CA	92692	CIGNA Health Plan HMO
07/20/1962	F	CA	92629	CIGNA Health Plan HMO
12/19/1945	F	CA	92630	CIGNA Health Plan HMO
06/02/1950	M	CA	92780	CIGNA Health Plan HMO
08/31/1956	F	CA	92673	CIGNA Health Plan HMO
02/08/1950	F	CA	90631	CIGNA Health Plan HMO
10/23/1977	F	CA	90808	CIGNA Health Plan HMO
08/31/1970	F	CA	92612	CIGNA Health Plan HMO
04/22/1954	F	CA	92624	CIGNA Health Plan HMO
09/07/1958	F	CA	92627	CIGNA Health Plan HMO
03/20/1970	F	CA	92844	CIGNA Health Plan HMO
06/26/1972	F	CA	92683	CIGNA Health Plan HMO
03/28/1960	M	CA	92704	CIGNA Health Plan HMO
09/15/1945	F	CA	92861	CIGNA Health Plan HMO
12/29/1966	M	CA	92648	CIGNA Health Plan HMO
11/11/1984	M	CA	92868	CIGNA Health Plan HMO
11/19/1958	F	CA	926777528	CIGNA Health Plan HMO
04/04/1947	M	CA	92620	CIGNA Health Plan HMO
02/12/1958	F	CA	92620	CIGNA Health Plan HMO
10/22/1949	F	CA	92677	CIGNA Health Plan HMO
05/17/1978	F	CA	92866	CIGNA Health Plan HMO
05/17/1970	F	CA	90808	CIGNA Health Plan HMO
07/27/1980	F	CA	92870	CIGNA Health Plan HMO
03/24/1980	F	CA	92866	CIGNA Health Plan HMO
07/31/1964	F	CA	92833	CIGNA Health Plan HMO
06/09/1965	F	CA	91745	CIGNA Health Plan HMO
07/07/1972	F	CA	92835	CIGNA Health Plan HMO
02/03/1980	F	CA	92624	CIGNA Health Plan HMO
09/07/1981	F	CA	92870	CIGNA Health Plan HMO
01/12/1956	F	CA	92867	CIGNA Health Plan HMO
08/19/1979	F	CA	90623	CIGNA Health Plan HMO
01/04/1958	F	CA	92592	CIGNA Health Plan HMO
04/19/1959	F	CA	92677	CIGNA Health Plan HMO
03/12/1951	F	CA	92840	CIGNA Health Plan HMO
08/15/1981	M	CA	92649	CIGNA Health Plan HMO
07/21/1969	F	CA	92677	CIGNA Health Plan HMO
04/15/1975	F	CA	92691	CIGNA Health Plan HMO
10/30/1959	F	CA	927034940	CIGNA Health Plan HMO
01/09/1975	F	CA	92831	CIGNA Health Plan HMO
04/14/1964	F	CA	92672	CIGNA Health Plan HMO

01/16/1962	F	CA	92691	CIGNA Health Plan HMO
09/15/1979	F	CA	92692	CIGNA Health Plan HMO
04/13/1966	F	CA	90505	CIGNA Health Plan HMO
10/14/1958	F	CA	92677	CIGNA Health Plan HMO
03/12/1950	F	CA	90803	CIGNA Health Plan HMO
01/07/1949	F	CA	92688	CIGNA Health Plan HMO
04/03/1950	M	CA	92656	CIGNA Health Plan HMO
09/27/1955	M	CA	92677	CIGNA Health Plan HMO
12/23/1963	F	CA	92630	CIGNA Health Plan HMO
06/04/1955	F	CA	92659	CIGNA Health Plan HMO
05/14/1977	F	CA	92702	CIGNA Health Plan HMO
01/01/1963	F	CA	92708	CIGNA Health Plan HMO
02/10/1964	M	CA	926184419	CIGNA Health Plan HMO
09/16/1956	F	CA	92620	CIGNA Health Plan HMO
10/18/1953	M	CA	92807	CIGNA Health Plan HMO
05/26/1948	M	CA	92866	CIGNA Health Plan HMO
04/14/1979	F	CA	92603	CIGNA Health Plan HMO
10/15/1962	M	CA	92692	CIGNA Health Plan HMO
04/10/1970	M	CA	92886	CIGNA Health Plan HMO
08/19/1954	F	CA	92806	CIGNA Health Plan HMO
12/11/1956	M	CA	90620	CIGNA Health Plan HMO
10/28/1953	F	CA	92604	CIGNA Health Plan HMO
07/18/1954	F	CA	92870	CIGNA Health Plan HMO
11/10/1967	M	CA	92688	CIGNA Health Plan HMO
08/23/1957	F	CA	92691	CIGNA Health Plan HMO
11/11/1962	F	CA	92782	CIGNA Health Plan HMO
12/22/1970	M	CA	92845	CIGNA Health Plan HMO
01/28/1950	M	CA	92705	CIGNA Health Plan HMO
12/20/1956	F	CA	92808	CIGNA Health Plan HMO
07/04/1952	M	CA	92706	CIGNA Health Plan HMO
11/29/1969	F	CA	92692	CIGNA Health Plan HMO
02/25/1952	F	CA	92833	CIGNA Health Plan HMO
12/17/1959	F	CA	92705	CIGNA Health Plan HMO
11/27/1959	F	CA	90631	CIGNA Health Plan HMO
08/17/1975	F	CA	90703	CIGNA Health Plan HMO
07/12/1949	M	CA	92821	CIGNA Health Plan HMO
06/30/1949	M	CA	92708	CIGNA Health Plan HMO
09/03/1954	F	CA	92880	CIGNA Health Plan HMO
03/19/1958	M	CA	92056	CIGNA Health Plan HMO
12/25/1968	F	CA	92708	CIGNA Health Plan HMO
11/08/1947	M	CA	92677	CIGNA Health Plan HMO
10/06/1964	F	CA	92801	CIGNA Health Plan HMO
01/16/1972	F	CA	92691	CIGNA Health Plan HMO
05/04/1970	F	CA	92887	CIGNA Health Plan HMO
11/11/1972	F	CA	92831	CIGNA Health Plan HMO
01/20/1962	M	CA	92807	CIGNA Health Plan HMO
02/28/1966	F	CA	92870	CIGNA Health Plan HMO
10/19/1967	M	CA	926881358	CIGNA Health Plan HMO
12/26/1956	F	CA	92869	CIGNA Health Plan HMO
10/13/1954	M	CA	92509	CIGNA Health Plan HMO
04/18/1959	F	CA	92782	CIGNA Health Plan HMO

07/15/1967	F	CA	92868	CIGNA Health Plan HMO
08/15/1974	F	CA	92806	CIGNA Health Plan HMO
06/02/1970	F	CA	92831	CIGNA Health Plan HMO
04/02/1966	F	CA	92780	CIGNA Health Plan HMO
05/27/1948	M	CA	92807	CIGNA Health Plan HMO
05/18/1954	F	CA	92694	CIGNA Health Plan HMO
10/09/1963	M	CA	90630	CIGNA Health Plan HMO
12/01/1960	F	CA	92821	CIGNA Health Plan HMO
03/14/1975	M	CA	90815	CIGNA Health Plan HMO
09/18/1955	F	CA	92868	CIGNA Health Plan HMO
04/20/1960	F	CA	90630	CIGNA Health Plan HMO
02/21/1957	F	CA	92646	CIGNA Health Plan HMO
12/13/1958	F	CA	92867	CIGNA Health Plan HMO
02/19/1960	M	CA	92624	CIGNA Health Plan HMO
07/14/1955	F	CA	92705	CIGNA Health Plan HMO
01/25/1969	M	CA	92801	CIGNA Health Plan HMO
10/28/1976	M	CA	92562	CIGNA Health Plan HMO
05/25/1962	F	CA	92604	CIGNA Health Plan HMO
09/19/1972	F	CA	92867	CIGNA Health Plan HMO
04/27/1973	F	CA	92802	CIGNA Health Plan HMO
07/26/1942	M	CA	91710	CIGNA Health Plan HMO
07/30/1972	F	CA	92808	CIGNA Health Plan HMO
09/29/1970	F	CA	92007	CIGNA Health Plan HMO
06/19/1974	M	CA	91739	CIGNA Health Plan HMO
01/08/1970	F	CA	92701	CIGNA Health Plan HMO
11/26/1946	M	CA	92843	CIGNA Health Plan HMO
04/10/1987	F	CA	92618	CIGNA Health Plan HMO
05/23/1945	F	CA	92708	CIGNA Health Plan HMO
04/18/1956	M	CA	92626	CIGNA Health Plan HMO
12/06/1959	M	CA	90805	CIGNA Health Plan HMO
07/27/1943	M	CA	92804	CIGNA Health Plan HMO
01/31/1971	M	CA	92505	CIGNA Health Plan HMO
05/30/1951	M	CA	92626	CIGNA Health Plan HMO
07/30/1956	M	CA	92840	CIGNA Health Plan HMO
06/17/1955	M	CA	92802	CIGNA Health Plan HMO
03/29/1960	F	CA	92683	CIGNA Health Plan HMO
01/11/1949	M	CA	92567	CIGNA Health Plan HMO
01/21/1944	M	CA	92704	CIGNA Health Plan HMO
04/15/1956	M	CA	92672	CIGNA Health Plan HMO
08/11/1954	M	CA	92646	CIGNA Health Plan HMO
10/12/1962	M	CA	92867	CIGNA Health Plan HMO
12/30/1968	M	CA	92805	CIGNA Health Plan HMO
12/04/1982	F	CA	90813	CIGNA Health Plan HMO
03/15/1967	M	CA	92648	CIGNA Health Plan HMO
03/19/1977	M	CA	92647	CIGNA Health Plan HMO
03/22/1962	M	CA	92840	CIGNA Health Plan HMO
09/20/1980	M	CA	92870	CIGNA Health Plan HMO
07/11/1971	M	CA	92887	CIGNA Health Plan HMO
01/06/1956	M	CA	92543	CIGNA Health Plan HMO
04/04/1966	M	CA	92703	CIGNA Health Plan HMO
10/12/1972	M	CA	92705	CIGNA Health Plan HMO

01/30/1958	M	CA	90680	CIGNA Health Plan HMO
11/09/1982	M	CA	92840	CIGNA Health Plan HMO
01/01/1967	M	CA	92691	CIGNA Health Plan HMO
01/06/1961	M	CA	90604	CIGNA Health Plan HMO
09/26/1968	M	CA	92832	CIGNA Health Plan HMO
03/10/1955	M	CA	92503	CIGNA Health Plan HMO
10/30/1971	M	CA	92656	CIGNA Health Plan HMO
06/19/1957	M	CA	92804	CIGNA Health Plan HMO
05/19/1949	M	CA	92679	CIGNA Health Plan HMO
02/21/1952	M	CA	90620	CIGNA Health Plan HMO
11/19/1944	M	CA	92844	CIGNA Health Plan HMO
11/01/1982	F	CA	92704	CIGNA Health Plan HMO
03/01/1959	M	CA	92646	CIGNA Health Plan HMO
12/15/1947	M	CA	92840	CIGNA Health Plan HMO
12/02/1967	M	CA	92530	CIGNA Health Plan HMO
05/03/1988	M	CA	92879	CIGNA Health Plan HMO
12/01/1951	M	CA	92880	CIGNA Health Plan HMO
09/13/1964	M	CA	92630	CIGNA Health Plan HMO
05/18/1955	M	CA	92530	CIGNA Health Plan HMO
05/22/1973	M	CA	92870	CIGNA Health Plan HMO
07/10/1954	F	CA	92627	CIGNA Health Plan HMO
06/28/1979	F	CA	91701	CIGNA Health Plan HMO
05/19/1983	M	CA	91730	CIGNA Health Plan HMO
05/24/1953	F	CA	92563	CIGNA Health Plan HMO
05/08/1957	M	CA	92677	CIGNA Health Plan HMO
10/21/1948	F	CA	90631	CIGNA Health Plan HMO
09/20/1978	M	CA	92804	CIGNA Health Plan HMO
09/24/1956	F	CA	92647	CIGNA Health Plan HMO
05/12/1975	F	CA	90650	CIGNA Health Plan HMO
11/02/1967	F	CA	92706	CIGNA Health Plan HMO
06/06/1972	M	CA	90604	CIGNA Health Plan HMO
07/26/1979	M	CA	92530	CIGNA Health Plan HMO
02/13/1976	F	CA	90621	CIGNA Health Plan HMO
05/16/1978	M	CA	92870	CIGNA Health Plan HMO
03/21/1974	M	CA	92707	CIGNA Health Plan HMO
11/11/1978	M	CA	90280	CIGNA Health Plan HMO
10/21/1969	M	CA	90605	CIGNA Health Plan HMO
08/05/1977	F	CA	91768	CIGNA Health Plan HMO
06/05/1977	F	CA	90710	CIGNA Health Plan HMO
03/09/1971	M	CA	92626	CIGNA Health Plan HMO
05/12/1982	M	CA	92563	CIGNA Health Plan HMO
01/07/1955	F	CA	92821	CIGNA Health Plan HMO
09/29/1955	F	CA	92344	CIGNA Health Plan HMO
07/14/1975	F	CA	92782	CIGNA Health Plan HMO
10/16/1966	F	CA	90260	CIGNA Health Plan HMO
04/25/1966	M	CA	90021	CIGNA Health Plan HMO
05/08/1975	F	CA	92629	CIGNA Health Plan HMO
05/14/1969	M	CA	92867	CIGNA Health Plan HMO
02/06/1979	M	CA	90002	CIGNA Health Plan HMO
08/07/1980	F	CA	90631	CIGNA Health Plan HMO
03/31/1961	F	CA	92604	CIGNA Health Plan HMO

12/12/1968	F	CA	92880	CIGNA Health Plan HMO
02/20/1977	F	CA	91343	CIGNA Health Plan HMO
01/02/1959	F	CA	92869	CIGNA Health Plan HMO
02/08/1967	F	CA	91754	CIGNA Health Plan HMO
08/21/1970	F	CA	92868	CIGNA Health Plan HMO
09/13/1974	M	CA	92532	CIGNA Health Plan HMO
07/09/1955	M	CA	92586	CIGNA Health Plan HMO
01/04/1961	F	CA	92866	CIGNA Health Plan HMO
10/19/1977	F	CA	91710	CIGNA Health Plan HMO
10/19/1980	M	CA	92805	CIGNA Health Plan HMO
12/12/1979	F	CA	92585	CIGNA Health Plan HMO
11/10/1981	F	CA	91766	CIGNA Health Plan HMO
09/08/1973	F	CA	92656	CIGNA Health Plan HMO
02/02/1973	M	CA	92868	CIGNA Health Plan HMO
11/01/1972	F	CA	92823	CIGNA Health Plan HMO
02/11/1978	M	CA	92879	CIGNA Health Plan HMO
03/08/1976	F	CA	92563	CIGNA Health Plan HMO
08/07/1947	F	CA	90630	CIGNA Health Plan HMO
08/13/1951	F	CA	90740	CIGNA Health Plan HMO
09/19/1976	M	CA	92804	CIGNA Health Plan HMO
05/29/1959	M	CA	92701	CIGNA Health Plan HMO
06/23/1960	F	CA	92806	CIGNA Health Plan HMO
08/06/1949	F	CA	92868	CIGNA Health Plan HMO
04/05/1953	F	CA	92869	CIGNA Health Plan HMO
10/19/1973	M	CA	92801	CIGNA Health Plan HMO
08/17/1973	F	CA	92530	CIGNA Health Plan HMO
05/14/1955	F	CA	92802	CIGNA Health Plan HMO
11/19/1949	M	CA	92706	CIGNA Health Plan HMO
07/18/1965	F	CA	91740	CIGNA Health Plan HMO
03/31/1957	F	CA	92691	CIGNA Health Plan HMO
07/04/1979	F	CA	92503	CIGNA Health Plan HMO
06/21/1971	F	CA	92780	CIGNA Health Plan HMO
07/15/1968	F	CA	92843	CIGNA Health Plan HMO
11/02/1951	F	CA	92706	CIGNA Health Plan HMO
10/10/1952	F	CA	92683	CIGNA Health Plan HMO
04/13/1974	F	CA	92683	CIGNA Health Plan HMO
11/01/1951	M	CA	92845	CIGNA Health Plan HMO
02/10/1958	F	CA	92801	CIGNA Health Plan HMO
03/15/1957	M	CA	92869	CIGNA Health Plan HMO
09/29/1970	F	CA	91710	CIGNA Health Plan HMO
07/01/1960	F	CA	92821	CIGNA Health Plan HMO
03/11/1966	F	CA	90805	CIGNA Health Plan HMO
11/04/1981	F	CA	92867	CIGNA Health Plan HMO
02/23/1977	M	CA	92701	CIGNA Health Plan HMO
04/09/1968	F	CA	92677	CIGNA Health Plan HMO
01/29/1961	F	CA	92656	CIGNA Health Plan HMO
07/16/1964	M	CA	92868	CIGNA Health Plan HMO
06/14/1954	F	CA	92870	CIGNA Health Plan HMO
06/26/1978	F	CA	92801	CIGNA Health Plan HMO
09/11/1961	F	CA	92706	CIGNA Health Plan HMO
10/15/1957	F	CA	91709	CIGNA Health Plan HMO

08/14/1964	F	CA	92866	CIGNA Health Plan HMO
06/05/1955	F	CA	928451220	CIGNA Health Plan HMO
11/28/1969	F	CA	90746	CIGNA Health Plan HMO
03/22/1956	F	CA	92704	CIGNA Health Plan HMO
04/29/1983	F	CA	92843	CIGNA Health Plan HMO
05/19/1961	F	CA	92677	CIGNA Health Plan HMO
02/16/1970	M	CA	92867	CIGNA Health Plan HMO
08/30/1960	F	CA	92704	CIGNA Health Plan HMO
09/15/1976	F	CA	92841	CIGNA Health Plan HMO
09/25/1975	F	CA	90620	CIGNA Health Plan HMO
01/29/1962	F	CA	92647	CIGNA Health Plan HMO
09/02/1959	F	CA	92869	CIGNA Health Plan HMO
12/11/1954	F	CA	92869	CIGNA Health Plan HMO
03/20/1976	M	CA	92870	CIGNA Health Plan HMO
06/18/1957	F	CA	92807	CIGNA Health Plan HMO
02/24/1961	F	CA	92804	CIGNA Health Plan HMO
11/13/1961	M	CA	92501	CIGNA Health Plan HMO
11/04/1975	F	CA	92679	CIGNA Health Plan HMO
11/19/1946	F	CA	92683	CIGNA Health Plan HMO
08/17/1956	F	CA	90631	CIGNA Health Plan HMO
07/28/1960	F	CA	92703	CIGNA Health Plan HMO
05/17/1950	F	CA	92833	CIGNA Health Plan HMO
06/10/1965	F	CA	92806	CIGNA Health Plan HMO
07/05/1959	F	CA	92677	CIGNA Health Plan HMO
03/07/1965	F	CA	91762	CIGNA Health Plan HMO
07/21/1978	F	CA	92880	CIGNA Health Plan HMO
08/15/1962	F	CA	90630	CIGNA Health Plan HMO
07/17/1949	F	CA	92692	CIGNA Health Plan HMO
02/03/1965	F	CA	92704	CIGNA Health Plan HMO
10/25/1950	F	CA	91761	CIGNA Health Plan HMO
08/21/1980	M	CA	91744	CIGNA Health Plan HMO
01/01/1976	M	CA	92887	CIGNA Health Plan HMO
05/30/1968	F	CA	92704	CIGNA Health Plan HMO
07/20/1964	F	CA	92648	CIGNA Health Plan HMO
01/09/1986	M	CA	92705	CIGNA Health Plan HMO
04/03/1961	F	CA	92627	CIGNA Health Plan HMO
12/22/1981	M	CA	92808	CIGNA Health Plan HMO
12/19/1979	F	CA	92780	CIGNA Health Plan HMO
06/22/1987	M	CA	92706	CIGNA Health Plan HMO
06/02/1978	M	CA	92703	CIGNA Health Plan HMO
02/18/1973	F	CA	92844	CIGNA Health Plan HMO
08/19/1972	M	CA	91744	CIGNA Health Plan HMO
10/11/1975	F	CA	92614	CIGNA Health Plan HMO
06/28/1963	F	CA	92626	CIGNA Health Plan HMO
06/23/1975	F	CA	92656	CIGNA Health Plan HMO
08/06/1954	M	CA	92683	CIGNA Health Plan HMO
11/15/1982	F	CA	92804	CIGNA Health Plan HMO
02/13/1982	F	CA	92628	CIGNA Health Plan HMO
10/20/1979	F	CA	92704	CIGNA Health Plan HMO
02/25/1946	M	CA	92844	CIGNA Health Plan HMO
08/15/1978	F	CA	92630	CIGNA Health Plan HMO

03/12/1957	F	CA	92705	CIGNA Health Plan HMO
05/09/1981	M	CA	92707	CIGNA Health Plan HMO
03/28/1953	M	CA	92691	CIGNA Health Plan HMO
02/17/1952	F	CA	92708	CIGNA Health Plan HMO
06/14/1948	F	CA	92647	CIGNA Health Plan HMO
05/16/1953	F	CA	92648	CIGNA Health Plan HMO
06/25/1956	M	CA	92647	CIGNA Health Plan HMO
11/15/1971	F	CA	91709	CIGNA Health Plan HMO
01/14/1949	F	CA	92706	CIGNA Health Plan HMO
01/27/1948	F	CA	92629	CIGNA Health Plan HMO
07/18/1951	F	CA	92614	CIGNA Health Plan HMO
11/15/1954	M	CA	92647	CIGNA Health Plan HMO
10/09/1948	M	CA	92627	CIGNA Health Plan HMO
06/12/1962	F	CA	92843	CIGNA Health Plan HMO
03/11/1951	F	CA	92869	CIGNA Health Plan HMO
09/29/1975	M	CA	92694	CIGNA Health Plan HMO
07/04/1938	M	CA	92692	CIGNA Health Plan HMO
05/25/1958	M	CA	92626	CIGNA Health Plan HMO
03/10/1978	F	CA	92604	CIGNA Health Plan HMO
06/13/1971	M	CA	92688	CIGNA Health Plan HMO
08/18/1955	F	CA	92881	CIGNA Health Plan HMO
03/23/1946	F	CA	92503	CIGNA Health Plan HMO
03/02/1944	M	CA	92606	CIGNA Health Plan HMO
04/29/1951	F	CA	92649	CIGNA Health Plan HMO
12/06/1942	M	CA	92627	CIGNA Health Plan HMO
11/14/1969	F	CA	92676	CIGNA Health Plan HMO
07/17/1949	M	CA	92707	CIGNA Health Plan HMO
03/23/1956	F	CA	92860	CIGNA Health Plan HMO
09/11/1973	F	CA	92886	CIGNA Health Plan HMO
07/18/1951	F	CA	92602	CIGNA Health Plan HMO
03/09/1955	M	CA	92840	CIGNA Health Plan HMO
02/25/1951	F	CA	92627	CIGNA Health Plan HMO
11/09/1978	F	CA	90631	CIGNA Health Plan HMO
01/21/1949	M	CA	926922400	CIGNA Health Plan HMO
06/21/1950	F	CA	92606	CIGNA Health Plan HMO
09/12/1944	M	CA	92604	CIGNA Health Plan HMO
12/31/1977	M	CA	92708	CIGNA Health Plan HMO
01/04/1970	F	CA	92701	CIGNA Health Plan HMO
02/03/1951	F	CA	92804	CIGNA Health Plan HMO
10/17/1960	F	CA	92627	CIGNA Health Plan HMO
07/06/1950	M	CA	92807	CIGNA Health Plan HMO
01/31/1954	M	CA	92881	CIGNA Health Plan HMO
10/27/1955	F	CA	928042640	CIGNA Health Plan HMO
11/05/1969	F	CA	91748	CIGNA Health Plan HMO
04/24/1958	F	CA	92676	CIGNA Health Plan HMO
08/30/1960	F	CA	92865	CIGNA Health Plan HMO
11/24/1976	F	CA	92881	CIGNA Health Plan HMO
06/03/1957	M	CA	92780	CIGNA Health Plan HMO
06/19/1960	M	CA	92780	CIGNA Health Plan HMO
04/09/1950	M	CA	91761	CIGNA Health Plan HMO
03/29/1957	F	CA	92649	CIGNA Health Plan HMO

07/26/1961	M	CA	92705	CIGNA Health Plan HMO
06/25/1974	M	CA	92868	CIGNA Health Plan HMO
02/01/1960	F	CA	92807	CIGNA Health Plan HMO
07/22/1962	M	CA	90720	CIGNA Health Plan HMO
04/27/1946	M	CA	92677	CIGNA Health Plan HMO
05/18/1955	F	CA	90703	CIGNA Health Plan HMO
06/12/1966	M	CA	92841	CIGNA Health Plan HMO
01/10/1949	F	CA	92675	CIGNA Health Plan HMO
03/30/1979	M	CA	90715	CIGNA Health Plan HMO
06/09/1941	M	CA	92675	CIGNA Health Plan HMO
05/26/1969	M	CA	927071842	CIGNA Health Plan HMO
01/19/1969	F	CA	92630	CIGNA Health Plan HMO
02/01/1957	M	CA	92647	CIGNA Health Plan HMO
08/19/1954	F	CA	92780	CIGNA Health Plan HMO
07/09/1955	M	CA	92630	CIGNA Health Plan HMO
02/08/1949	F	CA	92672	CIGNA Health Plan HMO
03/17/1948	M	CA	926777401	CIGNA Health Plan HMO
08/08/1961	M	CA	92653	CIGNA Health Plan HMO
07/14/1957	M	CA	92867	CIGNA Health Plan HMO
10/30/1973	M	CA	92703	CIGNA Health Plan HMO
08/05/1967	F	CA	92840	CIGNA Health Plan HMO
07/23/1957	F	CA	92840	CIGNA Health Plan HMO
02/09/1960	F	CA	92870	CIGNA Health Plan HMO
10/21/1960	F	CA	92807	CIGNA Health Plan HMO
07/16/1948	M	CA	92648	CIGNA Health Plan HMO
09/09/1957	F	CA	92706	CIGNA Health Plan HMO
12/26/1972	M	CA	92630	CIGNA Health Plan HMO
02/04/1961	F	CA	92801	CIGNA Health Plan HMO
11/23/1968	M	CA	92675	CIGNA Health Plan HMO
08/08/1954	M	CA	928782452	CIGNA Health Plan HMO
04/24/1960	F	CA	92867	CIGNA Health Plan HMO
03/21/1980	F	CA	92627	CIGNA Health Plan HMO
03/27/1971	F	CA	92844	CIGNA Health Plan HMO
01/15/1964	F	CA	92683	CIGNA Health Plan HMO
04/06/1971	F	CA	90803	CIGNA Health Plan HMO
03/13/1946	M	CA	92807	CIGNA Health Plan HMO
11/26/1966	F	CA	92821	CIGNA Health Plan HMO
05/12/1947	F	CA	92886	CIGNA Health Plan HMO
06/03/1956	F	CA	92705	CIGNA Health Plan HMO
02/08/1961	M	CA	92688	CIGNA Health Plan HMO
04/02/1981	F	CA	92653	CIGNA Health Plan HMO
07/01/1964	M	CA	92868	CIGNA Health Plan HMO
08/30/1961	F	CA	92869	CIGNA Health Plan HMO
10/16/1935	M	CA	90808	CIGNA Health Plan HMO
09/13/1967	F	CA	92675	CIGNA Health Plan HMO
01/15/1971	F	CA	90604	CIGNA Health Plan HMO
06/01/1958	M	CA	92868	CIGNA Health Plan HMO
10/29/1947	M	CA	90631	CIGNA Health Plan HMO
02/06/1968	F	CA	92677	CIGNA Health Plan HMO
03/04/1953	M	CA	92833	CIGNA Health Plan HMO
08/24/1972	F	CA	92880	CIGNA Health Plan HMO

06/21/1967	M	CA	92703	CIGNA Health Plan HMO
12/09/1943	F	CA	92870	CIGNA Health Plan HMO
07/09/1958	M	CA	92688	CIGNA Health Plan HMO
06/28/1958	M	CA	92672	CIGNA Health Plan HMO
07/12/1961	M	CA	92870	CIGNA Health Plan HMO
12/01/1977	M	CA	91710	CIGNA Health Plan HMO
08/24/1942	M	CA	92865	CIGNA Health Plan HMO
01/20/1973	F	CA	92880	CIGNA Health Plan HMO
10/11/1975	F	CA	91744	CIGNA Health Plan HMO
10/15/1960	F	CA	90631	CIGNA Health Plan HMO
12/20/1969	F	CA	92821	CIGNA Health Plan HMO
06/05/1975	F	CA	92808	CIGNA Health Plan HMO
05/04/1957	M	CA	92683	CIGNA Health Plan HMO
05/24/1955	F	CA	92708	CIGNA Health Plan HMO
04/24/1950	M	CA	92706	CIGNA Health Plan HMO
04/07/1954	F	CA	90638	CIGNA Health Plan HMO
10/13/1972	F	CA	92841	CIGNA Health Plan HMO
01/13/1952	F	CA	92867	CIGNA Health Plan HMO
12/21/1974	F	CA	92704	CIGNA Health Plan HMO
08/23/1966	F	CA	92804	CIGNA Health Plan HMO
06/19/1957	F	CA	92688	CIGNA Health Plan HMO
10/26/1973	F	CA	91765	CIGNA Health Plan HMO
09/16/1976	F	CA	92841	CIGNA Health Plan HMO
01/15/1968	F	CA	92677	CIGNA Health Plan HMO
11/11/1970	F	CA	92707	CIGNA Health Plan HMO
03/05/1961	F	CA	92707	CIGNA Health Plan HMO
01/13/1968	F	CA	90745	CIGNA Health Plan HMO
05/25/1977	M	CA	92705	CIGNA Health Plan HMO
08/18/1978	M	CA	92882	CIGNA Health Plan HMO
01/08/1944	M	CA	92704	CIGNA Health Plan HMO
12/25/1974	M	CA	92702	CIGNA Health Plan HMO
05/14/1983	M	CA	91710	CIGNA Health Plan HMO
01/12/1977	M	CA	92866	CIGNA Health Plan HMO
11/20/1967	F	CA	92626	CIGNA Health Plan HMO
08/15/1975	F	CA	92705	CIGNA Health Plan HMO
06/23/1972	F	CA	92707	CIGNA Health Plan HMO
05/19/1982	M	CA	92508	CIGNA Health Plan HMO
05/10/1958	M	CA	92782	CIGNA Health Plan HMO
07/10/1963	M	CA	92562	CIGNA Health Plan HMO
01/20/1964	M	CA	92610	CIGNA Health Plan HMO
06/26/1955	M	CA	92870	CIGNA Health Plan HMO
06/10/1958	M	CA	92880	CIGNA Health Plan HMO
09/30/1943	M	CA	90631	CIGNA Health Plan HMO
07/04/1976	M	CA	92610	CIGNA Health Plan HMO
02/25/1966	F	CA	92867	CIGNA Health Plan HMO
06/12/1975	F	CA	92780	CIGNA Health Plan HMO
02/18/1965	F	CA	92831	CIGNA Health Plan HMO
06/24/1967	M	CA	92868	CIGNA Health Plan HMO
11/16/1969	F	CA	92886	CIGNA Health Plan HMO
08/02/1971	M	CA	90808	CIGNA Health Plan HMO
11/02/1985	M	CA	92683	CIGNA Health Plan HMO

06/23/1959	M	CA	92880	CIGNA Health Plan HMO
11/24/1962	F	CA	92832	CIGNA Health Plan HMO
08/29/1960	M	CA	92648	CIGNA Health Plan HMO
07/01/1969	F	CA	92646	CIGNA Health Plan HMO
09/21/1974	M	CA	92868	CIGNA Health Plan HMO
12/05/1970	M	CA	92505	CIGNA Health Plan HMO
07/09/1980	M	CA	90640	CIGNA Health Plan HMO
09/07/1983	M	WA	98056	CIGNA Health Plan HMO
10/27/1972	F	CA	92886	CIGNA Health Plan HMO
02/07/1983	M	CA	92647	CIGNA Health Plan HMO
07/12/1972	M	CA	92868	CIGNA Health Plan HMO
09/21/1980	M	CA	92805	CIGNA Health Plan HMO
09/13/1972	F	CA	92867	CIGNA Health Plan HMO
11/12/1963	M	CA	92808	CIGNA Health Plan HMO
11/03/1955	F	CA	92867	CIGNA Health Plan HMO
08/04/1958	F	CA	92630	CIGNA Health Plan HMO
05/01/1957	F	CA	92869	CIGNA Health Plan HMO
10/04/1955	F	CA	92656	CIGNA Health Plan HMO
11/22/1955	M	CA	92801	CIGNA Health Plan HMO
10/10/1958	F	CA	92843	CIGNA Health Plan HMO
04/02/1963	F	CA	92703	CIGNA Health Plan HMO
12/24/1981	M	CA	92706	CIGNA Health Plan HMO
05/18/1950	F	CA	92841	CIGNA Health Plan HMO
08/09/1966	F	CA	92688	CIGNA Health Plan HMO
06/03/1955	M	CA	92840	CIGNA Health Plan HMO
05/13/1971	M	CA	92694	CIGNA Health Plan HMO
04/23/1974	M	CA	90803	CIGNA Health Plan HMO
12/30/1960	M	CA	90713	CIGNA Health Plan HMO
06/13/1958	F	CA	92660	CIGNA Health Plan HMO
01/06/1972	F	CA	92692	CIGNA Health Plan HMO
01/14/1973	F	CA	92683	CIGNA Health Plan HMO
12/07/1967	F	CA	92677	CIGNA Health Plan HMO
05/03/1973	F	CA	92705	CIGNA Health Plan HMO
08/09/1965	M	CA	92009	CIGNA Health Plan HMO
04/17/1980	M	CA	92694	CIGNA Health Plan HMO
08/21/1971	M	CA	926725021	CIGNA Health Plan HMO
01/04/1965	F	CA	90631	CIGNA Health Plan HMO
08/15/1967	M	CA	92646	CIGNA Health Plan HMO
09/03/1978	F	CA	92603	CIGNA Health Plan HMO
11/17/1960	M	CA	92886	CIGNA Health Plan HMO
04/19/1965	M	CA	92630	CIGNA Health Plan HMO
12/16/1971	M	CA	92677	CIGNA Health Plan HMO
04/22/1970	F	CA	92869	CIGNA Health Plan HMO
07/27/1973	F	CA	92691	CIGNA Health Plan HMO
09/01/1964	M	CA	92679	CIGNA Health Plan HMO
11/24/1969	M	CA	90803	CIGNA Health Plan HMO
01/29/1968	F	CA	92869	CIGNA Health Plan HMO
11/30/1963	F	CA	92705	CIGNA Health Plan HMO
11/13/1963	F	CA	92886	CIGNA Health Plan HMO
01/17/1972	F	CA	92672	CIGNA Health Plan HMO
07/31/1952	M	CA	92646	CIGNA Health Plan HMO

03/07/1963	M	CA	92673	CIGNA Health Plan HMO
07/02/1969	M	CA	92673	CIGNA Health Plan HMO
09/20/1957	M	CA	92612	CIGNA Health Plan HMO
07/13/1975	M	CA	91710	CIGNA Health Plan HMO
05/12/1971	M	CA	92881	CIGNA Health Plan HMO
06/10/1975	F	CA	92694	CIGNA Health Plan HMO
05/16/1970	F	CA	92673	CIGNA Health Plan HMO
08/12/1959	M	CA	92694	CIGNA Health Plan HMO
11/16/1969	F	CA	92630	CIGNA Health Plan HMO
07/06/1978	F	CA	92673	CIGNA Health Plan HMO
09/06/1974	F	CA	91709	CIGNA Health Plan HMO
04/21/1970	F	CA	92656	CIGNA Health Plan HMO
03/09/1968	F	CA	92691	CIGNA Health Plan HMO
01/01/1971	M	CA	92656	CIGNA Health Plan HMO
03/29/1951	M	CA	92646	CIGNA Health Plan HMO
04/11/1963	F	CA	92677	CIGNA Health Plan HMO
07/16/1963	M	CA	90740	CIGNA Health Plan HMO
06/29/1959	F	CA	92823	CIGNA Health Plan HMO
08/28/1970	F	CA	90808	CIGNA Health Plan HMO
10/06/1969	M	CA	92688	CIGNA Health Plan HMO
04/30/1965	F	CA	92867	CIGNA Health Plan HMO
05/04/1953	M	CA	92649	CIGNA Health Plan HMO
05/19/1961	M	CA	92782	CIGNA Health Plan HMO
09/04/1973	M	CA	90807	CIGNA Health Plan HMO
09/26/1966	M	CA	92648	CIGNA Health Plan HMO
01/29/1976	F	CA	92782	CIGNA Health Plan HMO
01/25/1973	M	CA	92620	CIGNA Health Plan HMO
05/21/1951	F	CA	92610	CIGNA Health Plan HMO
09/18/1971	F	CA	92705	CIGNA Health Plan HMO
07/06/1967	F	CA	92658	CIGNA Health Plan HMO
09/18/1964	M	CA	92630	CIGNA Health Plan HMO
10/05/1964	M	CA	92692	CIGNA Health Plan HMO
09/25/1963	M	CA	92870	CIGNA Health Plan HMO
05/21/1976	F	CA	92691	CIGNA Health Plan HMO
10/12/1967	M	CA	92673	CIGNA Health Plan HMO
01/28/1964	M	CA	92780	CIGNA Health Plan HMO
07/29/1970	F	CA	92602	CIGNA Health Plan HMO
10/18/1979	F	CA	92620	CIGNA Health Plan HMO
11/17/1970	M	CA	92694	CIGNA Health Plan HMO
01/22/1965	M	CA	92606	CIGNA Health Plan HMO
06/09/1968	M	CA	92694	CIGNA Health Plan HMO
06/22/1970	M	CA	92692	CIGNA Health Plan HMO
07/25/1967	M	CA	92860	CIGNA Health Plan HMO
07/25/1967	M	CA	92870	CIGNA Health Plan HMO
03/25/1971	F	CA	92620	CIGNA Health Plan HMO
02/25/1972	M	CA	92833	CIGNA Health Plan HMO
05/27/1973	M	CA	92833	CIGNA Health Plan HMO
05/14/1970	M	CA	92646	CIGNA Health Plan HMO
06/12/1973	F	CA	92694	CIGNA Health Plan HMO
10/05/1972	F	CA	92675	CIGNA Health Plan HMO
04/29/1969	M	CA	92688	CIGNA Health Plan HMO

02/23/1962	F	CA	92629	CIGNA Health Plan HMO
05/08/1963	F	CA	92886	CIGNA Health Plan HMO
01/24/1977	F	CA	92880	CIGNA Health Plan HMO
07/23/1977	M	CA	91708	CIGNA Health Plan HMO
06/29/1954	F	CA	92630	CIGNA Health Plan HMO
09/19/1977	M	CA	92620	CIGNA Health Plan HMO
07/15/1957	F	CA	92865	CIGNA Health Plan HMO
01/26/1970	F	CA	92646	CIGNA Health Plan HMO
11/03/1963	F	CA	92805	CIGNA Health Plan HMO
03/23/1979	F	CA	92823	CIGNA Health Plan HMO
04/03/1966	F	CA	92704	CIGNA Health Plan HMO
06/10/1975	F	CA	92707	CIGNA Health Plan HMO
03/22/1965	M	CA	92688	CIGNA Health Plan HMO
04/13/1970	F	CA	92869	CIGNA Health Plan HMO
12/28/1966	M	CA	92652	CIGNA Health Plan HMO
11/04/1972	M	CA	92780	CIGNA Health Plan HMO
11/15/1969	F	CA	92683	CIGNA Health Plan HMO
05/09/1966	F	CA	92704	CIGNA Health Plan HMO
02/15/1968	F	CA	92805	CIGNA Health Plan HMO
03/06/1961	F	CA	92602	CIGNA Health Plan HMO
06/15/1957	F	CA	92627	CIGNA Health Plan HMO
09/28/1968	F	CA	92870	CIGNA Health Plan HMO
09/12/1957	F	CA	92806	CIGNA Health Plan HMO
05/21/1967	F	CA	92780	CIGNA Health Plan HMO
11/03/1967	F	CA	92646	CIGNA Health Plan HMO
07/28/1960	F	CA	92870	CIGNA Health Plan HMO
05/08/1962	F	CA	91709	CIGNA Health Plan HMO
05/19/1970	F	CA	92821	CIGNA Health Plan HMO
04/01/1973	F	CA	92886	CIGNA Health Plan HMO
10/09/1969	F	CA	90680	CIGNA Health Plan HMO
01/31/1976	F	CA	92831	CIGNA Health Plan HMO
08/23/1965	F	CA	92647	CIGNA Health Plan HMO
03/28/1964	M	CA	92646	CIGNA Health Plan HMO
04/29/1969	F	CA	90680	CIGNA Health Plan HMO
05/27/1978	F	CA	92804	CIGNA Health Plan HMO
07/03/1981	F	CA	92781	CIGNA Health Plan HMO
10/08/1973	F	CA	92833	CIGNA Health Plan HMO
12/09/1969	F	CA	92630	CIGNA Health Plan HMO
06/19/1974	F	CA	92596	CIGNA Health Plan HMO
07/10/1964	M	CA	92870	CIGNA Health Plan HMO
07/08/1963	M	CA	92799	CIGNA Health Plan HMO
11/04/1975	F	CA	92781	CIGNA Health Plan HMO
06/07/1979	F	CA	91762	CIGNA Health Plan HMO
06/20/1957	F	CA	92843	CIGNA Health Plan HMO
07/22/1970	F	CA	92860	CIGNA Health Plan HMO
02/11/1972	F	CA	92705	CIGNA Health Plan HMO
07/03/1972	F	CA	92841	CIGNA Health Plan HMO
11/22/1965	F	CA	92679	CIGNA Health Plan HMO
01/24/1962	F	CA	92691	CIGNA Health Plan HMO
04/14/1959	F	CA	91765	CIGNA Health Plan HMO
12/02/1966	F	CA	92831	CIGNA Health Plan HMO

05/02/1967	F	CA	92823	CIGNA Health Plan HMO
02/02/1954	M	CA	92614	CIGNA Health Plan HMO
01/01/1970	F	CA	92683	CIGNA Health Plan HMO
07/28/1969	F	CA	92782	CIGNA Health Plan HMO
01/28/1973	F	CA	92845	CIGNA Health Plan HMO
11/06/1960	F	CA	90621	CIGNA Health Plan HMO
02/15/1967	F	CA	92683	CIGNA Health Plan HMO
03/22/1967	F	CA	92882	CIGNA Health Plan HMO
09/20/1968	F	CA	90621	CIGNA Health Plan HMO
08/12/1965	F	CA	92865	CIGNA Health Plan HMO
12/30/1956	F	CA	92691	CIGNA Health Plan HMO
06/24/1962	F	CA	92804	CIGNA Health Plan HMO
08/06/1954	F	CA	92679	CIGNA Health Plan HMO
05/13/1974	F	CA	90623	CIGNA Health Plan HMO
04/05/1971	F	CA	92845	CIGNA Health Plan HMO
01/08/1959	F	CA	92703	CIGNA Health Plan HMO
02/22/1963	F	CA	92683	CIGNA Health Plan HMO
04/20/1965	M	CA	92683	CIGNA Health Plan HMO
03/13/1971	F	CA	92707	CIGNA Health Plan HMO
09/18/1969	F	CA	92707	CIGNA Health Plan HMO
01/26/1975	F	CA	92708	CIGNA Health Plan HMO
05/06/1978	F	CA	92707	CIGNA Health Plan HMO
07/02/1965	M	CA	92832	CIGNA Health Plan HMO
12/09/1968	F	CA	92627	CIGNA Health Plan HMO
12/16/1954	F	CA	92703	CIGNA Health Plan HMO
08/07/1951	F	CA	92704	CIGNA Health Plan HMO
01/30/1966	F	CA	92801	CIGNA Health Plan HMO
07/23/1961	F	CA	92707	CIGNA Health Plan HMO
09/03/1975	F	CA	92865	CIGNA Health Plan HMO
03/29/1980	F	CA	90715	CIGNA Health Plan HMO
09/21/1982	M	CA	92801	CIGNA Health Plan HMO
11/05/1955	F	CA	92675	CIGNA Health Plan HMO
07/06/1974	F	CA	92804	CIGNA Health Plan HMO
06/06/1978	F	CA	90815	CIGNA Health Plan HMO
01/12/1965	F	CA	92532	CIGNA Health Plan HMO
08/19/1966	F	CA	92887	CIGNA Health Plan HMO
10/30/1977	F	CA	92882	CIGNA Health Plan HMO
04/17/1969	F	CA	90620	CIGNA Health Plan HMO
03/25/1969	F	CA	92707	CIGNA Health Plan HMO
02/27/1975	F	CA	92707	CIGNA Health Plan HMO
10/07/1952	F	CA	92653	CIGNA Health Plan HMO
01/18/1976	M	CA	92840	CIGNA Health Plan HMO
05/11/1970	F	CA	92841	CIGNA Health Plan HMO
04/28/1978	M	CA	92867	CIGNA Health Plan HMO
01/02/1975	F	CA	92706	CIGNA Health Plan HMO
01/29/1959	F	CA	92870	CIGNA Health Plan HMO
06/28/1968	M	CA	92630	CIGNA Health Plan HMO
05/11/1971	M	CA	92863	CIGNA Health Plan HMO
09/11/1968	F	CA	90680	CIGNA Health Plan HMO
11/09/1963	F	CA	92882	CIGNA Health Plan HMO
11/02/1975	M	CA	92867	CIGNA Health Plan HMO

05/27/1974	F	CA	92706	CIGNA Health Plan HMO
08/18/1977	F	CA	92703	CIGNA Health Plan HMO
12/16/1964	F	CA	92678	CIGNA Health Plan HMO
08/29/1969	F	CA	92683	CIGNA Health Plan HMO
02/28/1968	F	CA	92683	CIGNA Health Plan HMO
12/09/1949	F	CA	92646	CIGNA Health Plan HMO
04/29/1981	F	CA	92647	CIGNA Health Plan HMO
11/30/1953	F	CA	92646	CIGNA Health Plan HMO
12/23/1973	F	CA	92780	CIGNA Health Plan HMO
12/18/1958	F	CA	92840	CIGNA Health Plan HMO
07/15/1959	F	CA	92869	CIGNA Health Plan HMO
05/05/1975	F	CA	92706	CIGNA Health Plan HMO
01/10/1979	F	CA	90248	CIGNA Health Plan HMO
11/18/1979	F	CA	92704	CIGNA Health Plan HMO
04/21/1975	F	CA	92782	CIGNA Health Plan HMO
01/19/1970	F	CA	92801	CIGNA Health Plan HMO
09/29/1973	M	CA	92701	CIGNA Health Plan HMO
01/17/1983	F	CA	92707	CIGNA Health Plan HMO
07/11/1958	M	CA	928068930	CIGNA Health Plan HMO
02/18/1966	F	CA	92868	CIGNA Health Plan HMO
03/09/1976	M	CA	92833	CIGNA Health Plan HMO
10/03/1967	F	CA	92840	CIGNA Health Plan HMO
06/29/1965	F	CA	92880	CIGNA Health Plan HMO
07/06/1975	F	CA	92880	CIGNA Health Plan HMO
05/16/1963	F	CA	92801	CIGNA Health Plan HMO
08/25/1973	F	CA	92707	CIGNA Health Plan HMO
11/26/1981	F	CA	92844	CIGNA Health Plan HMO
12/11/1970	F	CA	90813	CIGNA Health Plan HMO
04/16/1979	F	CA	92626	CIGNA Health Plan HMO
01/04/1970	F	CA	92865	CIGNA Health Plan HMO
10/24/1966	F	CA	92843	CIGNA Health Plan HMO
07/17/1965	F	CA	92706	CIGNA Health Plan HMO
09/14/1964	F	CA	92675	CIGNA Health Plan HMO
09/14/1974	F	CA	92867	CIGNA Health Plan HMO
01/06/1951	F	CA	92706	CIGNA Health Plan HMO
01/28/1966	F	CA	92869	CIGNA Health Plan HMO
10/05/1975	F	CA	92780	CIGNA Health Plan HMO
02/22/1965	F	CA	92807	CIGNA Health Plan HMO
08/02/1969	F	CA	92841	CIGNA Health Plan HMO
07/18/1977	F	CA	92806	CIGNA Health Plan HMO
01/30/1957	F	CA	92804	CIGNA Health Plan HMO
09/14/1973	M	CA	90638	CIGNA Health Plan HMO
03/06/1966	F	CA	92844	CIGNA Health Plan HMO
10/01/1957	F	CA	92780	CIGNA Health Plan HMO
11/12/1969	F	CA	92844	CIGNA Health Plan HMO
11/26/1965	F	CA	92881	CIGNA Health Plan HMO
07/29/1978	F	CA	92683	CIGNA Health Plan HMO
12/29/1983	F	CA	92805	CIGNA Health Plan HMO
12/29/1974	F	CA	92801	CIGNA Health Plan HMO
06/15/1970	F	CA	92832	CIGNA Health Plan HMO
11/12/1960	F	CA	92833	CIGNA Health Plan HMO

08/26/1962	F	CA	92706	CIGNA Health Plan HMO
12/29/1969	F	CA	92706	CIGNA Health Plan HMO
10/11/1981	F	CA	92701	CIGNA Health Plan HMO
08/29/1982	F	CA	92706	CIGNA Health Plan HMO
05/04/1977	M	CA	92701	CIGNA Health Plan HMO
10/14/1971	F	CA	92882	CIGNA Health Plan HMO
10/21/1961	F	CA	92805	CIGNA Health Plan HMO
06/06/1970	F	CA	92704	CIGNA Health Plan HMO
12/14/1969	F	CA	92656	CIGNA Health Plan HMO
06/10/1967	F	CA	90630	CIGNA Health Plan HMO
01/15/1965	M	CA	92825	CIGNA Health Plan HMO
09/09/1974	M	CA	92703	CIGNA Health Plan HMO
03/11/1976	F	CA	92703	CIGNA Health Plan HMO
12/14/1968	F	CA	92870	CIGNA Health Plan HMO
02/04/1980	F	CA	92704	CIGNA Health Plan HMO
12/09/1984	F	CA	92691	CIGNA Health Plan HMO
01/16/1983	F	CA	90650	CIGNA Health Plan HMO
08/09/1971	F	CA	92805	CIGNA Health Plan HMO
12/18/1972	F	CA	92801	CIGNA Health Plan HMO
09/13/1976	F	CA	92704	CIGNA Health Plan HMO
03/23/1967	F	CA	92866	CIGNA Health Plan HMO
12/09/1958	F	CA	92842	CIGNA Health Plan HMO
03/31/1964	M	CA	91709	CIGNA Health Plan HMO
11/14/1967	M	CA	92866	CIGNA Health Plan HMO
02/17/1971	F	CA	92701	CIGNA Health Plan HMO
03/23/1970	F	CA	92840	CIGNA Health Plan HMO
10/10/1980	F	CA	92868	CIGNA Health Plan HMO
01/10/1981	F	CA	90621	CIGNA Health Plan HMO
05/11/1981	M	CA	91740	CIGNA Health Plan HMO
12/27/1978	M	CA	92626	CIGNA Health Plan HMO
07/11/1975	F	CA	92705	CIGNA Health Plan HMO
04/05/1975	F	CA	92866	CIGNA Health Plan HMO
08/15/1981	F	CA	92707	CIGNA Health Plan HMO
12/23/1955	F	CA	92832	CIGNA Health Plan HMO
01/18/1965	F	CA	92704	CIGNA Health Plan HMO
11/12/1955	F	CA	92867	CIGNA Health Plan HMO
08/24/1958	F	CA	92780	CIGNA Health Plan HMO
02/27/1959	M	CA	92691	CIGNA Health Plan HMO
09/11/1976	F	CA	90680	CIGNA Health Plan HMO
12/12/1967	F	CA	92866	CIGNA Health Plan HMO
06/14/1985	F	CA	92806	CIGNA Health Plan HMO
09/17/1978	F	CA	92706	CIGNA Health Plan HMO
01/12/1972	F	CA	92704	CIGNA Health Plan HMO
09/26/1976	F	CA	92707	CIGNA Health Plan HMO
09/09/1978	F	CA	92706	CIGNA Health Plan HMO
12/18/1956	F	CA	90808	CIGNA Health Plan HMO
06/15/1970	M	CA	92840	CIGNA Health Plan HMO
01/05/1970	F	CA	92706	CIGNA Health Plan HMO
08/26/1964	F	CA	92707	CIGNA Health Plan HMO
09/02/1964	F	CA	92883	CIGNA Health Plan HMO
09/14/1959	F	CA	92833	CIGNA Health Plan HMO

05/10/1970	F	CA	92869	CIGNA Health Plan HMO
12/07/1963	M	CA	92805	CIGNA Health Plan HMO
02/16/1956	F	CA	92614	CIGNA Health Plan HMO
10/06/1979	F	CA	928022234	CIGNA Health Plan HMO
09/10/1970	F	CA	92704	CIGNA Health Plan HMO
04/03/1958	F	CA	92867	CIGNA Health Plan HMO
08/28/1975	M	CA	92707	CIGNA Health Plan HMO
07/21/1980	F	CA	90680	CIGNA Health Plan HMO
05/26/1962	F	CA	92677	CIGNA Health Plan HMO
05/16/1962	F	CA	92868	CIGNA Health Plan HMO
09/07/1969	F	CA	92870	CIGNA Health Plan HMO
08/09/1962	F	CA	928636794	CIGNA Health Plan HMO
11/02/1968	F	CA	92801	CIGNA Health Plan HMO
02/28/1964	F	CA	92866	CIGNA Health Plan HMO
10/01/1972	F	CA	92704	CIGNA Health Plan HMO
12/07/1963	F	CA	92647	CIGNA Health Plan HMO
10/03/1979	F	CA	91761	CIGNA Health Plan HMO
07/31/1976	F	CA	92683	CIGNA Health Plan HMO
07/07/1978	F	CA	92832	CIGNA Health Plan HMO
04/05/1972	F	CA	92843	CIGNA Health Plan HMO
08/01/1964	F	CA	92780	CIGNA Health Plan HMO
06/16/1962	F	CA	92703	CIGNA Health Plan HMO
12/03/1983	F	CA	92841	CIGNA Health Plan HMO
12/21/1970	F	CA	90680	CIGNA Health Plan HMO
02/09/1960	F	CA	92840	CIGNA Health Plan HMO
11/20/1973	F	CA	92806	CIGNA Health Plan HMO
05/19/1975	F	CA	92868	CIGNA Health Plan HMO
10/28/1969	F	CA	92707	CIGNA Health Plan HMO
09/02/1980	F	CA	92704	CIGNA Health Plan HMO
01/28/1967	F	CA	92705	CIGNA Health Plan HMO
06/22/1974	F	CA	928014102	CIGNA Health Plan HMO
06/08/1979	F	CA	92866	CIGNA Health Plan HMO
05/19/1976	F	CA	90620	CIGNA Health Plan HMO
08/17/1950	F	CA	92704	CIGNA Health Plan HMO
06/28/1980	F	CA	92843	CIGNA Health Plan HMO
10/19/1971	F	CA	92804	CIGNA Health Plan HMO
04/20/1975	F	CA	92840	CIGNA Health Plan HMO
06/07/1978	F	CA	92840	CIGNA Health Plan HMO
03/09/1984	F	CA	90621	CIGNA Health Plan HMO
09/06/1976	M	CA	92703	CIGNA Health Plan HMO
01/15/1961	F	CA	92867	CIGNA Health Plan HMO
10/09/1969	F	CA	92683	CIGNA Health Plan HMO
01/01/1961	F	CA	92647	CIGNA Health Plan HMO
01/01/1969	F	CA	92843	CIGNA Health Plan HMO
08/25/1961	F	CA	92865	CIGNA Health Plan HMO
10/20/1951	F	CA	92805	CIGNA Health Plan HMO
11/08/1970	F	CA	92806	CIGNA Health Plan HMO
09/14/1958	F	CA	92648	CIGNA Health Plan HMO
12/14/1973	F	CA	92620	CIGNA Health Plan HMO
02/10/1963	F	CA	90680	CIGNA Health Plan HMO
08/12/1961	F	CA	92708	CIGNA Health Plan HMO

01/22/1955	F	CA	92842	CIGNA Health Plan HMO
09/06/1959	F	CA	92867	CIGNA Health Plan HMO
05/09/1965	F	CA	92844	CIGNA Health Plan HMO
10/10/1985	F	CA	92708	CIGNA Health Plan HMO
01/05/1959	F	CA	92620	CIGNA Health Plan HMO
08/02/1965	M	CA	92801	CIGNA Health Plan HMO
04/01/1963	F	CA	92647	CIGNA Health Plan HMO
11/18/1972	F	CA	92804	CIGNA Health Plan HMO
09/28/1967	M	CA	90703	CIGNA Health Plan HMO
11/12/1970	F	CA	92602	CIGNA Health Plan HMO
08/27/1971	M	CA	92704	CIGNA Health Plan HMO
06/20/1962	F	CA	92656	CIGNA Health Plan HMO
07/24/1962	F	CA	92683	CIGNA Health Plan HMO
10/12/1980	F	CA	92840	CIGNA Health Plan HMO
01/04/1949	F	CA	92683	CIGNA Health Plan HMO
11/19/1969	F	CA	92804	CIGNA Health Plan HMO
09/08/1978	F	CA	92701	CIGNA Health Plan HMO
09/20/1975	F	CA	91765	CIGNA Health Plan HMO
01/24/1983	F	CA	92707	CIGNA Health Plan HMO
12/26/1976	F	CA	92843	CIGNA Health Plan HMO
01/05/1959	F	CA	92656	CIGNA Health Plan HMO
06/06/1962	F	CA	92703	CIGNA Health Plan HMO
12/01/1969	F	CA	92704	CIGNA Health Plan HMO
11/03/1965	F	CA	92806	CIGNA Health Plan HMO
01/12/1987	F	CA	92780	CIGNA Health Plan HMO
07/24/1970	M	CA	91709	CIGNA Health Plan HMO
04/25/1977	F	CA	90706	CIGNA Health Plan HMO
01/02/1968	F	CA	92656	CIGNA Health Plan HMO
06/07/1963	F	CA	90630	CIGNA Health Plan HMO
11/15/1976	F	CA	92843	CIGNA Health Plan HMO
03/29/1978	F	CA	92804	CIGNA Health Plan HMO
03/26/1962	M	CA	92704	CIGNA Health Plan HMO
06/17/1971	F	CA	92821	CIGNA Health Plan HMO
04/20/1984	F	CA	92707	CIGNA Health Plan HMO
11/10/1981	M	CA	92840	CIGNA Health Plan HMO
12/03/1982	F	CA	92844	CIGNA Health Plan HMO
10/31/1963	F	CA	92708	CIGNA Health Plan HMO
09/27/1979	F	CA	92866	CIGNA Health Plan HMO
07/03/1982	F	CA	92630	CIGNA Health Plan HMO
02/27/1981	F	CA	92865	CIGNA Health Plan HMO
10/31/1980	F	CA	92503	CIGNA Health Plan HMO
06/01/1958	M	CA	92840	CIGNA Health Plan HMO
05/28/1964	M	CA	92707	CIGNA Health Plan HMO
07/27/1979	M	CA	92703	CIGNA Health Plan HMO
05/28/1970	F	CA	90631	CIGNA Health Plan HMO
09/12/1964	F	CA	90638	CIGNA Health Plan HMO
07/10/1971	F	CA	928411045	CIGNA Health Plan HMO
06/05/1977	F	CA	92801	CIGNA Health Plan HMO
01/01/1974	F	CA	92870	CIGNA Health Plan HMO
12/13/1982	F	CA	92841	CIGNA Health Plan HMO
05/04/1976	M	CA	92882	CIGNA Health Plan HMO

11/16/1968	F	CA	92653	CIGNA Health Plan HMO
12/16/1974	F	CA	92865	CIGNA Health Plan HMO
05/20/1971	M	CA	92841	CIGNA Health Plan HMO
07/26/1974	F	CA	92843	CIGNA Health Plan HMO
06/17/1973	F	CA	92840	CIGNA Health Plan HMO
04/30/1971	F	CA	92705	CIGNA Health Plan HMO
05/14/1966	M	CA	92602	CIGNA Health Plan HMO
07/05/1974	F	CA	90807	CIGNA Health Plan HMO
03/15/1977	F	CA	92805	CIGNA Health Plan HMO
09/06/1960	F	CA	92840	CIGNA Health Plan HMO
04/28/1972	M	CA	92603	CIGNA Health Plan HMO
12/05/1973	F	CA	92703	CIGNA Health Plan HMO
10/28/1965	F	CA	92843	CIGNA Health Plan HMO
08/28/1971	F	CA	90650	CIGNA Health Plan HMO
02/18/1969	F	CA	92870	CIGNA Health Plan HMO
04/15/1975	F	CA	92688	CIGNA Health Plan HMO
07/28/1978	F	CA	92704	CIGNA Health Plan HMO
01/11/1972	F	CA	92706	CIGNA Health Plan HMO
01/01/1971	F	CA	91765	CIGNA Health Plan HMO
09/27/1960	F	CA	92780	CIGNA Health Plan HMO
02/08/1970	F	CA	90745	CIGNA Health Plan HMO
12/15/1970	F	CA	92866	CIGNA Health Plan HMO
05/18/1974	F	CA	92630	CIGNA Health Plan HMO
05/27/1952	F	CA	92630	CIGNA Health Plan HMO
04/02/1975	F	CA	92706	CIGNA Health Plan HMO
08/21/1979	F	CA	90630	CIGNA Health Plan HMO
10/18/1947	M	CA	92620	CIGNA Health Plan HMO
11/21/1972	F	CA	92683	CIGNA Health Plan HMO
09/29/1980	F	CA	92704	CIGNA Health Plan HMO
09/19/1981	F	CA	92705	CIGNA Health Plan HMO
09/23/1963	F	CA	92648	CIGNA Health Plan HMO
12/24/1956	M	CA	92683	CIGNA Health Plan HMO
06/30/1955	M	CA	92840	CIGNA Health Plan HMO
07/30/1960	M	CA	92630	CIGNA Health Plan HMO
12/30/1972	M	CA	91750	CIGNA Health Plan HMO
01/16/1957	M	CA	92870	CIGNA Health Plan HMO
08/13/1970	M	CA	90630	CIGNA Health Plan HMO
07/10/1963	M	CA	92840	CIGNA Health Plan HMO
10/27/1964	M	CA	92886	CIGNA Health Plan HMO
02/16/1962	M	CA	92802	CIGNA Health Plan HMO
08/21/1967	M	CA	92691	CIGNA Health Plan HMO
05/10/1966	M	CA	92656	CIGNA Health Plan HMO
03/18/1959	M	CA	92688	CIGNA Health Plan HMO
10/31/1958	M	CA	92840	CIGNA Health Plan HMO
04/16/1967	M	CA	90280	CIGNA Health Plan HMO
10/18/1971	M	CA	90630	CIGNA Health Plan HMO
05/02/1971	M	CA	92707	CIGNA Health Plan HMO
01/22/1958	M	CA	92692	CIGNA Health Plan HMO
12/15/1980	M	CA	92840	CIGNA Health Plan HMO
08/28/1960	M	CA	92647	CIGNA Health Plan HMO
03/22/1966	M	CA	90638	CIGNA Health Plan HMO

01/06/1942	M	CA	92706	CIGNA Health Plan HMO
07/25/1962	M	CA	92843	CIGNA Health Plan HMO
07/31/1956	M	CA	92867	CIGNA Health Plan HMO
02/17/1960	M	CA	92606	CIGNA Health Plan HMO
10/31/1959	M	CA	92683	CIGNA Health Plan HMO
08/10/1971	M	CA	92683	CIGNA Health Plan HMO
08/27/1967	F	CA	92592	CIGNA Health Plan HMO
06/25/1971	F	CA	92841	CIGNA Health Plan HMO
01/04/1953	M	CA	92868	CIGNA Health Plan HMO
05/27/1971	F	CA	91741	CIGNA Health Plan HMO
04/29/1963	F	CA	90815	CIGNA Health Plan HMO
01/02/1957	F	CA	92807	CIGNA Health Plan HMO
09/16/1967	M	CA	92870	CIGNA Health Plan HMO
06/25/1961	F	CA	90260	CIGNA Health Plan HMO
01/04/1959	M	CA	90755	CIGNA Health Plan HMO
11/06/1950	M	CA	92677	CIGNA Health Plan HMO
03/18/1961	F	CA	92704	CIGNA Health Plan HMO
01/10/1972	F	CA	92704	CIGNA Health Plan HMO
08/29/1960	M	CA	90712	CIGNA Health Plan HMO
04/27/1972	F	CA	92840	CIGNA Health Plan HMO
02/15/1958	F	CA	92881	CIGNA Health Plan HMO
11/02/1934	M	CA	92653	CIGNA Health Plan HMO
03/25/1957	F	CA	92883	CIGNA Health Plan HMO
02/25/1975	F	CA	90630	CIGNA Health Plan HMO
07/11/1963	M	CA	92806	CIGNA Health Plan HMO
02/28/1963	F	CA	92886	CIGNA Health Plan HMO
06/11/1968	F	CA	92886	CIGNA Health Plan HMO
05/15/1968	M	CA	92620	CIGNA Health Plan HMO
06/06/1969	M	CA	90806	CIGNA Health Plan HMO
12/27/1972	F	CA	92626	CIGNA Health Plan HMO
08/26/1965	F	CA	90631	CIGNA Health Plan HMO
12/07/1964	F	CA	92805	CIGNA Health Plan HMO
05/05/1975	F	CA	92867	CIGNA Health Plan HMO
01/27/1973	F	CA	92683	CIGNA Health Plan HMO
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06/06/1967	F	CA	92843	CIGNA Health Plan HMO
06/21/1969	M	CA	92708	CIGNA Health Plan HMO
03/04/1971	F	CA	91786	CIGNA Health Plan HMO
05/17/1957	M	CA	91709	CIGNA Health Plan HMO
08/31/1971	F	CA	92841	CIGNA Health Plan HMO
05/24/1968	F	CA	92866	CIGNA Health Plan HMO
10/02/1962	F	CA	92705	CIGNA Health Plan HMO
08/19/1953	F	CA	92708	CIGNA Health Plan HMO
10/10/1969	F	CA	92655	CIGNA Health Plan HMO
04/08/1980	F	CA	92688	CIGNA Health Plan HMO
09/30/1976	F	CA	92804	CIGNA Health Plan HMO
09/17/1967	M	CA	92683	CIGNA Health Plan HMO
09/12/1966	F	CA	92833	CIGNA Health Plan HMO
03/13/1979	F	CA	92626	CIGNA Health Plan HMO
07/30/1972	F	CA	92336	CIGNA Health Plan HMO
03/19/1958	F	CA	92706	CIGNA Health Plan HMO

11/16/1962	F	CA	92782	CIGNA Health Plan HMO
08/25/1966	M	CA	92879	CIGNA Health Plan HMO
09/24/1968	F	CA	92869	CIGNA Health Plan HMO
02/28/1970	F	CA	92530	CIGNA Health Plan HMO
09/22/1969	F	CA	92694	CIGNA Health Plan HMO
08/12/1977	F	CA	90241	CIGNA Health Plan HMO
08/24/1959	F	CA	92806	CIGNA Health Plan HMO
07/17/1956	F	CA	92653	CIGNA Health Plan HMO
02/15/1964	F	CA	92708	CIGNA Health Plan HMO
02/16/1973	F	CA	92683	CIGNA Health Plan HMO
01/04/1976	M	CA	92708	CIGNA Health Plan HMO
08/01/1976	F	CA	92683	CIGNA Health Plan HMO
11/11/1972	F	CA	92880	CIGNA Health Plan HMO
12/20/1970	F	CA	92867	CIGNA Health Plan HMO
04/14/1964	F	CA	92630	CIGNA Health Plan HMO
07/20/1969	F	CA	92630	CIGNA Health Plan HMO
12/18/1965	F	CA	91710	CIGNA Health Plan HMO
05/17/1959	F	CA	92683	CIGNA Health Plan HMO
08/11/1959	F	CA	92692	CIGNA Health Plan HMO
02/24/1965	F	CA	92674	CIGNA Health Plan HMO
10/28/1963	F	CA	92780	CIGNA Health Plan HMO
12/08/1971	F	CA	92707	CIGNA Health Plan HMO
10/22/1978	F	CA	92707	CIGNA Health Plan HMO
05/13/1973	F	CA	92701	CIGNA Health Plan HMO
09/07/1952	M	CA	92705	CIGNA Health Plan HMO
04/24/1959	F	CA	92630	CIGNA Health Plan HMO
07/08/1978	F	CA	91784	CIGNA Health Plan HMO
02/01/1977	M	CA	92840	CIGNA Health Plan HMO
04/29/1977	F	CA	92801	CIGNA Health Plan HMO
09/20/1959	F	CA	92808	CIGNA Health Plan HMO
08/05/1970	F	CA	90720	CIGNA Health Plan HMO
09/14/1949	M	CA	92688	CIGNA Health Plan HMO
08/06/1969	M	CA	92843	CIGNA Health Plan HMO
10/01/1958	F	CA	92663	CIGNA Health Plan HMO
02/01/1965	F	CA	92647	CIGNA Health Plan HMO
01/06/1978	M	CA	92688	CIGNA Health Plan HMO
07/27/1972	F	CA	92708	CIGNA Health Plan HMO
06/12/1971	F	CA	92377	CIGNA Health Plan HMO
09/18/1967	F	CA	92782	CIGNA Health Plan HMO
12/12/1964	M	CA	92879	CIGNA Health Plan HMO
05/29/1962	F	CA	92570	CIGNA Health Plan HMO
09/01/1975	F	CA	92336	CIGNA Health Plan HMO
09/11/1972	F	CA	92880	CIGNA Health Plan HMO
11/15/1958	F	CA	92508	CIGNA Health Plan HMO
03/27/1961	F	CA	92868	CIGNA Health Plan HMO
07/17/1967	F	CA	92872	CIGNA Health Plan HMO
07/01/1961	F	CA	92801	CIGNA Health Plan HMO
07/19/1971	M	CA	92683	CIGNA Health Plan HMO
10/21/1974	M	CA	92870	CIGNA Health Plan HMO
05/04/1960	F	CA	928826435	CIGNA Health Plan HMO
04/16/1954	F	CA	92651	CIGNA Health Plan HMO

07/06/1961	F	CA	92691	CIGNA Health Plan HMO
05/17/1972	M	CA	90602	CIGNA Health Plan HMO
09/09/1966	M	CA	92705	CIGNA Health Plan HMO
11/10/1969	F	CA	92683	CIGNA Health Plan HMO
07/31/1957	F	CA	92656	CIGNA Health Plan HMO
09/29/1960	F	CA	92708	CIGNA Health Plan HMO
01/22/1962	F	CA	92692	CIGNA Health Plan HMO
06/07/1968	F	CA	92604	CIGNA Health Plan HMO
01/20/1963	F	CA	92844	CIGNA Health Plan HMO
11/10/1971	F	CA	92823	CIGNA Health Plan HMO
07/16/1965	F	CA	92780	CIGNA Health Plan HMO
04/27/1964	F	CA	92822	CIGNA Health Plan HMO
11/04/1978	F	CA	90638	CIGNA Health Plan HMO
11/26/1947	F	CA	92708	CIGNA Health Plan HMO
06/21/1971	F	CA	90680	CIGNA Health Plan HMO
10/08/1969	F	CA	92867	CIGNA Health Plan HMO
03/22/1969	F	CA	92882	CIGNA Health Plan HMO
10/23/1963	M	CA	92869	CIGNA Health Plan HMO
11/11/1966	F	CA	92703	CIGNA Health Plan HMO
08/20/1969	M	CA	92844	CIGNA Health Plan HMO
07/16/1974	F	CA	92806	CIGNA Health Plan HMO
04/27/1971	F	CA	92688	CIGNA Health Plan HMO
03/25/1970	F	CA	92868	CIGNA Health Plan HMO
12/13/1969	F	CA	92688	CIGNA Health Plan HMO
04/26/1960	F	CA	92841	CIGNA Health Plan HMO
03/15/1957	F	CA	90620	CIGNA Health Plan HMO
11/03/1970	F	CA	92591	CIGNA Health Plan HMO
07/14/1970	M	CA	90240	CIGNA Health Plan HMO
03/15/1965	F	CA	90630	CIGNA Health Plan HMO
05/10/1975	F	CA	92840	CIGNA Health Plan HMO
06/11/1970	F	CA	91792	CIGNA Health Plan HMO
01/15/1967	F	CA	92831	CIGNA Health Plan HMO
05/20/1968	M	CA	92807	CIGNA Health Plan HMO
10/13/1974	F	CA	92646	CIGNA Health Plan HMO
01/20/1972	F	CA	92881	CIGNA Health Plan HMO
01/18/1982	F	CA	92646	CIGNA Health Plan HMO
04/02/1962	M	CA	90638	CIGNA Health Plan HMO
10/28/1977	M	CA	92782	CIGNA Health Plan HMO
03/18/1972	F	CA	90808	CIGNA Health Plan HMO
02/10/1951	F	CA	92627	CIGNA Health Plan HMO
09/28/1952	M	CA	91701	CIGNA Health Plan HMO
11/28/1972	F	CA	92882	CIGNA Health Plan HMO
11/08/1968	M	CA	92610	CIGNA Health Plan HMO
01/02/1974	M	CA	92707	CIGNA Health Plan HMO
10/06/1969	F	CA	92602	CIGNA Health Plan HMO
11/28/1953	F	CA	92704	CIGNA Health Plan HMO
04/26/1968	F	CA	92675	CIGNA Health Plan HMO
07/15/1960	F	CA	92683	CIGNA Health Plan HMO
03/28/1955	F	CA	92802	CIGNA Health Plan HMO
10/24/1966	F	CA	92708	CIGNA Health Plan HMO
07/23/1952	M	CA	92840	CIGNA Health Plan HMO

10/21/1973	F	CA	92843	CIGNA Health Plan HMO
07/28/1970	M	CA	92844	CIGNA Health Plan HMO
10/24/1969	F	CA	92887	CIGNA Health Plan HMO
12/21/1973	F	CA	92692	CIGNA Health Plan HMO
02/25/1968	M	CA	92869	CIGNA Health Plan HMO
10/05/1975	M	CA	92604	CIGNA Health Plan HMO
04/30/1972	F	CA	92706	CIGNA Health Plan HMO
09/19/1973	F	CA	92880	CIGNA Health Plan HMO
02/19/1953	M	CA	92802	CIGNA Health Plan HMO
01/01/1961	M	CA	90680	CIGNA Health Plan HMO
12/16/1966	F	CA	92337	CIGNA Health Plan HMO
09/23/1976	M	CA	92707	CIGNA Health Plan HMO
09/20/1959	F	CA	91761	CIGNA Health Plan HMO
11/07/1964	F	CA	92672	CIGNA Health Plan HMO
06/23/1958	F	CA	92708	CIGNA Health Plan HMO
11/03/1970	F	CA	92806	CIGNA Health Plan HMO
10/14/1972	M	CA	92841	CIGNA Health Plan HMO
11/02/1978	F	CA	92706	CIGNA Health Plan HMO
09/02/1973	F	CA	92691	CIGNA Health Plan HMO
08/24/1961	F	CA	92843	CIGNA Health Plan HMO
09/24/1981	F	CA	90604	CIGNA Health Plan HMO
08/01/1972	F	CA	92620	CIGNA Health Plan HMO
08/24/1975	F	CA	92869	CIGNA Health Plan HMO
10/11/1974	F	CA	92868	CIGNA Health Plan HMO
03/05/1975	M	CA	92840	CIGNA Health Plan HMO
08/06/1971	F	CA	92655	CIGNA Health Plan HMO
07/03/1978	F	CA	90650	CIGNA Health Plan HMO
08/19/1967	F	CA	92801	CIGNA Health Plan HMO
02/10/1975	M	CA	91710	CIGNA Health Plan HMO
09/03/1945	M	CA	92614	CIGNA Health Plan HMO
09/24/1970	F	CA	92708	CIGNA Health Plan HMO
05/27/1978	F	CA	906203725	CIGNA Health Plan HMO
05/29/1964	F	CA	92879	CIGNA Health Plan HMO
11/26/1968	M	CA	90242	CIGNA Health Plan HMO
04/16/1962	M	CA	91765	CIGNA Health Plan HMO
03/17/1956	F	CA	92626	CIGNA Health Plan HMO
12/24/1969	F	CA	92867	CIGNA Health Plan HMO
04/28/1972	M	CA	92704	CIGNA Health Plan HMO
08/30/1962	F	CA	92708	CIGNA Health Plan HMO
07/28/1962	M	CA	92630	CIGNA Health Plan HMO
07/01/1964	F	CA	91709	CIGNA Health Plan HMO
07/27/1972	F	CA	92881	CIGNA Health Plan HMO
09/09/1964	F	CA	92870	CIGNA Health Plan HMO
11/25/1953	M	CA	92610	CIGNA Health Plan HMO
11/24/1952	M	CA	91711	CIGNA Health Plan HMO
07/06/1966	F	CA	92610	CIGNA Health Plan HMO
05/08/1969	M	CA	92694	CIGNA Health Plan HMO
12/15/1958	F	CA	90803	CIGNA Health Plan HMO
08/16/1958	M	CA	92886	CIGNA Health Plan HMO
01/04/1963	M	CA	92886	CIGNA Health Plan HMO
01/10/1960	M	CA	92630	CIGNA Health Plan HMO

11/03/1958	M	CA	92707	CIGNA Health Plan HMO
08/23/1963	F	CA	92630	CIGNA Health Plan HMO
10/16/1963	M	CA	92688	CIGNA Health Plan HMO
09/15/1966	M	CA	92626	CIGNA Health Plan HMO
12/27/1972	F	CA	926203644	CIGNA Health Plan HMO
02/06/1952	F	CA	92683	CIGNA Health Plan HMO
10/01/1943	F	CA	92804	CIGNA Health Plan HMO
04/17/1983	F	CA	92801	CIGNA Health Plan HMO
08/16/1974	F	CA	92801	CIGNA Health Plan HMO
04/10/1961	M	CA	92886	CIGNA Health Plan HMO
04/29/1969	M	CA	90680	CIGNA Health Plan HMO
12/09/1950	M	CA	92683	CIGNA Health Plan HMO
07/23/1967	F	CA	92683	CIGNA Health Plan HMO
08/06/1950	M	CA	92683	CIGNA Health Plan HMO
03/06/1969	F	CA	92807	CIGNA Health Plan HMO
06/04/1966	F	CA	92630	CIGNA Health Plan HMO
10/03/1957	F	CA	92647	CIGNA Health Plan HMO
05/13/1971	F	CA	92703	CIGNA Health Plan HMO
10/31/1968	F	CA	90713	CIGNA Health Plan HMO
04/10/1967	F	CA	92707	CIGNA Health Plan HMO
02/27/1969	F	CA	92703	CIGNA Health Plan HMO
03/09/1974	M	CA	92865	CIGNA Health Plan HMO
11/27/1971	F	CA	92614	CIGNA Health Plan HMO
02/04/1954	F	CA	92835	CIGNA Health Plan HMO
08/31/1971	F	CA	92801	CIGNA Health Plan HMO
11/21/1954	F	CA	92707	CIGNA Health Plan HMO
04/28/1961	F	CA	92630	CIGNA Health Plan HMO
10/15/1968	F	CA	90706	CIGNA Health Plan HMO
10/16/1960	F	CA	92703	CIGNA Health Plan HMO
07/03/1970	F	CA	92688	CIGNA Health Plan HMO
05/10/1963	F	CA	92781	CIGNA Health Plan HMO
01/09/1969	F	CA	92801	CIGNA Health Plan HMO
02/23/1958	M	CA	90680	CIGNA Health Plan HMO
11/29/1973	F	CA	91790	CIGNA Health Plan HMO
07/27/1973	F	CA	92705	CIGNA Health Plan HMO
01/21/1975	F	CA	92707	CIGNA Health Plan HMO
09/02/1978	F	CA	92703	CIGNA Health Plan HMO
12/10/1977	F	CA	92870	CIGNA Health Plan HMO
05/27/1957	F	CA	92703	CIGNA Health Plan HMO
09/07/1974	F	CA	92551	CIGNA Health Plan HMO
10/05/1969	F	CA	92704	CIGNA Health Plan HMO
11/19/1968	M	CA	90680	CIGNA Health Plan HMO
09/20/1967	M	CA	92705	CIGNA Health Plan HMO
08/29/1968	F	CA	92869	CIGNA Health Plan HMO
03/08/1955	F	CA	92683	CIGNA Health Plan HMO
08/16/1973	F	CA	92610	CIGNA Health Plan HMO
05/13/1968	F	CA	92833	CIGNA Health Plan HMO
10/19/1961	F	CA	92701	CIGNA Health Plan HMO
12/25/1970	F	CA	92503	CIGNA Health Plan HMO
07/04/1972	F	CA	92845	CIGNA Health Plan HMO
11/30/1957	F	CA	92870	CIGNA Health Plan HMO

02/01/1974	F	CA	92843	CIGNA Health Plan HMO
11/07/1966	F	CA	92704	CIGNA Health Plan HMO
12/23/1966	F	CA	92708	CIGNA Health Plan HMO
04/28/1974	F	CA	92869	CIGNA Health Plan HMO
01/07/1980	F	CA	92805	CIGNA Health Plan HMO
08/26/1959	F	CA	92706	CIGNA Health Plan HMO
10/30/1962	F	CA	92703	CIGNA Health Plan HMO
12/08/1969	F	CA	92703	CIGNA Health Plan HMO
10/31/1961	F	CA	92707	CIGNA Health Plan HMO
03/23/1977	F	CA	90806	CIGNA Health Plan HMO
11/28/1978	F	CA	92879	CIGNA Health Plan HMO
04/05/1967	F	CA	92843	CIGNA Health Plan HMO
11/29/1964	F	CA	92805	CIGNA Health Plan HMO
11/02/1958	F	CA	92882	CIGNA Health Plan HMO
11/25/1960	F	CA	92780	CIGNA Health Plan HMO
04/08/1969	F	CA	90620	CIGNA Health Plan HMO
04/30/1965	F	CA	92843	CIGNA Health Plan HMO
07/23/1970	F	CA	90620	CIGNA Health Plan HMO
10/16/1968	M	CA	92802	CIGNA Health Plan HMO
08/07/1970	F	CA	92630	CIGNA Health Plan HMO
07/07/1972	F	CA	92624	CIGNA Health Plan HMO
01/17/1977	F	CA	92840	CIGNA Health Plan HMO
11/19/1956	F	CA	92780	CIGNA Health Plan HMO
12/05/1980	F	CA	92707	CIGNA Health Plan HMO
01/23/1973	F	CA	92703	CIGNA Health Plan HMO
07/08/1966	F	CA	90630	CIGNA Health Plan HMO
07/08/1958	M	CA	92677	CIGNA Health Plan HMO
08/26/1962	F	CA	92705	CIGNA Health Plan HMO
05/18/1980	F	CA	92703	CIGNA Health Plan HMO
08/06/1955	F	CA	92870	CIGNA Health Plan HMO
09/20/1952	F	CA	92703	CIGNA Health Plan HMO
04/18/1979	F	CA	92704	CIGNA Health Plan HMO
10/17/1969	F	CA	92868	CIGNA Health Plan HMO
11/30/1970	F	CA	92706	CIGNA Health Plan HMO
05/15/1985	F	CA	92707	CIGNA Health Plan HMO
01/06/1963	F	CA	926914302	CIGNA Health Plan HMO
12/01/1977	F	CA	92831	CIGNA Health Plan HMO
09/09/1976	F	CA	90650	CIGNA Health Plan HMO
08/31/1977	M	CA	92867	CIGNA Health Plan HMO
09/22/1979	F	CA	92506	CIGNA Health Plan HMO
06/10/1964	M	CA	92655	CIGNA Health Plan HMO
11/25/1963	M	CA	92705	CIGNA Health Plan HMO
12/23/1970	F	CA	92840	CIGNA Health Plan HMO
10/11/1971	F	CA	92704	CIGNA Health Plan HMO
07/01/1959	F	CA	92084	CIGNA Health Plan HMO
04/07/1979	F	CA	92879	CIGNA Health Plan HMO
06/15/1957	F	CA	92833	CIGNA Health Plan HMO
08/09/1959	F	CA	92707	CIGNA Health Plan HMO
09/27/1970	F	CA	92882	CIGNA Health Plan HMO
12/02/1968	F	CA	92706	CIGNA Health Plan HMO
06/18/1974	F	CA	92704	CIGNA Health Plan HMO

02/12/1947	F	CA	92840	CIGNA Health Plan HMO
02/12/1978	F	CA	92801	CIGNA Health Plan HMO
11/03/1966	F	CA	92840	CIGNA Health Plan HMO
01/24/1973	F	CA	92804	CIGNA Health Plan HMO
06/27/1971	F	CA	92703	CIGNA Health Plan HMO
04/21/1954	F	CA	92802	CIGNA Health Plan HMO
01/05/1961	M	CA	90804	CIGNA Health Plan HMO
01/19/1960	M	CA	92805	CIGNA Health Plan HMO
03/28/1960	F	CA	92704	CIGNA Health Plan HMO
01/01/1956	F	CA	92804	CIGNA Health Plan HMO
08/17/1980	M	CA	92705	CIGNA Health Plan HMO
08/29/1973	F	CA	92804	CIGNA Health Plan HMO
08/25/1970	F	CA	92705	CIGNA Health Plan HMO
03/12/1976	F	CA	92868	CIGNA Health Plan HMO
02/29/1976	F	CA	92782	CIGNA Health Plan HMO
01/20/1965	F	CA	92835	CIGNA Health Plan HMO
12/13/1950	M	CA	92844	CIGNA Health Plan HMO
04/07/1978	F	CA	92804	CIGNA Health Plan HMO
04/20/1969	F	CA	91709	CIGNA Health Plan HMO
12/25/1967	F	CA	91744	CIGNA Health Plan HMO
10/26/1949	F	CA	92655	CIGNA Health Plan HMO
11/29/1976	F	CA	90631	CIGNA Health Plan HMO
12/11/1975	F	CA	90706	CIGNA Health Plan HMO
08/01/1956	F	CA	90680	CIGNA Health Plan HMO
04/19/1981	F	CA	92870	CIGNA Health Plan HMO
12/14/1974	F	CA	92704	CIGNA Health Plan HMO
03/16/1953	F	CA	90706	CIGNA Health Plan HMO
04/26/1958	M	CA	92869	CIGNA Health Plan HMO
04/07/1979	F	CA	92804	CIGNA Health Plan HMO
12/23/1967	M	CA	92859	CIGNA Health Plan HMO
05/23/1976	M	CA	92706	CIGNA Health Plan HMO
05/10/1955	F	CA	92844	CIGNA Health Plan HMO
01/10/1977	F	CA	90621	CIGNA Health Plan HMO
08/20/1974	F	CA	92869	CIGNA Health Plan HMO
12/13/1960	F	CA	92705	CIGNA Health Plan HMO
09/12/1974	F	CA	92880	CIGNA Health Plan HMO
01/19/1968	F	CA	92656	CIGNA Health Plan HMO
03/05/1970	F	CA	92683	CIGNA Health Plan HMO
02/28/1971	F	CA	92708	CIGNA Health Plan HMO
03/14/1981	F	CA	92870	CIGNA Health Plan HMO
03/30/1975	F	CA	92705	CIGNA Health Plan HMO
03/07/1979	F	CA	928684850	CIGNA Health Plan HMO
09/10/1947	M	CA	92840	CIGNA Health Plan HMO
10/20/1976	F	CA	92782	CIGNA Health Plan HMO
10/08/1982	F	CA	92503	CIGNA Health Plan HMO
11/26/1965	F	CA	92679	CIGNA Health Plan HMO
11/10/1969	F	CA	92887	CIGNA Health Plan HMO
10/10/1974	M	CA	92704	CIGNA Health Plan HMO
06/14/1969	F	CA	92865	CIGNA Health Plan HMO
04/21/1951	F	CA	92677	CIGNA Health Plan HMO
06/12/1960	M	CA	90808	CIGNA Health Plan HMO

07/18/1956	M	CA	92882	CIGNA Health Plan HMO
05/01/1971	M	CA	92649	CIGNA Health Plan HMO
06/07/1955	M	CA	92880	CIGNA Health Plan HMO
01/05/1962	M	CA	90703	CIGNA Health Plan HMO
06/19/1967	M	CA	92610	CIGNA Health Plan HMO
02/05/1941	M	CA	920092217	CIGNA Health Plan HMO
07/20/1961	M	CA	92691	CIGNA Health Plan HMO
12/02/1957	M	CA	92780	CIGNA Health Plan HMO
01/06/1960	M	CA	92780	CIGNA Health Plan HMO
12/19/1958	M	CA	92530	CIGNA Health Plan HMO
09/18/1975	M	CA	90630	CIGNA Health Plan HMO
08/29/1972	M	CA	92865	CIGNA Health Plan HMO
10/29/1966	F	CA	92708	CIGNA Health Plan HMO
07/14/1959	F	CA	92630	CIGNA Health Plan HMO
03/17/1971	F	CA	90630	CIGNA Health Plan HMO
07/28/1954	M	CA	90631	CIGNA Health Plan HMO
11/16/1967	M	CA	92780	CIGNA Health Plan HMO
02/04/1959	M	CA	92694	CIGNA Health Plan HMO
01/16/1955	F	CA	92808	CIGNA Health Plan HMO
08/25/1978	F	CA	92833	CIGNA Health Plan HMO
10/21/1962	F	CA	92869	CIGNA Health Plan HMO
07/29/1953	M	CA	90631	CIGNA Health Plan HMO
08/26/1963	M	CA	92692	CIGNA Health Plan HMO
10/28/1948	M	CA	92843	CIGNA Health Plan HMO
01/28/1977	F	CA	92867	CIGNA Health Plan HMO
11/23/1962	M	CA	92688	CIGNA Health Plan HMO
03/13/1972	M	CA	92708	CIGNA Health Plan HMO
09/20/1960	M	CA	90720	CIGNA Health Plan HMO
03/26/1983	F	CA	92683	CIGNA Health Plan HMO
01/21/1956	M	CA	92660	CIGNA Health Plan HMO
06/23/1955	M	CA	92691	CIGNA Health Plan HMO
02/11/1976	F	CA	92801	CIGNA Health Plan HMO
01/08/1959	M	CA	92703	CIGNA Health Plan HMO
09/23/1956	M	CA	92808	CIGNA Health Plan HMO
02/13/1969	F	CA	90621	CIGNA Health Plan HMO
07/18/1964	F	CA	92708	CIGNA Health Plan HMO
01/25/1960	M	CA	91761	CIGNA Health Plan HMO
07/14/1965	M	CA	92660	CIGNA Health Plan HMO
01/11/1968	M	CA	90680	CIGNA Health Plan HMO
06/12/1961	M	CA	92683	CIGNA Health Plan HMO
06/13/1969	F	CA	90631	CIGNA Health Plan HMO
08/21/1965	F	CA	92866	CIGNA Health Plan HMO
03/16/1975	M	CA	92865	CIGNA Health Plan HMO
01/19/1952	M	CA	92653	CIGNA Health Plan HMO
03/25/1954	F	CA	92692	CIGNA Health Plan HMO
08/31/1960	M	CA	91710	CIGNA Health Plan HMO
08/08/1960	F	CA	92843	CIGNA Health Plan HMO
11/13/1961	M	CA	92806	CIGNA Health Plan HMO
06/10/1965	M	CA	92840	CIGNA Health Plan HMO
09/06/1963	M	CA	92612	CIGNA Health Plan HMO
08/14/1952	M	CA	92691	CIGNA Health Plan HMO

12/31/1976	M	CA	92801	CIGNA Health Plan HMO
01/16/1974	F	CA	92630	CIGNA Health Plan HMO
04/16/1960	M	CA	90621	CIGNA Health Plan HMO
01/19/1963	F	CA	92835	CIGNA Health Plan HMO
11/29/1969	F	CA	92701	CIGNA Health Plan HMO
07/02/1968	M	CA	92679	CIGNA Health Plan HMO
03/27/1970	F	CA	92703	CIGNA Health Plan HMO
11/24/1978	M	CA	90723	CIGNA Health Plan HMO
11/05/1969	F	CA	92868	CIGNA Health Plan HMO
02/15/1963	M	CA	92606	CIGNA Health Plan HMO
08/31/1956	M	CA	92571	CIGNA Health Plan HMO
07/10/1962	F	CA	92806	CIGNA Health Plan HMO
08/14/1968	M	CA	92706	CIGNA Health Plan HMO
11/09/1968	F	CA	90621	CIGNA Health Plan HMO
04/23/1968	F	CA	92840	CIGNA Health Plan HMO
06/15/1965	M	CA	92656	CIGNA Health Plan HMO
08/02/1956	F	CA	92869	CIGNA Health Plan HMO
05/07/1964	F	CA	92683	CIGNA Health Plan HMO
02/22/1961	M	CA	92614	CIGNA Health Plan HMO
08/10/1974	F	CA	92841	CIGNA Health Plan HMO
10/03/1968	F	CA	92707	CIGNA Health Plan HMO
03/27/1963	F	CA	92821	CIGNA Health Plan HMO
02/26/1963	F	CA	90605	CIGNA Health Plan HMO
12/24/1978	F	CA	92843	CIGNA Health Plan HMO
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11/21/1965	M	CA	91709	CIGNA Health Plan HMO
11/14/1966	M	CA	92612	CIGNA Health Plan HMO
07/24/1955	F	CA	92672	CIGNA Health Plan HMO
12/08/1955	M	CA	92708	CIGNA Health Plan HMO
11/05/1957	F	CA	92831	CIGNA Health Plan HMO
07/18/1973	F	CA	92804	CIGNA Health Plan HMO
03/26/1971	M	CA	92840	CIGNA Health Plan HMO
11/20/1968	F	CA	92879	CIGNA Health Plan HMO
07/10/1976	F	CA	90660	CIGNA Health Plan HMO
07/12/1965	M	CA	92694	CIGNA Health Plan HMO
08/18/1965	M	CA	92705	CIGNA Health Plan HMO
09/26/1979	M	CA	92780	CIGNA Health Plan HMO
02/22/1969	F	CA	92704	CIGNA Health Plan HMO
06/19/1965	M	CA	92630	CIGNA Health Plan HMO
12/29/1969	F	CA	92879	CIGNA Health Plan HMO
09/28/1983	M	CA	92867	CIGNA Health Plan HMO
04/30/1952	F	CA	92627	CIGNA Health Plan HMO
10/22/1962	F	CA	92869	CIGNA Health Plan HMO
05/21/1952	M	CA	92841	CIGNA Health Plan HMO
01/28/1962	M	CA	90033	CIGNA Health Plan HMO
06/16/1967	F	CA	92691	CIGNA Health Plan HMO
02/10/1969	M	CA	92841	CIGNA Health Plan HMO
01/23/1960	M	CA	90638	CIGNA Health Plan HMO
05/26/1961	M	CA	92503	CIGNA Health Plan HMO
08/28/1961	F	CA	927073351	CIGNA Health Plan HMO
12/28/1957	M	CA	92705	CIGNA Health Plan HMO

03/29/1967	F	CA	92807	CIGNA Health Plan HMO
11/01/1959	M	CA	92679	CIGNA Health Plan HMO
03/01/1969	M	CA	92835	CIGNA Health Plan HMO
11/02/1968	F	CA	92705	CIGNA Health Plan HMO
11/01/1972	F	CA	91724	CIGNA Health Plan HMO
02/07/1975	F	CA	92833	CIGNA Health Plan HMO
08/19/1954	M	CA	92620	CIGNA Health Plan HMO
01/07/1968	M	CA	92867	CIGNA Health Plan HMO
05/16/1961	M	CA	92707	CIGNA Health Plan HMO
09/17/1962	M	CA	92683	CIGNA Health Plan HMO
07/17/1972	F	CA	90631	CIGNA Health Plan HMO
08/10/1973	F	CA	90241	CIGNA Health Plan HMO
05/10/1971	F	CA	92841	CIGNA Health Plan HMO
10/28/1971	F	CA	92708	CIGNA Health Plan HMO
09/29/1959	F	CA	92679	CIGNA Health Plan HMO
02/07/1970	F	CA	92868	CIGNA Health Plan HMO
04/07/1978	M	CA	92802	CIGNA Health Plan HMO
02/18/1976	F	CA	92866	CIGNA Health Plan HMO
05/23/1977	F	CA	92707	CIGNA Health Plan HMO
12/21/1963	M	CA	90620	CIGNA Health Plan HMO
12/29/1954	M	CA	92804	CIGNA Health Plan HMO
02/03/1971	F	CA	92707	CIGNA Health Plan HMO
08/04/1956	M	CA	928353113	CIGNA Health Plan HMO
12/21/1971	M	CA	91792	CIGNA Health Plan HMO
03/31/1970	F	CA	91709	CIGNA Health Plan HMO
04/06/1971	M	CA	92705	CIGNA Health Plan HMO
03/04/1964	F	CA	92802	CIGNA Health Plan HMO
08/03/1969	F	CA	92646	CIGNA Health Plan HMO
05/31/1967	M	CA	92503	CIGNA Health Plan HMO
08/08/1965	F	CA	92804	CIGNA Health Plan HMO
05/09/1978	F	CA	92704	CIGNA Health Plan HMO
05/23/1983	F	CA	92705	CIGNA Health Plan HMO
09/15/1965	F	CA	92869	CIGNA Health Plan HMO
11/29/1960	M	CA	91010	CIGNA Health Plan HMO
05/29/1973	F	CA	92703	CIGNA Health Plan HMO
01/30/1967	M	CA	92675	CIGNA Health Plan HMO
10/08/1951	M	CA	92647	CIGNA Health Plan HMO
09/28/1967	M	CA	92880	CIGNA Health Plan HMO
05/03/1963	F	CA	92868	CIGNA Health Plan HMO
01/28/1964	F	CA	92056	CIGNA Health Plan HMO
10/05/1967	M	CA	92630	CIGNA Health Plan HMO
11/01/1971	F	CA	92703	CIGNA Health Plan HMO
09/17/1982	F	CA	92867	CIGNA Health Plan HMO
10/28/1969	F	CA	91767	CIGNA Health Plan HMO
10/31/1981	F	CA	926774725	CIGNA Health Plan HMO
05/03/1969	F	CA	90242	CIGNA Health Plan HMO
06/15/1972	F	CA	92705	CIGNA Health Plan HMO
09/25/1962	M	CA	92821	CIGNA Health Plan HMO
09/12/1958	M	CA	92653	CIGNA Health Plan HMO
08/29/1959	F	CA	92618	CIGNA Health Plan HMO
09/16/1960	M	CA	91768	CIGNA Health Plan HMO

07/28/1972	M	CA	91007	CIGNA Health Plan HMO
09/13/1967	F	CA	92806	CIGNA Health Plan HMO
09/27/1966	F	CA	92865	CIGNA Health Plan HMO
01/24/1970	M	CA	91775	CIGNA Health Plan HMO
01/20/1968	M	CA	91710	CIGNA Health Plan HMO
02/22/1976	M	CA	92867	CIGNA Health Plan HMO
10/08/1979	M	CA	92707	CIGNA Health Plan HMO
03/22/1963	M	CA	91784	CIGNA Health Plan HMO
01/11/1962	F	CA	92703	CIGNA Health Plan HMO
12/24/1961	F	CA	92708	CIGNA Health Plan HMO
09/26/1977	F	CA	92807	CIGNA Health Plan HMO
11/13/1976	F	CA	92869	CIGNA Health Plan HMO
04/02/1971	M	CA	92706	CIGNA Health Plan HMO
11/09/1967	M	CA	92630	CIGNA Health Plan HMO
05/05/1956	M	CA	92844	CIGNA Health Plan HMO
10/29/1975	F	CA	92626	CIGNA Health Plan HMO
03/26/1969	M	CA	92704	CIGNA Health Plan HMO
02/03/1957	F	CA	92704	CIGNA Health Plan HMO
07/09/1964	F	CA	92704	CIGNA Health Plan HMO
06/13/1963	M	CA	92675	CIGNA Health Plan HMO
10/30/1963	F	CA	92708	CIGNA Health Plan HMO
04/20/1969	F	CA	90650	CIGNA Health Plan HMO
01/16/1971	F	CA	92708	CIGNA Health Plan HMO
03/28/1977	F	CA	92683	CIGNA Health Plan HMO
09/07/1966	M	CA	92691	CIGNA Health Plan HMO
05/13/1966	M	CA	91762	CIGNA Health Plan HMO
08/28/1962	M	CA	92683	CIGNA Health Plan HMO
11/27/1959	M	CA	92866	CIGNA Health Plan HMO
06/04/1962	M	CA	92675	CIGNA Health Plan HMO
11/24/1965	M	CA	92562	CIGNA Health Plan HMO
05/21/1963	F	CA	92705	CIGNA Health Plan HMO
04/18/1968	F	CA	92683	CIGNA Health Plan HMO
08/11/1963	F	CA	92882	CIGNA Health Plan HMO
01/10/1946	M	CA	92655	CIGNA Health Plan HMO
05/31/1978	M	CA	90601	CIGNA Health Plan HMO
10/02/1974	F	CA	92843	CIGNA Health Plan HMO
04/26/1960	F	CA	92840	CIGNA Health Plan HMO
11/28/1973	F	CA	92833	CIGNA Health Plan HMO
04/10/1968	M	CA	92691	CIGNA Health Plan HMO
08/25/1972	F	CA	92703	CIGNA Health Plan HMO
06/18/1978	F	CA	92866	CIGNA Health Plan HMO
03/15/1971	F	CA	92683	CIGNA Health Plan HMO
10/01/1974	F	CA	92708	CIGNA Health Plan HMO
08/05/1974	M	CA	92703	CIGNA Health Plan HMO
03/09/1971	F	CA	90706	CIGNA Health Plan HMO
05/10/1972	F	CA	92655	CIGNA Health Plan HMO
08/24/1959	F	CA	92807	CIGNA Health Plan HMO
03/16/1972	M	CA	90715	CIGNA Health Plan HMO
05/07/1960	M	CA	92653	CIGNA Health Plan HMO
04/25/1962	M	CA	92887	CIGNA Health Plan HMO
01/31/1963	M	CA	91789	CIGNA Health Plan HMO

08/21/1974	F	CA	92683	CIGNA Health Plan HMO
12/21/1960	F	CA	92691	CIGNA Health Plan HMO
05/17/1980	M	CA	92584	CIGNA Health Plan HMO
08/19/1972	F	CA	92646	CIGNA Health Plan HMO
01/11/1951	M	CA	91741	CIGNA Health Plan HMO
09/22/1973	F	CA	92801	CIGNA Health Plan HMO
09/29/1977	F	CA	92545	CIGNA Health Plan HMO
11/02/1972	F	CA	90605	CIGNA Health Plan HMO
02/28/1975	F	CA	92649	CIGNA Health Plan HMO
10/14/1959	M	CA	92840	CIGNA Health Plan HMO
11/06/1967	M	CA	92708	CIGNA Health Plan HMO
04/24/1967	M	CA	92833	CIGNA Health Plan HMO
08/31/1949	M	CA	92630	CIGNA Health Plan HMO
06/28/1970	F	CA	92886	CIGNA Health Plan HMO
12/27/1964	M	CA	926266357	CIGNA Health Plan HMO
05/13/1975	F	CA	90712	CIGNA Health Plan HMO
01/25/1970	F	CA	92882	CIGNA Health Plan HMO
03/23/1970	M	CA	92673	CIGNA Health Plan HMO
02/23/1958	M	CA	92705	CIGNA Health Plan HMO
01/18/1962	F	CA	92677	CIGNA Health Plan HMO
11/24/1970	F	CA	92532	CIGNA Health Plan HMO
12/06/1957	F	CA	92886	CIGNA Health Plan HMO
12/17/1958	M	CA	92880	CIGNA Health Plan HMO
07/15/1971	M	CA	92866	CIGNA Health Plan HMO
09/07/1966	M	CA	925624521	CIGNA Health Plan HMO
12/04/1962	F	CA	92679	CIGNA Health Plan HMO
12/13/1966	F	CA	92705	CIGNA Health Plan HMO
01/24/1952	M	CA	92683	CIGNA Health Plan HMO
07/25/1951	M	CA	92679	CIGNA Health Plan HMO
07/03/1965	F	CA	90638	CIGNA Health Plan HMO
01/28/1961	M	CA	92656	CIGNA Health Plan HMO
01/04/1970	M	CA	92882	CIGNA Health Plan HMO
07/20/1973	M	CA	91702	CIGNA Health Plan HMO
01/14/1962	M	CA	92630	CIGNA Health Plan HMO
02/04/1970	M	CA	92706	CIGNA Health Plan HMO
01/20/1969	M	CA	92509	CIGNA Health Plan HMO
10/17/1961	F	CA	92648	CIGNA Health Plan HMO
08/01/1967	M	CA	90630	CIGNA Health Plan HMO
01/31/1979	F	CA	92706	CIGNA Health Plan HMO
01/25/1971	F	CA	92843	CIGNA Health Plan HMO
03/17/1968	M	CA	92867	CIGNA Health Plan HMO
02/21/1980	F	CA	92806	CIGNA Health Plan HMO
09/04/1976	M	CA	928441707	CIGNA Health Plan HMO
08/20/1956	M	CA	90638	CIGNA Health Plan HMO
10/28/1981	F	CA	92626	CIGNA Health Plan HMO
09/27/1980	M	CA	92841	CIGNA Health Plan HMO
11/17/1948	M	CA	92691	CIGNA Health Plan HMO
12/07/1972	F	CA	92704	CIGNA Health Plan HMO
09/19/1963	F	CA	92806	CIGNA Health Plan HMO
04/08/1974	F	CA	92880	CIGNA Health Plan HMO
08/24/1973	M	CA	92706	CIGNA Health Plan HMO

01/08/1978	F	CA	90621	CIGNA Health Plan HMO
02/17/1969	M	CA	92867	CIGNA Health Plan HMO
12/08/1974	F	CA	92505	CIGNA Health Plan HMO
11/13/1965	M	CA	92780	CIGNA Health Plan HMO
02/14/1962	F	CA	92704	CIGNA Health Plan HMO
08/10/1962	M	CA	92804	CIGNA Health Plan HMO
04/08/1963	M	CA	92703	CIGNA Health Plan HMO
03/29/1971	M	CA	90638	CIGNA Health Plan HMO
05/03/1965	F	CA	92865	CIGNA Health Plan HMO
12/18/1979	F	CA	92691	CIGNA Health Plan HMO
12/28/1970	F	CA	92879	CIGNA Health Plan HMO
07/19/1956	M	CA	92706	CIGNA Health Plan HMO
11/21/1971	F	CA	92706	CIGNA Health Plan HMO
10/25/1965	F	CA	90713	CIGNA Health Plan HMO
02/16/1966	F	CA	90631	CIGNA Health Plan HMO
09/01/1970	F	CA	90604	CIGNA Health Plan HMO
12/20/1966	F	CA	92867	CIGNA Health Plan HMO
05/25/1967	F	CA	92705	CIGNA Health Plan HMO
08/12/1974	F	CA	90621	CIGNA Health Plan HMO
07/01/1964	F	CA	92804	CIGNA Health Plan HMO
03/16/1959	M	CA	92336	CIGNA Health Plan HMO
02/19/1984	F	CA	92704	CIGNA Health Plan HMO
06/12/1970	M	CA	91791	CIGNA Health Plan HMO
05/15/1976	F	CA	91710	CIGNA Health Plan HMO
07/19/1967	F	CA	92620	CIGNA Health Plan HMO
09/04/1968	M	CA	92832	CIGNA Health Plan HMO
09/25/1963	F	CA	92869	CIGNA Health Plan HMO
03/05/1959	M	CA	90630	CIGNA Health Plan HMO
04/02/1965	M	CA	90814	CIGNA Health Plan HMO
07/08/1969	F	CA	92883	CIGNA Health Plan HMO
03/18/1963	F	CA	90638	CIGNA Health Plan HMO
04/04/1968	F	CA	90740	CIGNA Health Plan HMO
08/13/1966	F	CA	92614	CIGNA Health Plan HMO
05/21/1972	M	CA	90631	CIGNA Health Plan HMO
05/01/1976	F	CA	92883	CIGNA Health Plan HMO
12/05/1971	M	CA	92630	CIGNA Health Plan HMO
02/14/1978	M	CA	92656	CIGNA Health Plan HMO
11/12/1957	M	CA	92832	CIGNA Health Plan HMO
12/03/1969	M	CA	92374	CIGNA Health Plan HMO
09/29/1973	F	CA	92707	CIGNA Health Plan HMO
10/31/1968	F	CA	92647	CIGNA Health Plan HMO
09/21/1981	F	CA	92336	CIGNA Health Plan HMO
05/25/1969	M	CA	92679	CIGNA Health Plan HMO
03/18/1970	M	CA	92802	CIGNA Health Plan HMO
06/14/1976	F	CA	92505	CIGNA Health Plan HMO
07/25/1958	F	CA	92706	CIGNA Health Plan HMO
11/28/1958	M	CA	92780	CIGNA Health Plan HMO
07/01/1983	M	CA	92841	CIGNA Health Plan HMO
11/16/1981	F	CA	92707	CIGNA Health Plan HMO
04/01/1970	F	CA	925087106	CIGNA Health Plan HMO
09/10/1968	M	CA	92841	CIGNA Health Plan HMO

10/17/1967	F	CA	92807	CIGNA Health Plan HMO
11/19/1964	F	CA	92804	CIGNA Health Plan HMO
02/13/1971	F	CA	92835	CIGNA Health Plan HMO
08/07/1969	F	CA	90680	CIGNA Health Plan HMO
10/25/1977	M	CA	92553	CIGNA Health Plan HMO
03/19/1966	M	CA	92704	CIGNA Health Plan HMO
08/06/1973	M	CA	92647	CIGNA Health Plan HMO
08/12/1978	F	CA	92804	CIGNA Health Plan HMO
02/08/1962	F	CA	92602	CIGNA Health Plan HMO
01/01/1972	M	CA	92880	CIGNA Health Plan HMO
10/14/1967	F	CA	92805	CIGNA Health Plan HMO
05/07/1963	M	CA	92646	CIGNA Health Plan HMO
09/02/1958	M	CA	92683	CIGNA Health Plan HMO
09/15/1959	M	CA	92691	CIGNA Health Plan HMO
05/08/1975	F	CA	92683	CIGNA Health Plan HMO
06/22/1973	M	CA	92802	CIGNA Health Plan HMO
07/25/1958	M	CA	92610	CIGNA Health Plan HMO
02/28/1963	M	CA	92647	CIGNA Health Plan HMO
12/20/1969	M	CA	92782	CIGNA Health Plan HMO
03/04/1974	M	CA	92843	CIGNA Health Plan HMO
01/03/1954	M	CA	92602	CIGNA Health Plan HMO
12/16/1965	M	CA	92647	CIGNA Health Plan HMO
09/20/1965	F	CA	92843	CIGNA Health Plan HMO
01/11/1962	M	CA	92677	CIGNA Health Plan HMO
09/01/1973	F	CA	92604	CIGNA Health Plan HMO
09/08/1969	F	CA	92833	CIGNA Health Plan HMO
03/27/1976	F	CA	92882	CIGNA Health Plan HMO
09/03/1976	M	CA	92879	CIGNA Health Plan HMO
07/08/1979	F	CA	92683	CIGNA Health Plan HMO
09/06/1961	M	CA	92646	CIGNA Health Plan HMO
06/18/1974	M	CA	92804	CIGNA Health Plan HMO
12/06/1968	M	CA	92782	CIGNA Health Plan HMO
11/26/1976	M	CA	92831	CIGNA Health Plan HMO
12/20/1977	M	CA	92543	CIGNA Health Plan HMO
06/11/1982	F	CA	91748	CIGNA Health Plan HMO
12/05/1946	M	CA	91765	CIGNA Health Plan HMO
07/25/1973	F	CA	92805	CIGNA Health Plan HMO
11/19/1966	F	CA	90621	CIGNA Health Plan HMO
03/01/1975	F	CA	92706	CIGNA Health Plan HMO
01/02/1953	M	CA	92683	CIGNA Health Plan HMO
08/21/1977	F	CA	92807	CIGNA Health Plan HMO
09/16/1975	F	CA	92804	CIGNA Health Plan HMO
05/11/1949	M	CA	92843	CIGNA Health Plan HMO
11/15/1973	M	CA	92708	CIGNA Health Plan HMO
06/18/1966	F	CA	92844	CIGNA Health Plan HMO
03/14/1966	F	CA	92782	CIGNA Health Plan HMO
03/22/1978	M	CA	92627	CIGNA Health Plan HMO
09/02/1969	M	CA	927034400	CIGNA Health Plan HMO
02/15/1974	M	CA	92887	CIGNA Health Plan HMO
08/31/1971	M	CA	92868	CIGNA Health Plan HMO
06/27/1971	M	CA	928814038	CIGNA Health Plan HMO

12/27/1968	F	CA	92870	CIGNA Health Plan HMO
04/20/1977	F	CA	90650	CIGNA Health Plan HMO
03/26/1975	F	CA	92840	CIGNA Health Plan HMO
07/05/1956	F	CA	90240	CIGNA Health Plan HMO
08/06/1976	F	CA	92867	CIGNA Health Plan HMO
04/23/1963	M	CA	92610	CIGNA Health Plan HMO
05/03/1972	M	CA	91792	CIGNA Health Plan HMO
12/12/1970	M	CA	92886	CIGNA Health Plan HMO
06/13/1967	M	CA	92701	CIGNA Health Plan HMO
05/18/1962	F	CA	92840	CIGNA Health Plan HMO
02/12/1971	F	CA	92802	CIGNA Health Plan HMO
05/06/1974	M	CA	92704	CIGNA Health Plan HMO
05/18/1966	M	CA	92805	CIGNA Health Plan HMO
02/14/1964	F	CA	92869	CIGNA Health Plan HMO
03/18/1955	F	CA	92647	CIGNA Health Plan HMO
03/04/1958	M	CA	92708	CIGNA Health Plan HMO
06/02/1976	M	CA	90001	CIGNA Health Plan HMO
11/22/1980	F	CA	92703	CIGNA Health Plan HMO
03/17/1953	M	CA	92782	CIGNA Health Plan HMO
03/17/1980	F	CA	92880	CIGNA Health Plan HMO
08/18/1976	M	CA	92807	CIGNA Health Plan HMO
11/02/1977	M	CA	92627	CIGNA Health Plan HMO
10/05/1969	F	CA	92705	CIGNA Health Plan HMO
08/11/1965	F	CA	92869	CIGNA Health Plan HMO
07/30/1967	M	CA	92691	CIGNA Health Plan HMO
03/12/1964	M	CA	92505	CIGNA Health Plan HMO
05/09/1983	F	CA	92780	CIGNA Health Plan HMO
07/22/1975	M	CA	92612	CIGNA Health Plan HMO
01/23/1976	F	CA	92845	CIGNA Health Plan HMO
03/01/1970	M	CA	92627	CIGNA Health Plan HMO
01/25/1974	F	CA	92707	CIGNA Health Plan HMO
01/15/1979	F	CA	92843	CIGNA Health Plan HMO
08/23/1972	F	CA	92678	CIGNA Health Plan HMO
06/04/1983	F	CA	92882	CIGNA Health Plan HMO
11/06/1979	F	CA	92821	CIGNA Health Plan HMO
03/25/1976	F	CA	92867	CIGNA Health Plan HMO
02/10/1973	F	CA	90620	CIGNA Health Plan HMO
09/01/1979	F	CA	92677	CIGNA Health Plan HMO
03/17/1968	M	CA	92840	CIGNA Health Plan HMO
01/10/1964	F	CA	92508	CIGNA Health Plan HMO
01/05/1970	M	CA	92807	CIGNA Health Plan HMO
05/27/1966	M	CA	90680	CIGNA Health Plan HMO
02/28/1980	F	CA	92821	CIGNA Health Plan HMO
01/02/1963	F	CA	92866	CIGNA Health Plan HMO
11/25/1954	M	CA	91801	CIGNA Health Plan HMO
01/22/1978	F	CA	92869	CIGNA Health Plan HMO
08/19/1978	F	CA	92701	CIGNA Health Plan HMO
04/29/1971	F	CA	90680	CIGNA Health Plan HMO
03/06/1974	M	CA	92780	CIGNA Health Plan HMO
04/01/1978	F	CA	92869	CIGNA Health Plan HMO
09/24/1968	M	CA	92802	CIGNA Health Plan HMO

03/28/1979	F	CA	92691	CIGNA Health Plan HMO
12/28/1978	M	CA	92707	CIGNA Health Plan HMO
12/17/1970	M	CA	90620	CIGNA Health Plan HMO
03/03/1967	M	CA	92801	CIGNA Health Plan HMO
02/10/1976	F	CA	92868	CIGNA Health Plan HMO
06/08/1976	M	CA	92707	CIGNA Health Plan HMO
04/16/1980	F	CA	92701	CIGNA Health Plan HMO
10/03/1967	M	CA	92782	CIGNA Health Plan HMO
05/18/1970	F	CA	92630	CIGNA Health Plan HMO
08/11/1953	F	CA	92688	CIGNA Health Plan HMO
03/06/1955	F	CA	92675	CIGNA Health Plan HMO
07/17/1971	F	CA	92832	CIGNA Health Plan HMO
08/31/1956	F	CA	92630	CIGNA Health Plan HMO
05/22/1980	F	CA	92821	CIGNA Health Plan HMO
02/26/1963	M	CA	92354	CIGNA Health Plan HMO
09/07/1961	F	CA	92652	CIGNA Health Plan HMO
02/13/1955	F	CA	92677	CIGNA Health Plan HMO
11/26/1957	M	CA	92508	CIGNA Health Plan HMO
06/15/1957	F	CA	92835	CIGNA Health Plan HMO
09/29/1960	M	CA	92660	CIGNA Health Plan HMO
01/15/1974	F	CA	92780	CIGNA Health Plan HMO
05/28/1958	F	CA	92503	CIGNA Health Plan HMO
09/11/1971	F	CA	92801	CIGNA Health Plan HMO
01/12/1952	M	CA	92675	CIGNA Health Plan HMO
11/09/1976	M	CA	91708	CIGNA Health Plan HMO
12/24/1953	M	CA	92841	CIGNA Health Plan HMO
02/13/1973	F	CA	92692	CIGNA Health Plan HMO
02/27/1974	M	CA	90711	CIGNA Health Plan HMO
05/12/1961	F	CA	92831	CIGNA Health Plan HMO
10/06/1952	M	CA	92833	CIGNA Health Plan HMO
04/15/1976	F	CA	92656	CIGNA Health Plan HMO
12/05/1962	M	CA	92867	CIGNA Health Plan HMO
07/09/1960	M	CA	92692	CIGNA Health Plan HMO
10/30/1967	F	CA	92683	CIGNA Health Plan HMO
05/21/1977	F	CA	92821	CIGNA Health Plan HMO
06/19/1967	M	CA	92604	CIGNA Health Plan HMO
08/14/1945	M	CA	91791	CIGNA Health Plan HMO
12/21/1971	F	CA	92647	CIGNA Health Plan HMO
08/19/1962	F	CA	90638	CIGNA Health Plan HMO
10/02/1959	F	CA	92870	CIGNA Health Plan HMO
01/21/1961	F	CA	92833	CIGNA Health Plan HMO
09/04/1981	F	CA	92833	CIGNA Health Plan HMO
08/13/1971	F	CA	92612	CIGNA Health Plan HMO
03/09/1969	F	CA	92870	CIGNA Health Plan HMO
03/23/1954	F	CA	92886	CIGNA Health Plan HMO
08/18/1960	F	CA	92867	CIGNA Health Plan HMO
02/29/1964	F	CA	92653	CIGNA Health Plan HMO
08/03/1955	F	CA	92844	CIGNA Health Plan HMO
05/04/1973	F	CA	92833	CIGNA Health Plan HMO
09/16/1975	M	CA	92603	CIGNA Health Plan HMO
06/30/1967	M	CA	92629	CIGNA Health Plan HMO

02/10/1972	F	CA	92672	CIGNA Health Plan HMO
07/08/1959	M	CA	92865	CIGNA Health Plan HMO
09/25/1954	F	CA	92869	CIGNA Health Plan HMO
10/09/1965	F	CA	92626	CIGNA Health Plan HMO
08/24/1959	F	CA	92705	CIGNA Health Plan HMO
08/10/1961	M	CA	90808	CIGNA Health Plan HMO
09/25/1961	F	CA	92841	CIGNA Health Plan HMO
01/18/1965	F	CA	92630	CIGNA Health Plan HMO
08/02/1976	F	CA	91709	CIGNA Health Plan HMO
09/24/1958	F	CA	92653	CIGNA Health Plan HMO
05/09/1977	F	CA	92801	CIGNA Health Plan HMO
10/23/1982	F	CA	92706	CIGNA Health Plan HMO
11/27/1969	M	CA	92841	CIGNA Health Plan HMO
09/08/1971	F	CA	92706	CIGNA Health Plan HMO
01/07/1960	F	CA	92677	CIGNA Health Plan HMO
04/30/1970	M	CA	926882556	CIGNA Health Plan HMO
02/08/1962	F	CA	92626	CIGNA Health Plan HMO
07/04/1975	F	CA	92708	CIGNA Health Plan HMO
06/17/1972	M	CA	92677	CIGNA Health Plan HMO
11/22/1972	F	CA	92804	CIGNA Health Plan HMO
02/10/1966	M	CA	92646	CIGNA Health Plan HMO
12/15/1967	F	CA	92704	CIGNA Health Plan HMO
02/10/1964	F	CA	91765	CIGNA Health Plan HMO
01/15/1979	F	CA	90807	CIGNA Health Plan HMO
12/29/1964	F	CA	92503	CIGNA Health Plan HMO
04/24/1976	M	CA	90815	CIGNA Health Plan HMO
10/17/1972	F	CA	92821	CIGNA Health Plan HMO
03/21/1950	F	CA	90620	CIGNA Health Plan HMO
09/05/1961	F	CA	92708	CIGNA Health Plan HMO
06/23/1969	F	CA	92845	CIGNA Health Plan HMO
11/27/1971	F	CA	92618	CIGNA Health Plan HMO
05/12/1969	F	CA	92782	CIGNA Health Plan HMO
07/17/1954	F	CA	90803	CIGNA Health Plan HMO
01/17/1957	M	CA	92618	CIGNA Health Plan HMO
10/27/1975	F	CA	92646	CIGNA Health Plan HMO
12/08/1964	F	CA	92610	CIGNA Health Plan HMO
06/08/1964	F	CA	92626	CIGNA Health Plan HMO
12/06/1959	F	CA	92867	CIGNA Health Plan HMO
06/01/1949	M	CA	92692	CIGNA Health Plan HMO
08/29/1967	F	CA	92604	CIGNA Health Plan HMO
12/20/1955	M	CA	92620	CIGNA Health Plan HMO
06/01/1982	F	CA	90603	CIGNA Health Plan HMO
12/12/1976	F	CA	92603	CIGNA Health Plan HMO
01/19/1969	M	CA	92707	CIGNA Health Plan HMO
03/03/1967	F	CA	92691	CIGNA Health Plan HMO
08/12/1973	F	CA	90715	CIGNA Health Plan HMO
04/18/1953	F	CA	92869	CIGNA Health Plan HMO
07/03/1965	F	CA	92649	CIGNA Health Plan HMO
02/22/1958	M	CA	92683	CIGNA Health Plan HMO
06/15/1963	M	CA	92692	CIGNA Health Plan HMO
05/21/1974	F	CA	92683	CIGNA Health Plan HMO

01/30/1952	F	CA	92869	CIGNA Health Plan HMO
01/09/1975	F	CA	92865	CIGNA Health Plan HMO
04/26/1970	F	CA	92880	CIGNA Health Plan HMO
12/26/1956	F	CA	928661710	CIGNA Health Plan HMO
03/21/1970	F	CA	92840	CIGNA Health Plan HMO
12/22/1960	F	CA	92679	CIGNA Health Plan HMO
03/07/1971	F	CA	92844	CIGNA Health Plan HMO
03/13/1962	F	CA	92780	CIGNA Health Plan HMO
01/02/1968	F	CA	92647	CIGNA Health Plan HMO
03/14/1967	F	CA	92646	CIGNA Health Plan HMO
05/15/1962	F	CA	92683	CIGNA Health Plan HMO
11/06/1959	F	CA	92808	CIGNA Health Plan HMO
01/21/1958	F	CA	92692	CIGNA Health Plan HMO
10/23/1966	F	CA	92708	CIGNA Health Plan HMO
02/19/1974	F	CA	90703	CIGNA Health Plan HMO
07/05/1976	F	CA	92707	CIGNA Health Plan HMO
07/06/1973	F	CA	92835	CIGNA Health Plan HMO
02/27/1981	F	CA	92869	CIGNA Health Plan HMO
07/05/1968	F	CA	92694	CIGNA Health Plan HMO
01/21/1961	M	CA	92840	CIGNA Health Plan HMO
07/17/1977	F	CA	92807	CIGNA Health Plan HMO
01/30/1967	M	CA	92865	CIGNA Health Plan HMO
01/29/1972	F	CA	90631	CIGNA Health Plan HMO
05/23/1976	F	CA	92782	CIGNA Health Plan HMO
01/03/1974	F	CA	91765	CIGNA Health Plan HMO
08/20/1966	M	CA	92804	CIGNA Health Plan HMO
04/23/1978	M	CA	91766	CIGNA Health Plan HMO
12/23/1961	F	CA	90620	CIGNA Health Plan HMO
02/16/1975	M	CA	92648	CIGNA Health Plan HMO
11/08/1962	F	CA	90680	CIGNA Health Plan HMO
01/21/1961	M	CA	92841	CIGNA Health Plan HMO
04/30/1978	F	CA	92886	CIGNA Health Plan HMO
01/06/1971	F	CA	90623	CIGNA Health Plan HMO
04/20/1975	F	CA	92646	CIGNA Health Plan HMO
12/09/1974	F	CA	92880	CIGNA Health Plan HMO
01/13/1963	F	CA	92886	CIGNA Health Plan HMO
02/25/1978	M	CA	90250	CIGNA Health Plan HMO
04/02/1965	F	CA	92651	CIGNA Health Plan HMO
10/27/1972	M	CA	92705	CIGNA Health Plan HMO
06/29/1972	M	CA	92782	CIGNA Health Plan HMO
09/03/1979	F	CA	92660	CIGNA Health Plan HMO
09/20/1966	F	CA	92867	CIGNA Health Plan HMO
11/03/1962	F	CA	92708	CIGNA Health Plan HMO
08/01/1969	M	CA	91206	CIGNA Health Plan HMO
08/03/1977	M	CA	90680	CIGNA Health Plan HMO
09/15/1967	F	CA	92802	CIGNA Health Plan HMO
03/07/1973	F	CA	92704	CIGNA Health Plan HMO
11/02/1974	M	CA	92610	CIGNA Health Plan HMO
08/17/1976	F	CA	91744	CIGNA Health Plan HMO
11/10/1962	M	CA	90670	CIGNA Health Plan HMO
06/21/1974	F	CA	90803	CIGNA Health Plan HMO

11/23/1970	M	CA	92626	CIGNA Health Plan HMO
05/22/1959	M	CA	92603	CIGNA Health Plan HMO
03/04/1960	F	CA	92807	CIGNA Health Plan HMO
01/09/1956	F	CA	92677	CIGNA Health Plan HMO
08/15/1967	M	CA	92688	CIGNA Health Plan HMO
04/25/1971	M	CA	92887	CIGNA Health Plan HMO
08/22/1966	M	CA	92807	CIGNA Health Plan HMO
01/10/1969	M	CA	92656	CIGNA Health Plan HMO
03/11/1952	M	CA	92870	CIGNA Health Plan HMO
09/11/1958	F	CA	92626	CIGNA Health Plan HMO
03/25/1958	M	CA	92705	CIGNA Health Plan HMO
06/15/1958	M	CA	90703	CIGNA Health Plan HMO
10/31/1956	M	CA	92705	CIGNA Health Plan HMO
01/01/1968	M	CA	928313903	CIGNA Health Plan HMO
11/14/1953	M	CA	92886	CIGNA Health Plan HMO
09/12/1960	M	CA	91789	CIGNA Health Plan HMO
09/18/1979	M	CA	92702	CIGNA Health Plan HMO
10/22/1962	M	CA	92630	CIGNA Health Plan HMO
02/15/1960	M	CA	92084	CIGNA Health Plan HMO
11/03/1959	M	CA	928691951	CIGNA Health Plan HMO
07/09/1960	M	CA	92329	CIGNA Health Plan HMO
02/05/1962	M	CA	92655	CIGNA Health Plan HMO
09/11/1966	F	CA	92867	CIGNA Health Plan HMO
10/24/1955	M	CA	92780	CIGNA Health Plan HMO
10/11/1962	F	CA	92870	CIGNA Health Plan HMO
06/09/1960	M	CA	90604	CIGNA Health Plan HMO
07/21/1969	M	CA	92801	CIGNA Health Plan HMO
03/14/1953	M	CA	92887	CIGNA Health Plan HMO
08/25/1954	M	CA	92677	CIGNA Health Plan HMO
06/06/1964	F	CA	92691	CIGNA Health Plan HMO
08/03/1956	M	CA	92688	CIGNA Health Plan HMO
07/26/1959	M	CA	92879	CIGNA Health Plan HMO
05/16/1956	F	CA	92868	CIGNA Health Plan HMO
10/27/1976	M	CA	92706	CIGNA Health Plan HMO
07/01/1971	M	CA	926101865	CIGNA Health Plan HMO
11/01/1969	F	CA	92646	CIGNA Health Plan HMO
01/01/1966	F	CA	92708	CIGNA Health Plan HMO
01/26/1968	M	CA	92606	CIGNA Health Plan HMO
09/29/1967	F	CA	92840	CIGNA Health Plan HMO
09/17/1972	F	CA	92879	CIGNA Health Plan HMO
12/11/1962	M	CA	92677	CIGNA Health Plan HMO
06/13/1981	F	CA	92646	CIGNA Health Plan HMO
07/24/1957	F	CA	92704	CIGNA Health Plan HMO
10/16/1967	M	CA	928652710	CIGNA Health Plan HMO
01/19/1953	F	CA	92672	CIGNA Health Plan HMO
03/19/1961	F	CA	92840	CIGNA Health Plan HMO
10/23/1965	M	CA	92804	CIGNA Health Plan HMO
02/15/1969	F	CA	92867	CIGNA Health Plan HMO
01/10/1960	F	CA	927111731	CIGNA Health Plan HMO
12/02/1970	F	CA	92886	CIGNA Health Plan HMO
03/18/1961	M	CA	92805	CIGNA Health Plan HMO

11/28/1947	F	CA	92705	CIGNA Health Plan HMO
03/05/1958	M	CA	92866	CIGNA Health Plan HMO
02/09/1956	M	CA	92708	CIGNA Health Plan HMO
07/03/1970	M	CA	92880	CIGNA Health Plan HMO
05/28/1958	M	CA	92833	CIGNA Health Plan HMO
04/09/1971	M	CA	92649	CIGNA Health Plan HMO
11/19/1962	F	CA	92656	CIGNA Health Plan HMO
09/02/1958	M	CA	92780	CIGNA Health Plan HMO
09/30/1961	M	CA	92691	CIGNA Health Plan HMO
10/07/1965	M	CA	92008	CIGNA Health Plan HMO
08/30/1972	F	CA	92869	CIGNA Health Plan HMO
03/13/1963	F	CA	92630	CIGNA Health Plan HMO
04/22/1971	F	CA	92692	CIGNA Health Plan HMO
07/31/1972	F	CA	91710	CIGNA Health Plan HMO
09/28/1955	M	CA	92692	CIGNA Health Plan HMO
03/26/1961	M	CA	92706	CIGNA Health Plan HMO
07/15/1962	F	CA	92646	CIGNA Health Plan HMO
03/25/1962	M	CA	92704	CIGNA Health Plan HMO
05/19/1961	F	CA	92867	CIGNA Health Plan HMO
01/06/1962	F	CA	92780	CIGNA Health Plan HMO
07/30/1957	M	CA	92882	CIGNA Health Plan HMO
01/16/1954	M	CA	92630	CIGNA Health Plan HMO
07/24/1968	F	CA	92704	CIGNA Health Plan HMO
12/23/1963	M	CA	92867	CIGNA Health Plan HMO
04/18/1952	M	CA	92508	CIGNA Health Plan HMO
09/15/1964	M	CA	92869	CIGNA Health Plan HMO
03/04/1972	M	CA	92706	CIGNA Health Plan HMO
08/09/1961	M	CA	92707	CIGNA Health Plan HMO
02/15/1972	F	CA	90602	CIGNA Health Plan HMO
08/13/1963	M	CA	92651	CIGNA Health Plan HMO
09/27/1971	F	CA	92691	CIGNA Health Plan HMO
11/12/1956	M	CA	92653	CIGNA Health Plan HMO
06/02/1969	F	CA	92620	CIGNA Health Plan HMO
08/15/1951	M	CA	92708	CIGNA Health Plan HMO
10/02/1962	M	CA	92867	CIGNA Health Plan HMO
05/22/1967	M	CA	92866	CIGNA Health Plan HMO
04/28/1968	F	CA	92807	CIGNA Health Plan HMO
11/03/1975	M	CA	92831	CIGNA Health Plan HMO
08/01/1960	F	CA	90631	CIGNA Health Plan HMO
12/31/1956	M	CA	92869	CIGNA Health Plan HMO
04/12/1955	M	CA	92692	CIGNA Health Plan HMO
07/27/1963	F	CA	92626	CIGNA Health Plan HMO
10/30/1963	M	CA	92801	CIGNA Health Plan HMO
07/07/1970	M	CA	92606	CIGNA Health Plan HMO
11/23/1965	M	CA	90630	CIGNA Health Plan HMO
09/17/1958	F	CA	92840	CIGNA Health Plan HMO
10/16/1967	M	CA	90713	CIGNA Health Plan HMO
07/29/1967	F	CA	92014	CIGNA Health Plan HMO
10/28/1957	F	CA	92614	CIGNA Health Plan HMO
01/28/1976	F	CA	926102351	CIGNA Health Plan HMO
01/24/1977	F	CA	92627	CIGNA Health Plan HMO

08/19/1978	M	CA	92630	CIGNA Health Plan HMO
03/10/1965	M	CA	92602	CIGNA Health Plan HMO
02/16/1974	M	CA	92688	CIGNA Health Plan HMO
03/23/1955	M	CA	92708	CIGNA Health Plan HMO
01/11/1970	M	CA	92656	CIGNA Health Plan HMO
12/20/1961	M	CA	92688	CIGNA Health Plan HMO
12/27/1962	F	CA	92694	CIGNA Health Plan HMO
07/14/1970	F	CA	92704	CIGNA Health Plan HMO
03/13/1963	F	CA	92705	CIGNA Health Plan HMO
06/08/1966	M	CA	92630	CIGNA Health Plan HMO
01/28/1970	F	CA	92882	CIGNA Health Plan HMO
08/08/1957	F	CA	92377	CIGNA Health Plan HMO
04/12/1968	F	CA	92886	CIGNA Health Plan HMO
03/30/1964	M	CA	927066624	CIGNA Health Plan HMO
12/05/1967	M	CA	92701	CIGNA Health Plan HMO
11/09/1965	M	CA	92692	CIGNA Health Plan HMO
08/28/1969	F	CA	92886	CIGNA Health Plan HMO
07/07/1962	F	CA	92627	CIGNA Health Plan HMO
06/21/1974	F	CA	92782	CIGNA Health Plan HMO
12/02/1964	F	CA	92627	CIGNA Health Plan HMO
04/29/1963	M	CA	92780	CIGNA Health Plan HMO
05/05/1977	F	CA	92882	CIGNA Health Plan HMO
06/28/1965	F	CA	92614	CIGNA Health Plan HMO
07/09/1979	F	CA	92704	CIGNA Health Plan HMO
05/03/1977	F	CA	92833	CIGNA Health Plan HMO
06/22/1971	M	CA	92708	CIGNA Health Plan HMO
09/05/1975	M	CA	92679	CIGNA Health Plan HMO
01/11/1974	M	CA	92869	CIGNA Health Plan HMO
07/20/1973	F	CA	92886	CIGNA Health Plan HMO
03/05/1963	M	CA	90631	CIGNA Health Plan HMO
09/14/1959	M	CA	92869	CIGNA Health Plan HMO
09/19/1961	M	CA	92880	CIGNA Health Plan HMO
09/09/1968	M	CA	92610	CIGNA Health Plan HMO
08/26/1965	F	CA	92626	CIGNA Health Plan HMO
07/28/1962	M	CA	92883	CIGNA Health Plan HMO
03/15/1963	M	CA	92646	CIGNA Health Plan HMO
06/16/1963	M	CA	92653	CIGNA Health Plan HMO
01/02/1968	M	CA	92708	CIGNA Health Plan HMO
06/28/1967	F	CA	92835	CIGNA Health Plan HMO
02/06/1957	M	CA	92887	CIGNA Health Plan HMO
04/08/1972	F	CA	92833	CIGNA Health Plan HMO
08/31/1971	M	CA	92707	CIGNA Health Plan HMO
10/24/1965	F	CA	92614	CIGNA Health Plan HMO
04/24/1973	F	CA	92780	CIGNA Health Plan HMO
08/16/1983	M	CA	92627	CIGNA Health Plan HMO
04/14/1958	M	CA	92868	CIGNA Health Plan HMO
02/15/1962	M	CA	92880	CIGNA Health Plan HMO
12/11/1964	M	CA	92706	CIGNA Health Plan HMO
03/13/1966	M	CA	92701	CIGNA Health Plan HMO
03/15/1980	M	CA	92804	CIGNA Health Plan HMO
07/13/1969	M	CA	92530	CIGNA Health Plan HMO

06/19/1952	M	CA	92869	CIGNA Health Plan HMO
08/08/1969	M	CA	92708	CIGNA Health Plan HMO
12/11/1965	F	CA	92624	CIGNA Health Plan HMO
07/28/1962	M	CA	92843	CIGNA Health Plan HMO
05/14/1974	M	CA	92865	CIGNA Health Plan HMO
08/17/1964	M	CA	92879	CIGNA Health Plan HMO
12/08/1978	M	CA	92804	CIGNA Health Plan HMO
05/07/1979	M	CA	92841	CIGNA Health Plan HMO
02/18/1950	M	CA	92841	CIGNA Health Plan HMO
08/03/1955	M	CA	92704	CIGNA Health Plan HMO
06/13/1965	M	CA	92881	CIGNA Health Plan HMO
01/06/1962	M	CA	92705	CIGNA Health Plan HMO
01/08/1954	M	CA	92870	CIGNA Health Plan HMO
11/08/1950	M	CA	92545	CIGNA Health Plan HMO
03/18/1976	M	CA	90040	CIGNA Health Plan HMO
05/07/1961	M	CA	90620	CIGNA Health Plan HMO
11/17/1963	M	CA	92868	CIGNA Health Plan HMO
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10/01/1957	M	CA	927030678	CIGNA Health Plan HMO
01/24/1957	M	CA	92630	CIGNA Health Plan HMO
10/31/1979	M	CA	92646	CIGNA Health Plan HMO
05/14/1953	M	CA	92707	CIGNA Health Plan HMO
09/09/1981	M	CA	92782	CIGNA Health Plan HMO
08/15/1967	M	CA	92706	CIGNA Health Plan HMO
04/28/1980	M	CA	92706	CIGNA Health Plan HMO
07/28/1967	M	CA	92882	CIGNA Health Plan HMO
07/14/1972	M	CA	92627	CIGNA Health Plan HMO
07/22/1956	M	CA	92706	CIGNA Health Plan HMO
05/13/1957	M	CA	92673	CIGNA Health Plan HMO
11/25/1967	M	CA	92885	CIGNA Health Plan HMO
12/22/1979	M	CA	92683	CIGNA Health Plan HMO
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01/19/1976	M	CA	92705	CIGNA Health Plan HMO
11/07/1961	F	CA	92705	CIGNA Health Plan HMO
03/25/1958	M	CA	92584	CIGNA Health Plan HMO
08/21/1961	M	CA	92691	CIGNA Health Plan HMO
07/05/1955	M	CA	90638	CIGNA Health Plan HMO
12/05/1960	M	CA	92841	CIGNA Health Plan HMO
12/18/1965	M	CA	92866	CIGNA Health Plan HMO
07/25/1966	M	CA	92869	CIGNA Health Plan HMO
09/27/1974	M	CA	92683	CIGNA Health Plan HMO
10/09/1972	M	CA	91710	CIGNA Health Plan HMO
05/22/1967	M	CA	92802	CIGNA Health Plan HMO
10/09/1977	F	CA	92567	CIGNA Health Plan HMO
11/03/1964	F	CA	92801	CIGNA Health Plan HMO
05/11/1981	M	CA	92780	CIGNA Health Plan HMO
12/21/1971	F	CA	92867	CIGNA Health Plan HMO
10/12/1971	M	CA	90805	CIGNA Health Plan HMO
10/17/1975	M	CA	92675	CIGNA Health Plan HMO
11/04/1959	M	CA	92530	CIGNA Health Plan HMO
12/30/1974	M	CA	92833	CIGNA Health Plan HMO

09/10/1959	M	CA	92653	CIGNA Health Plan HMO
12/31/1971	M	CA	92805	CIGNA Health Plan HMO
07/24/1973	M	CA	92869	CIGNA Health Plan HMO
03/24/1969	M	CA	92703	CIGNA Health Plan HMO
11/08/1976	M	CA	92879	CIGNA Health Plan HMO
07/15/1975	M	CA	92882	CIGNA Health Plan HMO
06/10/1966	M	CA	92562	CIGNA Health Plan HMO
12/09/1954	M	CA	92806	CIGNA Health Plan HMO
05/02/1969	F	CA	92801	CIGNA Health Plan HMO
04/07/1957	M	CA	92563	CIGNA Health Plan HMO
01/01/1973	M	CA	92802	CIGNA Health Plan HMO
10/11/1965	M	CA	91737	CIGNA Health Plan HMO
07/20/1959	M	CA	91752	CIGNA Health Plan HMO
02/16/1968	M	CA	90815	CIGNA Health Plan HMO
11/04/1971	M	CA	92307	CIGNA Health Plan HMO
04/01/1975	F	CA	92870	CIGNA Health Plan HMO
03/06/1962	M	CA	90650	CIGNA Health Plan HMO
02/12/1972	M	CA	90638	CIGNA Health Plan HMO
09/26/1964	F	CA	92879	CIGNA Health Plan HMO
07/12/1958	M	CA	92692	CIGNA Health Plan HMO
06/22/1967	F	CA	92626	CIGNA Health Plan HMO
07/20/1962	M	CA	92604	CIGNA Health Plan HMO
10/01/1970	M	CA	92691	CIGNA Health Plan HMO
11/07/1965	M	CA	92626	CIGNA Health Plan HMO
08/29/1975	M	CA	92563	CIGNA Health Plan HMO
02/02/1948	M	CA	92688	CIGNA Health Plan HMO
09/06/1967	F	CA	92683	CIGNA Health Plan HMO
04/07/1962	M	CA	92595	CIGNA Health Plan HMO
08/08/1957	M	CA	92630	CIGNA Health Plan HMO
06/12/1972	M	CA	92880	CIGNA Health Plan HMO
12/28/1970	M	CA	91750	CIGNA Health Plan HMO
09/10/1971	F	CA	92646	CIGNA Health Plan HMO
07/30/1973	M	CA	90638	CIGNA Health Plan HMO
01/19/1970	M	CA	92804	CIGNA Health Plan HMO
05/07/1969	M	CA	90713	CIGNA Health Plan HMO
01/14/1969	M	CA	91755	CIGNA Health Plan HMO
08/03/1971	M	CA	90631	CIGNA Health Plan HMO
01/10/1971	M	CA	90650	CIGNA Health Plan HMO
08/19/1967	M	CA	92883	CIGNA Health Plan HMO
03/03/1966	F	CA	92807	CIGNA Health Plan HMO
06/22/1978	F	CA	92692	CIGNA Health Plan HMO
08/19/1972	M	CA	91709	CIGNA Health Plan HMO
05/27/1976	M	CA	92301	CIGNA Health Plan HMO
08/09/1971	M	CA	92805	CIGNA Health Plan HMO
07/20/1963	M	CA	92399	CIGNA Health Plan HMO
03/08/1970	F	CA	92704	CIGNA Health Plan HMO
09/21/1967	M	CA	92595	CIGNA Health Plan HMO
03/03/1974	M	CA	91702	CIGNA Health Plan HMO
12/11/1984	M	CA	92647	CIGNA Health Plan HMO
02/06/1977	M	CA	90745	CIGNA Health Plan HMO
10/20/1971	M	CA	92592	CIGNA Health Plan HMO

07/30/1974	F	CA	92804	CIGNA Health Plan HMO
04/16/1964	F	CA	92867	CIGNA Health Plan HMO
07/12/1980	M	CA	92704	CIGNA Health Plan HMO
12/01/1979	M	CA	92555	CIGNA Health Plan HMO
10/14/1978	F	CA	90061	CIGNA Health Plan HMO
10/28/1959	F	CA	92879	CIGNA Health Plan HMO
12/02/1966	M	CA	92780	CIGNA Health Plan HMO
02/24/1965	M	CA	92882	CIGNA Health Plan HMO
06/23/1968	F	CA	90712	CIGNA Health Plan HMO
11/18/1967	M	CA	91752	CIGNA Health Plan HMO
08/02/1972	M	CA	92880	CIGNA Health Plan HMO
07/23/1970	M	CA	92705	CIGNA Health Plan HMO
07/31/1969	M	CA	91790	CIGNA Health Plan HMO
12/18/1958	F	CA	92831	CIGNA Health Plan HMO
09/16/1966	F	CA	92704	CIGNA Health Plan HMO
03/25/1963	M	CA	92203	CIGNA Health Plan HMO
06/09/1965	M	CA	92883	CIGNA Health Plan HMO
01/15/1977	M	CA	92679	CIGNA Health Plan HMO
11/16/1965	F	CA	92506	CIGNA Health Plan HMO
07/12/1977	M	CA	92802	CIGNA Health Plan HMO
03/05/1973	F	CA	92703	CIGNA Health Plan HMO
04/16/1976	F	CA	92392	CIGNA Health Plan HMO
12/07/1970	F	CA	90815	CIGNA Health Plan HMO
03/19/1971	M	CA	91709	CIGNA Health Plan HMO
01/16/1969	M	CA	92336	CIGNA Health Plan HMO
09/28/1969	M	CA	92881	CIGNA Health Plan HMO
08/11/1963	M	CA	90620	CIGNA Health Plan HMO
04/14/1971	M	CA	92865	CIGNA Health Plan HMO
10/12/1982	F	CA	90605	CIGNA Health Plan HMO
07/13/1960	M	CA	92691	CIGNA Health Plan HMO
03/24/1967	F	CA	92821	CIGNA Health Plan HMO
05/28/1974	M	CA	90660	CIGNA Health Plan HMO
01/30/1982	M	CA	90745	CIGNA Health Plan HMO
10/12/1974	M	CA	92879	CIGNA Health Plan HMO
03/14/1962	M	CA	92595	CIGNA Health Plan HMO
08/26/1976	F	CA	92882	CIGNA Health Plan HMO
01/16/1971	M	CA	92336	CIGNA Health Plan HMO
03/08/1973	M	CA	92802	CIGNA Health Plan HMO
02/24/1969	M	CA	90638	CIGNA Health Plan HMO
08/15/1973	F	CA	92530	CIGNA Health Plan HMO
06/22/1972	F	CA	90604	CIGNA Health Plan HMO
11/28/1975	M	CA	92881	CIGNA Health Plan HMO
10/28/1971	F	CA	92646	CIGNA Health Plan HMO
02/11/1969	M	CA	92869	CIGNA Health Plan HMO
01/29/1955	M	CA	92586	CIGNA Health Plan HMO
06/13/1973	F	CA	92630	CIGNA Health Plan HMO
08/01/1976	F	CA	90710	CIGNA Health Plan HMO
05/14/1970	M	CA	92627	CIGNA Health Plan HMO
12/07/1958	M	CA	92688	CIGNA Health Plan HMO
12/26/1968	M	CA	92701	CIGNA Health Plan HMO
01/23/1974	F	CA	92604	CIGNA Health Plan HMO

02/21/1973	F	CA	92691	CIGNA Health Plan HMO
09/26/1970	M	CA	92804	CIGNA Health Plan HMO
01/10/1974	M	CA	92821	CIGNA Health Plan HMO
01/06/1959	M	CA	92508	CIGNA Health Plan HMO
05/13/1969	M	CA	92679	CIGNA Health Plan HMO
03/26/1969	M	CA	92675	CIGNA Health Plan HMO
06/23/1975	M	CA	91701	CIGNA Health Plan HMO
08/24/1974	M	CA	90063	CIGNA Health Plan HMO
02/04/1968	M	CA	92610	CIGNA Health Plan HMO
02/06/1971	M	CA	92881	CIGNA Health Plan HMO
02/10/1977	M	CA	90605	CIGNA Health Plan HMO
10/26/1966	M	CA	92647	CIGNA Health Plan HMO
04/25/1979	F	CA	90717	CIGNA Health Plan HMO
08/01/1976	M	CA	92503	CIGNA Health Plan HMO
05/04/1971	M	CA	92882	CIGNA Health Plan HMO
04/07/1969	M	CA	92704	CIGNA Health Plan HMO
03/04/1971	M	CA	92694	CIGNA Health Plan HMO
11/30/1976	M	CA	92591	CIGNA Health Plan HMO
12/31/1976	M	CA	91761	CIGNA Health Plan HMO
02/06/1974	F	CA	92806	CIGNA Health Plan HMO
05/07/1980	M	CA	91340	CIGNA Health Plan HMO
01/08/1981	M	CA	92530	CIGNA Health Plan HMO
05/14/1978	M	CA	92702	CIGNA Health Plan HMO
08/28/1978	F	CA	92840	CIGNA Health Plan HMO
03/01/1974	M	CA	92557	CIGNA Health Plan HMO
05/24/1976	M	CA	92301	CIGNA Health Plan HMO
12/12/1973	M	CA	92551	CIGNA Health Plan HMO
05/22/1975	F	CA	91709	CIGNA Health Plan HMO
07/23/1973	F	CA	92879	CIGNA Health Plan HMO
03/07/1976	F	CA	91765	CIGNA Health Plan HMO
11/06/1979	F	CA	92706	CIGNA Health Plan HMO
08/07/1975	F	CA	92503	CIGNA Health Plan HMO
08/08/1972	F	CA	91706	CIGNA Health Plan HMO
08/28/1977	M	CA	90601	CIGNA Health Plan HMO
06/09/1977	M	CA	92883	CIGNA Health Plan HMO
05/16/1980	M	CA	92688	CIGNA Health Plan HMO
08/30/1974	M	CA	92649	CIGNA Health Plan HMO
05/19/1986	M	CA	92701	CIGNA Health Plan HMO
04/13/1974	F	CA	92703	CIGNA Health Plan HMO
06/24/1955	F	CA	92865	CIGNA Health Plan HMO
10/08/1963	F	CA	91767	CIGNA Health Plan HMO
07/23/1963	F	CA	92653	CIGNA Health Plan HMO
05/29/1977	F	CA	92843	CIGNA Health Plan HMO
06/14/1956	F	CA	92833	CIGNA Health Plan HMO
12/01/1957	F	CA	92704	CIGNA Health Plan HMO
06/13/1966	F	CA	92683	CIGNA Health Plan HMO
11/16/1969	F	CA	92626	CIGNA Health Plan HMO
07/10/1972	F	CA	92869	CIGNA Health Plan HMO
05/13/1977	F	CA	92626	CIGNA Health Plan HMO
12/31/1969	F	CA	90712	CIGNA Health Plan HMO
08/22/1958	M	CA	92840	CIGNA Health Plan HMO

07/20/1969	F	CA	92780	CIGNA Health Plan HMO
10/28/1964	F	CA	92653	CIGNA Health Plan HMO
11/12/1954	F	CA	92620	CIGNA Health Plan HMO
02/23/1964	F	CA	91745	CIGNA Health Plan HMO
08/11/1970	M	CA	92821	CIGNA Health Plan HMO
09/19/1967	F	CA	92679	CIGNA Health Plan HMO
10/06/1975	F	CA	92707	CIGNA Health Plan HMO
12/11/1978	F	CA	90660	CIGNA Health Plan HMO
02/06/1961	F	CA	92807	CIGNA Health Plan HMO
02/14/1968	F	CA	92683	CIGNA Health Plan HMO
05/15/1971	F	CA	92706	CIGNA Health Plan HMO
09/04/1965	F	CA	92653	CIGNA Health Plan HMO
04/04/1961	F	CA	92646	CIGNA Health Plan HMO
12/15/1978	M	CA	92705	CIGNA Health Plan HMO
08/30/1962	M	CA	92806	CIGNA Health Plan HMO
12/22/1965	F	CA	90720	CIGNA Health Plan HMO
07/29/1982	F	CA	92705	CIGNA Health Plan HMO
06/11/1963	F	CA	92870	CIGNA Health Plan HMO
01/14/1974	F	CA	92865	CIGNA Health Plan HMO
07/24/1968	F	CA	92865	CIGNA Health Plan HMO
02/01/1957	M	CA	90630	CIGNA Health Plan HMO
07/04/1976	F	CA	92859	CIGNA Health Plan HMO
11/04/1961	F	CA	92869	CIGNA Health Plan HMO
06/02/1971	M	CA	90631	CIGNA Health Plan HMO
08/08/1976	F	CA	92627	CIGNA Health Plan HMO
03/06/1970	M	CA	92782	CIGNA Health Plan HMO
06/30/1965	F	CA	92701	CIGNA Health Plan HMO
06/06/1978	M	CA	92571	CIGNA Health Plan HMO
01/13/1967	F	CA	90631	CIGNA Health Plan HMO
11/11/1970	F	CA	92646	CIGNA Health Plan HMO
03/02/1966	F	CA	92804	CIGNA Health Plan HMO
10/08/1963	F	CA	90631	CIGNA Health Plan HMO
07/04/1962	F	CA	92627	CIGNA Health Plan HMO
07/10/1962	F	CA	92869	CIGNA Health Plan HMO
09/21/1969	M	CA	92683	CIGNA Health Plan HMO
06/20/1972	M	CA	92705	CIGNA Health Plan HMO
12/08/1978	F	CA	92868	CIGNA Health Plan HMO
12/09/1972	M	CA	92823	CIGNA Health Plan HMO
03/24/1968	M	CA	92507	CIGNA Health Plan HMO
02/10/1975	M	CA	926462056	CIGNA Health Plan HMO
07/24/1966	M	CA	92701	CIGNA Health Plan HMO
06/17/1968	F	CA	90620	CIGNA Health Plan HMO
12/02/1963	F	CA	92614	CIGNA Health Plan HMO
07/10/1966	F	CA	91709	CIGNA Health Plan HMO
05/19/1967	F	CA	92705	CIGNA Health Plan HMO
06/29/1968	F	CA	91763	CIGNA Health Plan HMO
12/31/1972	F	CA	92868	CIGNA Health Plan HMO
04/06/1962	F	CA	92704	CIGNA Health Plan HMO
09/20/1964	F	CA	92831	CIGNA Health Plan HMO
07/06/1964	F	CA	92886	CIGNA Health Plan HMO
09/15/1980	F	CA	92691	CIGNA Health Plan HMO

08/13/1957	F	CA	92704	CIGNA Health Plan HMO
03/15/1969	M	CA	92606	CIGNA Health Plan HMO
09/23/1963	F	CA	92705	CIGNA Health Plan HMO
02/25/1976	F	CA	92831	CIGNA Health Plan HMO
08/14/1969	F	CA	92804	CIGNA Health Plan HMO
08/24/1962	F	CA	92704	CIGNA Health Plan HMO
08/04/1981	M	CA	92688	CIGNA Health Plan HMO
06/04/1980	F	CA	92867	CIGNA Health Plan HMO
08/10/1974	M	CA	91745	CIGNA Health Plan HMO
11/08/1968	M	CA	92867	CIGNA Health Plan HMO
05/03/1972	F	CA	92843	CIGNA Health Plan HMO
12/20/1983	F	CA	91744	CIGNA Health Plan HMO
12/08/1968	F	CA	92806	CIGNA Health Plan HMO
06/05/1944	M	CA	92807	CIGNA Health Plan HMO
12/23/1968	F	CA	92802	CIGNA Health Plan HMO
01/25/1966	F	CA	92708	CIGNA Health Plan HMO
05/23/1955	M	CA	92691	CIGNA Health Plan HMO
04/23/1958	M	CA	92646	CIGNA Health Plan HMO
02/11/1979	F	CA	90262	CIGNA Health Plan HMO
05/08/1959	M	CA	92692	CIGNA Health Plan HMO
08/03/1962	F	CA	92683	CIGNA Health Plan HMO
11/10/1951	M	CA	92780	CIGNA Health Plan HMO
08/29/1967	F	CA	92804	CIGNA Health Plan HMO
10/25/1957	F	CA	92688	CIGNA Health Plan HMO
05/28/1961	F	CA	92869	CIGNA Health Plan HMO
07/08/1960	F	CA	92886	CIGNA Health Plan HMO
11/17/1970	F	CA	92677	CIGNA Health Plan HMO
09/15/1971	F	CA	92841	CIGNA Health Plan HMO
11/25/1960	F	CA	92647	CIGNA Health Plan HMO
05/16/1973	M	CA	92683	CIGNA Health Plan HMO
06/20/1974	M	CA	92704	CIGNA Health Plan HMO
11/14/1967	F	CA	92646	CIGNA Health Plan HMO
12/08/1968	F	CA	90716	CIGNA Health Plan HMO
02/11/1957	F	CA	92831	CIGNA Health Plan HMO
02/17/1963	M	CA	92708	CIGNA Health Plan HMO
10/08/1962	M	CA	92869	CIGNA Health Plan HMO
03/16/1982	F	CA	92704	CIGNA Health Plan HMO
01/23/1983	M	CA	90630	CIGNA Health Plan HMO
09/20/1973	F	CA	92843	CIGNA Health Plan HMO
01/01/1977	M	CA	92703	CIGNA Health Plan HMO
10/08/1979	F	CA	92692	CIGNA Health Plan HMO
09/07/1978	F	CA	92840	CIGNA Health Plan HMO
05/14/1965	M	CA	92843	CIGNA Health Plan HMO
07/14/1983	F	CA	92704	CIGNA Health Plan HMO
03/11/1971	M	CA	92782	CIGNA Health Plan HMO
06/13/1962	M	CA	92606	CIGNA Health Plan HMO
07/24/1976	F	CA	92612	CIGNA Health Plan HMO
07/01/1977	F	CA	92708	CIGNA Health Plan HMO
09/26/1960	F	CA	92802	CIGNA Health Plan HMO
05/04/1984	F	CA	92780	CIGNA Health Plan HMO
04/01/1976	M	CA	90703	CIGNA Health Plan HMO

03/15/1963	F	CA	92880	CIGNA Health Plan HMO
07/22/1976	F	CA	92706	CIGNA Health Plan HMO
10/04/1976	F	CA	92801	CIGNA Health Plan HMO
08/09/1979	F	CA	92624	CIGNA Health Plan HMO
06/22/1947	M	CA	92866	CIGNA Health Plan HMO
07/01/1981	F	CA	92841	CIGNA Health Plan HMO
03/24/1971	F	CA	92683	CIGNA Health Plan HMO
10/31/1958	F	CA	92630	CIGNA Health Plan HMO
06/25/1963	F	CA	92655	CIGNA Health Plan HMO
03/31/1964	F	CA	92843	CIGNA Health Plan HMO
01/20/1977	F	CA	92707	CIGNA Health Plan HMO
11/17/1955	F	CA	92677	CIGNA Health Plan HMO
03/26/1963	M	CA	92808	CIGNA Health Plan HMO
05/02/1965	M	CA	92833	CIGNA Health Plan HMO
04/05/1963	M	CA	92647	CIGNA Health Plan HMO
08/14/1969	**F**	**CA**	**92704**	**CIGNA Health Plan HMO**
02/27/1962	M	CA	92867	CIGNA Health Plan HMO
05/19/1955	M	CA	92677	CIGNA Health Plan HMO
09/14/1966	F	CA	92626	CIGNA Health Plan HMO
09/27/1954	M	CA	92646	CIGNA Health Plan HMO
04/03/1968	M	CA	91762	CIGNA Health Plan HMO
06/23/1969	F	CA	92688	CIGNA Health Plan HMO
07/31/1961	F	CA	92887	CIGNA Health Plan HMO
11/18/1945	M	CA	92887	CIGNA Health Plan HMO
12/17/1973	F	CA	92805	CIGNA Health Plan HMO
09/22/1947	M	CA	92677	CIGNA Health Plan HMO
10/07/1970	M	CA	90804	CIGNA Health Plan HMO
11/09/1966	M	CA	92832	CIGNA Health Plan HMO
10/20/1952	F	CA	92706	CIGNA Health Plan HMO
09/20/1957	M	CA	92881	CIGNA Health Plan HMO
06/06/1978	F	CA	90808	CIGNA Health Plan HMO
09/16/1963	F	CA	92620	CIGNA Health Plan HMO
12/27/1971	F	CA	92602	CIGNA Health Plan HMO
03/13/1970	F	CA	92694	CIGNA Health Plan HMO
06/18/1962	M	CA	92688	CIGNA Health Plan HMO
07/19/1966	F	CA	92833	CIGNA Health Plan HMO
01/02/1968	M	CA	92688	CIGNA Health Plan HMO
01/22/1962	F	CA	92704	CIGNA Health Plan HMO
12/12/1958	M	CA	92865	CIGNA Health Plan HMO
03/19/1974	M	CA	92780	CIGNA Health Plan HMO
08/13/1962	F	CA	92865	CIGNA Health Plan HMO
04/22/1971	F	CA	92823	CIGNA Health Plan HMO
10/04/1953	M	CA	92866	CIGNA Health Plan HMO
05/26/1959	M	CA	92374	CIGNA Health Plan HMO
07/04/1963	M	CA	92705	CIGNA Health Plan HMO
06/05/1962	M	CA	92626	CIGNA Health Plan HMO
02/15/1961	F	CA	92806	CIGNA Health Plan HMO
06/10/1969	F	CA	92880	CIGNA Health Plan HMO
05/09/1967	F	CA	92866	CIGNA Health Plan HMO
03/16/1971	M	CA	92881	CIGNA Health Plan HMO
02/02/1955	M	CA	92688	CIGNA Health Plan HMO

07/23/1953	M	CA	92649	CIGNA Health Plan HMO
02/13/1960	F	CA	92867	CIGNA Health Plan HMO
07/02/1960	F	CA	92647	CIGNA Health Plan HMO
05/06/1961	F	CA	92831	CIGNA Health Plan HMO
11/27/1972	F	CA	92882	CIGNA Health Plan HMO
07/27/1953	M	CA	92881	CIGNA Health Plan HMO
02/18/1967	F	CA	92845	CIGNA Health Plan HMO
06/04/1979	M	CA	92780	CIGNA Health Plan HMO
11/12/1973	M	CA	92780	CIGNA Health Plan HMO
06/01/1962	F	CA	92835	CIGNA Health Plan HMO
09/17/1962	M	CA	90638	CIGNA Health Plan HMO
05/02/1960	F	CA	92691	CIGNA Health Plan HMO
04/16/1969	M	CA	92704	CIGNA Health Plan HMO
02/08/1976	F	CA	92648	CIGNA Health Plan HMO
07/26/1963	F	CA	92870	CIGNA Health Plan HMO
09/04/1960	M	CA	91790	CIGNA Health Plan HMO
11/26/1970	F	CA	92833	CIGNA Health Plan HMO
11/08/1984	F	CA	92532	CIGNA Health Plan HMO
07/09/1961	F	CA	92865	CIGNA Health Plan HMO
07/16/1976	M	CA	91764	CIGNA Health Plan HMO
10/27/1966	M	CA	92879	CIGNA Health Plan HMO
06/22/1966	F	CA	92646	CIGNA Health Plan HMO
11/20/1979	M	CA	92806	CIGNA Health Plan HMO
07/08/1950	F	CA	92647	CIGNA Health Plan HMO
11/10/1963	F	CA	92683	CIGNA Health Plan HMO
04/13/1963	F	CA	92703	CIGNA Health Plan HMO
11/29/1954	F	CA	92831	CIGNA Health Plan HMO
12/12/1956	F	CA	92832	CIGNA Health Plan HMO
02/25/1966	M	CA	92869	CIGNA Health Plan HMO
07/24/1979	F	CA	90603	CIGNA Health Plan HMO
11/22/1956	M	CA	92831	CIGNA Health Plan HMO
10/02/1956	M	CA	92677	CIGNA Health Plan HMO
01/24/1974	F	CA	92627	CIGNA Health Plan HMO
07/14/1956	F	CA	92688	CIGNA Health Plan HMO
08/02/1960	F	CA	92555	CIGNA Health Plan HMO
01/01/1958	M	CA	92808	CIGNA Health Plan HMO
11/17/1966	M	CA	92880	CIGNA Health Plan HMO
09/27/1967	F	CA	90503	CIGNA Health Plan HMO
04/02/1960	F	CA	92886	CIGNA Health Plan HMO
09/14/1958	F	CA	92882	CIGNA Health Plan HMO
10/24/1967	F	CA	92672	CIGNA Health Plan HMO
09/02/1978	F	CA	92663	CIGNA Health Plan HMO
06/22/1962	F	CA	92708	CIGNA Health Plan HMO
10/20/1958	M	CA	92867	CIGNA Health Plan HMO
03/18/1956	M	CA	92532	CIGNA Health Plan HMO
06/04/1969	M	CA	92570	CIGNA Health Plan HMO
09/08/1968	M	CA	92223	CIGNA Health Plan HMO
06/28/1967	F	CA	92831	CIGNA Health Plan HMO
12/25/1949	M	CA	92646	CIGNA Health Plan HMO
11/04/1965	F	CA	92806	CIGNA Health Plan HMO
11/30/1958	F	CA	92707	CIGNA Health Plan HMO

10/05/1964	F	CA	92630	CIGNA Health Plan HMO
03/25/1976	F	CA	906802638	CIGNA Health Plan HMO
09/06/1982	M	CA	92865	CIGNA Health Plan HMO
05/06/1954	M	CA	92821	CIGNA Health Plan HMO
01/14/1965	M	CA	90660	CIGNA Health Plan HMO
02/20/1965	F	CA	92683	CIGNA Health Plan HMO
03/14/1969	M	CA	92675	CIGNA Health Plan HMO
05/27/1957	M	CA	92780	CIGNA Health Plan HMO
05/17/1964	F	CA	92728	CIGNA Health Plan HMO
01/24/1958	M	CA	91761	CIGNA Health Plan HMO
05/03/1967	M	CA	92676	CIGNA Health Plan HMO
07/14/1959	F	CA	91710	CIGNA Health Plan HMO
12/20/1962	F	CA	90601	CIGNA Health Plan HMO
08/07/1970	F	CA	92505	CIGNA Health Plan HMO
09/05/1979	F	CA	92806	CIGNA Health Plan HMO
10/23/1964	M	CA	92679	CIGNA Health Plan HMO
03/01/1964	M	CA	92804	CIGNA Health Plan HMO
07/01/1975	M	CA	92677	CIGNA Health Plan HMO
01/19/1962	F	CA	92707	CIGNA Health Plan HMO
12/02/1959	M	CA	92780	CIGNA Health Plan HMO
05/02/1955	M	CA	92692	CIGNA Health Plan HMO
04/05/1965	F	CA	91761	CIGNA Health Plan HMO
03/22/1955	M	CA	92703	CIGNA Health Plan HMO
09/05/1954	M	CA	92881	CIGNA Health Plan HMO
10/28/1958	F	CA	92782	CIGNA Health Plan HMO
10/26/1954	M	CA	92806	CIGNA Health Plan HMO
07/14/1973	F	CA	92843	CIGNA Health Plan HMO
07/08/1968	F	CA	92868	CIGNA Health Plan HMO
09/10/1964	M	CA	92629	CIGNA Health Plan HMO
08/19/1963	F	CA	92649	CIGNA Health Plan HMO
06/11/1968	F	CA	92653	CIGNA Health Plan HMO
10/12/1956	F	CA	92865	CIGNA Health Plan HMO
06/24/1965	F	CA	92835	CIGNA Health Plan HMO
07/01/1965	F	CA	92821	CIGNA Health Plan HMO
04/05/1958	F	CA	92646	CIGNA Health Plan HMO
07/04/1962	M	CA	92867	CIGNA Health Plan HMO
01/16/1967	M	CA	92707	CIGNA Health Plan HMO
09/27/1966	F	CA	92707	CIGNA Health Plan HMO
06/17/1970	F	CA	92707	CIGNA Health Plan HMO
09/07/1967	M	CA	92653	CIGNA Health Plan HMO
08/09/1956	M	CA	926769801	CIGNA Health Plan HMO
05/05/1978	M	CA	92886	CIGNA Health Plan HMO
08/07/1970	M	CA	92618	CIGNA Health Plan HMO
03/29/1971	M	CA	90630	CIGNA Health Plan HMO
07/23/1961	F	CA	92703	CIGNA Health Plan HMO
01/28/1959	M	CA	92530	CIGNA Health Plan HMO
09/18/1965	F	CA	92808	CIGNA Health Plan HMO
10/14/1959	F	CA	90631	CIGNA Health Plan HMO
07/16/1960	M	CA	92806	CIGNA Health Plan HMO
01/12/1975	F	CA	92707	CIGNA Health Plan HMO
08/24/1954	M	CA	91709	CIGNA Health Plan HMO

12/19/1977	F	CA	92677	CIGNA Health Plan HMO
08/07/1960	M	CA	91709	CIGNA Health Plan HMO
02/20/1970	M	CA	92869	CIGNA Health Plan HMO
11/30/1975	M	CA	90201	CIGNA Health Plan HMO
05/22/1970	F	CA	92705	CIGNA Health Plan HMO
03/25/1968	F	CA	92704	CIGNA Health Plan HMO
10/24/1963	M	CA	90631	CIGNA Health Plan HMO
01/30/1964	F	CA	92704	CIGNA Health Plan HMO
08/26/1977	F	CA	92626	CIGNA Health Plan HMO
08/09/1957	M	CA	92843	CIGNA Health Plan HMO
12/08/1966	M	CA	90606	CIGNA Health Plan HMO
02/29/1972	M	CA	92703	CIGNA Health Plan HMO
09/30/1968	F	CA	92867	CIGNA Health Plan HMO
02/03/1953	M	CA	92807	CIGNA Health Plan HMO
02/25/1955	F	CA	92869	CIGNA Health Plan HMO
05/18/1965	F	CA	92843	CIGNA Health Plan HMO
08/04/1960	F	CA	92705	CIGNA Health Plan HMO
01/03/1974	M	CA	92805	CIGNA Health Plan HMO
08/20/1970	F	CA	92860	CIGNA Health Plan HMO
03/31/1956	M	CA	928873719	CIGNA Health Plan HMO
03/01/1955	M	CA	92869	CIGNA Health Plan HMO
05/10/1971	M	CA	92707	CIGNA Health Plan HMO
09/17/1963	F	CA	92646	CIGNA Health Plan HMO
02/12/1967	M	CA	92806	CIGNA Health Plan HMO
10/01/1973	F	CA	92870	CIGNA Health Plan HMO
02/13/1970	F	CA	90241	CIGNA Health Plan HMO
03/24/1966	M	CA	92804	CIGNA Health Plan HMO
03/10/1956	M	CA	92887	CIGNA Health Plan HMO
08/12/1952	F	CA	92780	CIGNA Health Plan HMO
01/14/1972	F	CA	92887	CIGNA Health Plan HMO
07/12/1967	F	CA	92806	CIGNA Health Plan HMO
01/25/1970	M	CA	92867	CIGNA Health Plan HMO
10/16/1954	M	CA	92504	CIGNA Health Plan HMO
05/17/1957	F	CA	92807	CIGNA Health Plan HMO
11/01/1961	M	CA	92705	CIGNA Health Plan HMO
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03/23/1961	F	CA	92672	CIGNA Health Plan HMO
11/12/1962	F	CA	92802	CIGNA Health Plan HMO
11/09/1965	F	CA	92843	CIGNA Health Plan HMO
08/19/1970	M	CA	92801	CIGNA Health Plan HMO
04/18/1957	M	CA	92708	CIGNA Health Plan HMO
04/29/1969	M	CA	92683	CIGNA Health Plan HMO
04/03/1968	F	CA	926940507	CIGNA Health Plan HMO
02/10/1961	F	CA	92802	CIGNA Health Plan HMO
07/25/1964	F	CA	92867	CIGNA Health Plan HMO
12/06/1947	M	CA	92708	CIGNA Health Plan HMO
08/19/1967	M	CA	91765	CIGNA Health Plan HMO
05/15/1975	M	CA	92679	CIGNA Health Plan HMO
07/04/1972	M	CA	91709	CIGNA Health Plan HMO
11/25/1952	M	CA	92886	CIGNA Health Plan HMO
06/14/1945	M	CA	90630	CIGNA Health Plan HMO

08/16/1962	F	CA	92656	CIGNA Health Plan HMO
04/03/1976	M	CA	92563	CIGNA Health Plan HMO
06/26/1947	F	CA	92832	CIGNA Health Plan HMO
08/17/1968	M	CA	92656	CIGNA Health Plan HMO
04/08/1956	F	CA	92503	CIGNA Health Plan HMO
10/02/1966	M	CA	92647	CIGNA Health Plan HMO
05/10/1958	M	CA	92683	CIGNA Health Plan HMO
11/02/1962	M	CA	92708	CIGNA Health Plan HMO
07/07/1962	M	CA	92804	CIGNA Health Plan HMO
07/24/1961	M	CA	92831	CIGNA Health Plan HMO
05/20/1964	M	CA	91709	CIGNA Health Plan HMO
12/28/1981	M	CA	92704	CIGNA Health Plan HMO
12/12/1972	M	CA	90620	CIGNA Health Plan HMO
04/28/1960	F	CA	92881	CIGNA Health Plan HMO
02/15/1962	M	CA	92708	CIGNA Health Plan HMO
12/25/1961	M	CA	92505	CIGNA Health Plan HMO
12/30/1964	F	CA	92629	CIGNA Health Plan HMO
11/21/1967	M	CA	92692	CIGNA Health Plan HMO
01/09/1957	M	CA	92780	CIGNA Health Plan HMO
09/14/1970	F	CA	92707	CIGNA Health Plan HMO
08/31/1954	F	CA	92706	CIGNA Health Plan HMO
06/17/1966	F	CA	92804	CIGNA Health Plan HMO
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02/29/1952	F	CA	92688	CIGNA Health Plan HMO
02/08/1972	M	CA	92082	CIGNA Health Plan HMO
11/05/1959	F	CA	92602	CIGNA Health Plan HMO
09/21/1955	F	CA	92780	CIGNA Health Plan HMO
04/04/1967	F	CA	92704	CIGNA Health Plan HMO
12/11/1969	F	CA	92886	CIGNA Health Plan HMO
11/26/1961	M	CA	92704	CIGNA Health Plan HMO
12/15/1963	F	CA	92623	CIGNA Health Plan HMO
03/05/1964	F	CA	92867	CIGNA Health Plan HMO
04/09/1962	M	CA	92840	CIGNA Health Plan HMO
06/23/1962	M	CA	92694	CIGNA Health Plan HMO
07/27/1956	F	CA	92804	CIGNA Health Plan HMO
06/11/1968	F	CA	90620	CIGNA Health Plan HMO
10/08/1971	M	CA	92706	CIGNA Health Plan HMO
03/03/1974	F	CA	92688	CIGNA Health Plan HMO
02/02/1952	M	CA	91765	CIGNA Health Plan HMO
02/29/1968	F	CA	92880	CIGNA Health Plan HMO
09/21/1980	F	CA	90802	CIGNA Health Plan HMO
04/21/1974	F	CA	92869	CIGNA Health Plan HMO
01/20/1975	F	CA	92804	CIGNA Health Plan HMO
10/11/1970	M	CA	90680	CIGNA Health Plan HMO
02/28/1964	F	CA	92704	CIGNA Health Plan HMO
08/18/1956	M	CA	92503	CIGNA Health Plan HMO
04/28/1972	M	CA	92683	CIGNA Health Plan HMO
01/21/1972	F	CA	92870	CIGNA Health Plan HMO
10/24/1967	F	CA	92808	CIGNA Health Plan HMO

08/15/1969	F	CA	92863	CIGNA Health Plan HMO
09/18/1968	F	CA	92835	CIGNA Health Plan HMO
11/14/1964	F	CA	92804	CIGNA Health Plan HMO
12/16/1970	F	CA	92614	CIGNA Health Plan HMO
12/15/1962	M	CA	92807	CIGNA Health Plan HMO
12/26/1966	M	CA	92804	CIGNA Health Plan HMO
08/12/1965	M	CA	92801	CIGNA Health Plan HMO
02/10/1972	F	CA	92831	CIGNA Health Plan HMO
05/14/1983	M	CA	91710	CIGNA Health Plan HMO
11/23/1974	F	CA	92868	CIGNA Health Plan HMO
01/18/1972	F	CA	90680	CIGNA Health Plan HMO
11/04/1963	F	CA	92870	CIGNA Health Plan HMO
09/28/1967	F	CA	92831	CIGNA Health Plan HMO
05/14/1973	F	CA	92887	CIGNA Health Plan HMO
08/02/1966	F	CA	92806	CIGNA Health Plan HMO
04/06/1975	M	CA	90602	CIGNA Health Plan HMO
09/08/1967	F	CA	90703	CIGNA Health Plan HMO
12/20/1975	M	CA	92867	CIGNA Health Plan HMO
04/19/1949	M	CA	90630	CIGNA Health Plan HMO
09/19/1967	M	CA	92867	CIGNA Health Plan HMO
05/12/1969	M	CA	92530	CIGNA Health Plan HMO
09/07/1970	M	CA	90715	CIGNA Health Plan HMO
08/21/1956	M	CA	92807	CIGNA Health Plan HMO
12/15/1967	M	CA	92688	CIGNA Health Plan HMO
08/02/1967	M	CA	92877	CIGNA Health Plan HMO
04/29/1966	M	CA	91786	CIGNA Health Plan HMO
03/03/1967	M	CA	91765	CIGNA Health Plan HMO
03/30/1975	M	CA	92880	CIGNA Health Plan HMO
02/25/1962	M	CA	92610	CIGNA Health Plan HMO
01/29/1973	M	CA	92584	CIGNA Health Plan HMO
10/18/1975	F	CA	92705	CIGNA Health Plan HMO
04/17/1967	M	CA	92679	CIGNA Health Plan HMO
06/02/1965	M	CA	92886	CIGNA Health Plan HMO
05/13/1965	M	CA	90731	CIGNA Health Plan HMO
06/01/1974	M	CA	92336	CIGNA Health Plan HMO
06/19/1974	M	CA	92881	CIGNA Health Plan HMO
06/16/1967	M	CA	92610	CIGNA Health Plan HMO
09/29/1959	M	CA	92620	CIGNA Health Plan HMO
05/12/1976	M	CA	92703	CIGNA Health Plan HMO
12/15/1959	M	CA	92882	CIGNA Health Plan HMO
08/04/1962	M	CA	92867	CIGNA Health Plan HMO
07/24/1966	M	CA	92887	CIGNA Health Plan HMO
03/22/1984	M	CA	90630	CIGNA Health Plan HMO
09/18/1977	M	CA	90806	CIGNA Health Plan HMO
10/10/1945	M	CA	92805	CIGNA Health Plan HMO
09/25/1966	M	CA	92688	CIGNA Health Plan HMO
08/26/1969	M	CA	92656	CIGNA Health Plan HMO
05/26/1965	M	CA	92886	CIGNA Health Plan HMO
05/25/1970	M	CA	91709	CIGNA Health Plan HMO
08/27/1959	M	CA	92054	CIGNA Health Plan HMO
07/16/1975	M	CA	92868	CIGNA Health Plan HMO

06/15/1969	M	CA	91765	CIGNA Health Plan HMO
02/15/1958	M	CA	92688	CIGNA Health Plan HMO
01/21/1968	M	CA	92804	CIGNA Health Plan HMO
12/03/1962	M	CA	90620	CIGNA Health Plan HMO
02/22/1973	M	CA	92647	CIGNA Health Plan HMO
02/07/1961	M	CA	91709	CIGNA Health Plan HMO
10/04/1961	M	CA	92841	CIGNA Health Plan HMO
09/28/1961	M	CA	92647	CIGNA Health Plan HMO
12/19/1967	M	CA	92887	CIGNA Health Plan HMO
08/02/1967	M	CA	92883	CIGNA Health Plan HMO
08/14/1949	M	CA	92860	CIGNA Health Plan HMO
10/03/1970	M	CA	92833	CIGNA Health Plan HMO
12/15/1966	M	CA	92845	CIGNA Health Plan HMO
04/14/1972	M	CA	92503	CIGNA Health Plan HMO
07/28/1976	M	CA	92503	CIGNA Health Plan HMO
01/30/1976	M	CA	92691	CIGNA Health Plan HMO
10/03/1971	M	CA	92880	CIGNA Health Plan HMO
10/09/1958	M	CA	92867	CIGNA Health Plan HMO
12/07/1970	M	CA	92804	CIGNA Health Plan HMO
12/13/1976	M	CA	92869	CIGNA Health Plan HMO
03/18/1967	M	CA	90720	CIGNA Health Plan HMO
12/12/1961	M	CA	92585	CIGNA Health Plan HMO
01/31/1975	M	CA	92823	CIGNA Health Plan HMO
03/01/1969	F	CA	92683	CIGNA Health Plan HMO
01/13/1973	M	CA	92626	CIGNA Health Plan HMO
02/26/1973	M	CA	92881	CIGNA Health Plan HMO
10/19/1966	F	CA	92869	CIGNA Health Plan HMO
08/29/1978	M	CA	92656	CIGNA Health Plan HMO
09/30/1976	M	CA	92805	CIGNA Health Plan HMO
02/20/1981	M	CA	91765	CIGNA Health Plan HMO
06/27/1978	M	CA	92882	CIGNA Health Plan HMO
01/07/1980	M	CA	92840	CIGNA Health Plan HMO
01/22/1980	M	CA	92503	CIGNA Health Plan HMO
11/11/1983	M	CA	92706	CIGNA Health Plan HMO
10/25/1979	M	CA	92801	CIGNA Health Plan HMO
06/08/1982	F	CA	92675	CIGNA Health Plan HMO
01/01/1978	F	CA	92840	CIGNA Health Plan HMO
02/13/1961	F	CA	92647	CIGNA Health Plan HMO
01/09/1965	F	CA	92865	CIGNA Health Plan HMO
05/25/1960	F	CA	92867	CIGNA Health Plan HMO
12/01/1956	M	CA	92802	CIGNA Health Plan HMO
03/24/1955	F	CA	92887	CIGNA Health Plan HMO
09/13/1966	F	CA	90638	CIGNA Health Plan HMO
06/07/1976	M	CA	92583	CIGNA Health Plan HMO
11/03/1972	F	CA	92626	CIGNA Health Plan HMO
12/16/1969	F	CA	92805	CIGNA Health Plan HMO
01/18/1971	F	CA	92704	CIGNA Health Plan HMO
01/02/1955	F	CA	92708	CIGNA Health Plan HMO
09/12/1970	M	CA	92807	CIGNA Health Plan HMO
11/10/1977	F	CA	92683	CIGNA Health Plan HMO
07/23/1975	M	CA	92868	CIGNA Health Plan HMO

12/24/1978	M	CA	92868	CIGNA Health Plan HMO
05/06/1971	F	CA	92706	CIGNA Health Plan HMO
08/03/1973	F	CA	92602	CIGNA Health Plan HMO
08/03/1973	F	CA	92602	CIGNA Health Plan HMO
05/08/1980	F	CA	92663	CIGNA Health Plan HMO
10/12/1963	F	CA	92868	CIGNA Health Plan HMO
09/14/1978	M	CA	90808	CIGNA Health Plan HMO
07/08/1981	M	CA	90026	CIGNA Health Plan HMO
04/12/1975	F	CA	92706	CIGNA Health Plan HMO
07/22/1967	M	CA	90814	CIGNA Health Plan HMO
06/16/1980	F	CA	92705	CIGNA Health Plan HMO
08/29/1972	F	CA	90814	CIGNA Health Plan HMO
08/27/1950	F	CA	92618	CIGNA Health Plan HMO
04/30/1979	F	CA	92831	CIGNA Health Plan HMO
08/18/1971	M	CA	92614	CIGNA Health Plan HMO
10/28/1963	M	CA	92602	CIGNA Health Plan HMO
02/09/1978	M	CA	92707	CIGNA Health Plan HMO
02/06/1961	F	CA	926775158	CIGNA Health Plan HMO
08/20/1971	M	CA	92663	CIGNA Health Plan HMO
11/24/1978	F	CA	92649	CIGNA Health Plan HMO
07/05/1976	M	CA	92694	CIGNA Health Plan HMO
02/21/1961	F	CA	92866	CIGNA Health Plan HMO
01/08/1956	F	CA	906204421	CIGNA Health Plan HMO
04/01/1980	F	CA	92705	CIGNA Health Plan HMO
11/23/1970	F	CA	92886	CIGNA Health Plan HMO
04/16/1979	M	CA	90025	CIGNA Health Plan HMO
11/22/1970	F	CA	90742	CIGNA Health Plan HMO
12/04/1980	F	CA	92677	CIGNA Health Plan HMO
06/28/1967	F	CA	91789	CIGNA Health Plan HMO
06/13/1968	M	CA	92610	CIGNA Health Plan HMO
03/14/1966	F	CA	92651	CIGNA Health Plan HMO
02/03/1969	F	CA	90807	CIGNA Health Plan HMO
08/14/1980	F	CA	92660	CIGNA Health Plan HMO
01/06/1979	F	CA	90814	CIGNA Health Plan HMO
04/06/1972	F	CA	92692	CIGNA Health Plan HMO
04/29/1959	F	CA	92882	CIGNA Health Plan HMO
04/11/1969	F	CA	92673	CIGNA Health Plan HMO
06/16/1974	M	CA	92663	CIGNA Health Plan HMO
05/21/1947	F	CA	92620	CIGNA Health Plan HMO
02/23/1977	F	CA	92649	CIGNA Health Plan HMO
08/14/1979	F	CA	92646	CIGNA Health Plan HMO
05/07/1983	F	CA	92653	CIGNA Health Plan HMO
02/23/1978	F	CA	90802	CIGNA Health Plan HMO
07/02/1976	F	CA	92869	CIGNA Health Plan HMO
10/09/1978	M	CA	92646	CIGNA Health Plan HMO
01/07/1974	M	CA	92648	CIGNA Health Plan HMO
01/11/1973	F	CA	90803	CIGNA Health Plan HMO
10/28/1972	M	CA	92612	CIGNA Health Plan HMO
09/24/1953	F	CA	92708	CIGNA Health Plan HMO
10/17/1956	M	CA	92656	CIGNA Health Plan HMO
02/18/1967	F	CA	90804	CIGNA Health Plan HMO

05/30/1960	M	CA	92679	CIGNA Health Plan HMO
05/26/1960	F	CA	92840	CIGNA Health Plan HMO
04/05/1954	F	CA	92869	CIGNA Health Plan HMO
04/01/1978	F	CA	92886	CIGNA Health Plan HMO
05/07/1963	M	CA	92782	CIGNA Health Plan HMO
02/19/1968	F	CA	92677	CIGNA Health Plan HMO
08/25/1961	M	CA	92612	CIGNA Health Plan HMO
04/24/1967	F	CA	90620	CIGNA Health Plan HMO
08/27/1944	F	CA	92833	CIGNA Health Plan HMO
03/05/1977	F	CA	92821	CIGNA Health Plan HMO
06/30/1941	F	CA	92701	CIGNA Health Plan HMO
09/27/1968	F	CA	92707	CIGNA Health Plan HMO
09/03/1963	F	CA	92886	CIGNA Health Plan HMO
03/01/1978	F	CA	92630	CIGNA Health Plan HMO
10/14/1944	F	CA	92821	CIGNA Health Plan HMO
08/14/1977	F	CA	92677	CIGNA Health Plan HMO
11/19/1969	F	CA	92649	CIGNA Health Plan HMO
08/11/1977	F	CA	92866	CIGNA Health Plan HMO
09/26/1960	F	CA	92804	CIGNA Health Plan HMO
08/21/1964	F	CA	90680	CIGNA Health Plan HMO
04/04/1964	F	CA	92663	CIGNA Health Plan HMO
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09/06/1960	F	CA	92821	CIGNA Health Plan HMO
06/17/1964	F	CA	92870	CIGNA Health Plan HMO
11/12/1960	F	CA	92630	CIGNA Health Plan HMO
04/14/1959	F	CA	92647	CIGNA Health Plan HMO
02/19/1976	F	CA	92860	CIGNA Health Plan HMO
01/17/1966	F	CA	92867	CIGNA Health Plan HMO
08/08/1973	F	CA	90620	CIGNA Health Plan HMO
04/11/1969	M	CA	92843	CIGNA Health Plan HMO
10/06/1945	F	CA	92869	CIGNA Health Plan HMO
01/21/1972	F	CA	92869	CIGNA Health Plan HMO
01/26/1963	F	CA	90630	CIGNA Health Plan HMO
11/11/1952	F	CA	92806	CIGNA Health Plan HMO
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02/22/1980	F	CA	92707	CIGNA Health Plan HMO
02/06/1978	F	CA	90814	CIGNA Health Plan HMO
10/21/1952	F	CA	92647	CIGNA Health Plan HMO
09/09/1968	F	CA	91765	CIGNA Health Plan HMO
11/17/1982	F	CA	92618	CIGNA Health Plan HMO
04/08/1979	F	CA	92646	CIGNA Health Plan HMO
01/18/1970	F	CA	92708	CIGNA Health Plan HMO
11/04/1954	F	CA	92833	CIGNA Health Plan HMO
01/02/1950	F	CA	92780	CIGNA Health Plan HMO
11/22/1957	F	CA	90638	CIGNA Health Plan HMO
06/28/1959	F	CA	92708	CIGNA Health Plan HMO
09/25/1949	F	CA	92821	CIGNA Health Plan HMO
02/05/1956	F	CA	92887	CIGNA Health Plan HMO
09/13/1962	F	CA	92807	CIGNA Health Plan HMO
06/09/1972	F	CA	92865	CIGNA Health Plan HMO
08/14/1958	F	CA	92869	CIGNA Health Plan HMO

05/28/1967	F	CA	92807	CIGNA Health Plan HMO
10/08/1961	F	CA	90631	CIGNA Health Plan HMO
12/27/1957	F	CA	92833	CIGNA Health Plan HMO
05/04/1955	F	CA	92834	CIGNA Health Plan HMO
10/14/1958	F	CA	90680	CIGNA Health Plan HMO
11/25/1960	F	CA	92801	CIGNA Health Plan HMO
11/25/1960	F	CA	92801	CIGNA Health Plan HMO
05/11/1966	F	CA	92881	CIGNA Health Plan HMO
05/14/1966	F	CA	92683	CIGNA Health Plan HMO
11/30/1954	F	CA	92870	CIGNA Health Plan HMO
08/18/1970	F	CA	92887	CIGNA Health Plan HMO
06/12/1956	F	CA	91773	CIGNA Health Plan HMO
11/28/1972	F	CA	92868	CIGNA Health Plan HMO
06/15/1972	F	CA	92706	CIGNA Health Plan HMO
02/17/1979	M	CA	92703	CIGNA Health Plan HMO
11/04/1984	F	CA	92704	CIGNA Health Plan HMO
09/19/1979	F	CA	92805	CIGNA Health Plan HMO
10/08/1974	F	CA	92840	CIGNA Health Plan HMO
02/22/1974	F	CA	92805	CIGNA Health Plan HMO
03/23/1977	F	CA	92701	CIGNA Health Plan HMO
06/18/1979	F	CA	92688	CIGNA Health Plan HMO
03/08/1968	M	CA	92867	CIGNA Health Plan HMO
09/16/1961	F	CA	92801	CIGNA Health Plan HMO
09/08/1966	M	CA	91773	CIGNA Health Plan HMO
02/14/1979	F	CA	92780	CIGNA Health Plan HMO
04/18/1958	F	CA	92869	CIGNA Health Plan HMO
07/24/1941	F	CA	92604	CIGNA Health Plan HMO
04/13/1955	F	CA	92656	CIGNA Health Plan HMO
04/29/1983	M	CA	92707	CIGNA Health Plan HMO
03/25/1956	F	CA	92705	CIGNA Health Plan HMO
11/04/1954	F	CA	92683	CIGNA Health Plan HMO
01/16/1974	F	CA	90804	CIGNA Health Plan HMO
03/01/1949	F	CA	92801	CIGNA Health Plan HMO
10/02/1947	F	CA	92868	CIGNA Health Plan HMO
02/02/1956	F	CA	92646	CIGNA Health Plan HMO
12/13/1959	F	CA	90631	CIGNA Health Plan HMO
11/10/1945	F	CA	92840	CIGNA Health Plan HMO
04/10/1951	M	CA	92674	CIGNA Health Plan HMO
12/09/1952	F	CA	926203381	CIGNA Health Plan HMO
11/23/1982	F	CA	92604	CIGNA Health Plan HMO
12/25/1957	F	CA	92706	CIGNA Health Plan HMO
07/10/1955	F	CA	92708	CIGNA Health Plan HMO
08/25/1957	F	CA	90623	CIGNA Health Plan HMO
07/27/1960	F	CA	92843	CIGNA Health Plan HMO
12/12/1977	F	CA	92782	CIGNA Health Plan HMO
01/10/1951	F	CA	92801	CIGNA Health Plan HMO
03/01/1977	F	CA	92513	CIGNA Health Plan HMO
03/26/1948	F	CA	90814	CIGNA Health Plan HMO
06/11/1941	F	CA	92648	CIGNA Health Plan HMO
09/26/1953	F	CA	91730	CIGNA Health Plan HMO
11/23/1942	F	CA	92703	CIGNA Health Plan HMO

07/06/1949	F	CA	92629	CIGNA Health Plan HMO
01/16/1980	F	CA	92841	CIGNA Health Plan HMO
08/24/1943	F	CA	92869	CIGNA Health Plan HMO
12/23/1951	F	CA	92882	CIGNA Health Plan HMO
06/23/1952	M	CA	92701	CIGNA Health Plan HMO
06/29/1963	F	CA	92804	CIGNA Health Plan HMO
02/27/1951	M	CA	92683	CIGNA Health Plan HMO
03/12/1980	F	CA	92840	CIGNA Health Plan HMO
07/26/1979	M	CA	92870	CIGNA Health Plan HMO
04/05/1985	F	CA	92833	CIGNA Health Plan HMO
01/25/1947	F	CA	92780	CIGNA Health Plan HMO
04/15/1946	F	CA	92867	CIGNA Health Plan HMO
06/24/1945	F	CA	92870	CIGNA Health Plan HMO
04/27/1970	F	CA	92704	CIGNA Health Plan HMO
09/26/1945	F	CA	92840	CIGNA Health Plan HMO
10/31/1951	F	CA	92780	CIGNA Health Plan HMO
07/29/1950	F	CA	92614	CIGNA Health Plan HMO
02/03/1985	F	CA	92832	CIGNA Health Plan HMO
12/15/1968	F	CA	92708	CIGNA Health Plan HMO
10/17/1949	F	CA	92886	CIGNA Health Plan HMO
11/12/1947	F	CA	91709	CIGNA Health Plan HMO
06/22/1955	F	CA	92612	CIGNA Health Plan HMO
12/08/1970	F	CA	92840	CIGNA Health Plan HMO
12/17/1937	F	CA	90814	CIGNA Health Plan HMO
10/03/1981	F	CA	92843	CIGNA Health Plan HMO
09/30/1944	F	CA	92701	CIGNA Health Plan HMO
08/20/1982	F	CA	92868	CIGNA Health Plan HMO
04/29/1949	F	CA	92677	CIGNA Health Plan HMO
09/14/1943	F	CA	92649	CIGNA Health Plan HMO
06/23/1954	F	CA	92866	CIGNA Health Plan HMO
05/12/1966	F	CA	92707	CIGNA Health Plan HMO
06/16/1955	F	CA	92807	CIGNA Health Plan HMO
02/10/1968	F	CA	92708	CIGNA Health Plan HMO
11/13/1954	F	CA	92610	CIGNA Health Plan HMO
05/14/1947	F	CA	92867	CIGNA Health Plan HMO
02/10/1976	F	CA	91745	CIGNA Health Plan HMO
07/05/1952	F	CA	92703	CIGNA Health Plan HMO
09/15/1955	F	CA	92867	CIGNA Health Plan HMO
12/19/1956	F	CA	92868	CIGNA Health Plan HMO
02/03/1982	F	CA	92701	CIGNA Health Plan HMO
06/08/1941	F	CA	92648	CIGNA Health Plan HMO
02/03/1958	M	CA	92879	CIGNA Health Plan HMO
01/30/1953	F	CA	928406036	CIGNA Health Plan HMO
09/22/1981	F	CA	92683	CIGNA Health Plan HMO
10/31/1949	F	CA	92701	CIGNA Health Plan HMO
10/29/1954	F	CA	90808	CIGNA Health Plan HMO
10/21/1954	F	CA	92708	CIGNA Health Plan HMO
05/13/1958	F	CA	92653	CIGNA Health Plan HMO
07/28/1961	F	CA	90621	CIGNA Health Plan HMO
08/04/1962	F	CA	92867	CIGNA Health Plan HMO
10/26/1978	F	CA	92805	CIGNA Health Plan HMO

11/13/1978	F	CA	92843	CIGNA Health Plan HMO
11/26/1942	F	CA	92868	CIGNA Health Plan HMO
09/05/1943	F	CA	92867	CIGNA Health Plan HMO
04/23/1969	F	CA	92653	CIGNA Health Plan HMO
06/14/1946	F	CA	92707	CIGNA Health Plan HMO
06/20/1943	F	CA	92701	CIGNA Health Plan HMO
10/10/1954	F	CA	92867	CIGNA Health Plan HMO
11/05/1978	F	CA	92840	CIGNA Health Plan HMO
09/27/1982	M	CA	92704	CIGNA Health Plan HMO
04/12/1952	F	CA	92711	CIGNA Health Plan HMO
01/15/1975	M	CA	92802	CIGNA Health Plan HMO
11/27/1979	M	CA	92647	CIGNA Health Plan HMO
07/29/1960	F	CA	92806	CIGNA Health Plan HMO
06/30/1960	F	CA	92707	CIGNA Health Plan HMO
05/17/1969	F	CA	90703	CIGNA Health Plan HMO
01/02/1946	F	CA	92870	CIGNA Health Plan HMO
09/11/1947	F	CA	92867	CIGNA Health Plan HMO
09/26/1978	F	CA	92801	CIGNA Health Plan HMO
12/03/1960	F	CA	92704	CIGNA Health Plan HMO
10/29/1951	F	CA	92703	CIGNA Health Plan HMO
11/22/1970	F	CA	90605	CIGNA Health Plan HMO
07/20/1981	F	CA	92705	CIGNA Health Plan HMO
07/26/1956	F	CA	92708	CIGNA Health Plan HMO
09/14/1957	F	CA	91710	CIGNA Health Plan HMO
08/15/1960	F	CA	92672	CIGNA Health Plan HMO
05/18/1961	M	CA	92868	CIGNA Health Plan HMO
10/16/1978	F	CA	92704	CIGNA Health Plan HMO
07/10/1946	F	CA	92804	CIGNA Health Plan HMO
03/21/1982	F	CA	92703	CIGNA Health Plan HMO
11/25/1949	F	CA	91765	CIGNA Health Plan HMO
11/23/1966	F	CA	92630	CIGNA Health Plan HMO
12/23/1952	F	CA	92780	CIGNA Health Plan HMO
10/23/1956	F	CA	92703	CIGNA Health Plan HMO
04/10/1970	M	CA	92648	CIGNA Health Plan HMO
12/23/1958	F	CA	92865	CIGNA Health Plan HMO
10/03/1962	F	CA	90620	CIGNA Health Plan HMO
11/09/1939	F	CA	927032126	CIGNA Health Plan HMO
02/18/1977	F	CA	92707	CIGNA Health Plan HMO
03/26/1967	F	CA	92703	CIGNA Health Plan HMO
04/24/1963	F	CA	92704	CIGNA Health Plan HMO
09/11/1968	F	CA	91786	CIGNA Health Plan HMO
11/19/1980	F	CA	92701	CIGNA Health Plan HMO
03/24/1949	F	CA	92706	CIGNA Health Plan HMO
02/27/1983	M	CA	90680	CIGNA Health Plan HMO
06/02/1980	F	CA	90605	CIGNA Health Plan HMO
07/10/1980	F	CA	92868	CIGNA Health Plan HMO
04/15/1948	F	CA	92505	CIGNA Health Plan HMO
04/13/1953	F	CA	92688	CIGNA Health Plan HMO
07/28/1979	M	CA	92683	CIGNA Health Plan HMO
08/14/1972	F	CA	92707	CIGNA Health Plan HMO
07/11/1984	F	CA	92707	CIGNA Health Plan HMO

03/29/1961	M	CA	92841	CIGNA Health Plan HMO
01/01/1971	F	CA	92606	CIGNA Health Plan HMO
05/05/1961	M	CA	92804	CIGNA Health Plan HMO
11/28/1960	M	CA	90631	CIGNA Health Plan HMO
08/23/1978	F	CA	92782	CIGNA Health Plan HMO
08/12/1935	F	CA	92844	CIGNA Health Plan HMO
01/18/1944	F	CA	92707	CIGNA Health Plan HMO
07/04/1967	F	CA	92801	CIGNA Health Plan HMO
03/30/1971	F	CA	92869	CIGNA Health Plan HMO
12/03/1974	F	CA	92707	CIGNA Health Plan HMO
10/24/1976	F	CA	92882	CIGNA Health Plan HMO
06/28/1953	F	CA	92705	CIGNA Health Plan HMO
04/09/1973	F	CA	92869	CIGNA Health Plan HMO
05/12/1963	F	CA	92656	CIGNA Health Plan HMO
07/10/1936	F	CA	90815	CIGNA Health Plan HMO
06/23/1973	F	CA	92703	CIGNA Health Plan HMO
04/23/1954	F	CA	92620	CIGNA Health Plan HMO
06/03/1976	F	CA	92704	CIGNA Health Plan HMO
01/19/1967	F	CA	92703	CIGNA Health Plan HMO
09/28/1978	F	CA	92886	CIGNA Health Plan HMO
04/03/1983	F	CA	92879	CIGNA Health Plan HMO
12/01/1982	F	CA	90805	CIGNA Health Plan HMO
09/01/1983	F	CA	92683	CIGNA Health Plan HMO
10/17/1985	F	CA	92683	CIGNA Health Plan HMO
06/23/1970	F	CA	92866	CIGNA Health Plan HMO
02/05/1957	F	CA	92706	CIGNA Health Plan HMO
10/15/1960	F	CA	928013319	CIGNA Health Plan HMO
04/24/1970	F	CA	92706	CIGNA Health Plan HMO
07/04/1976	F	CA	92782	CIGNA Health Plan HMO
04/16/1982	F	CA	92630	CIGNA Health Plan HMO
04/03/1982	F	CA	92704	CIGNA Health Plan HMO
06/14/1981	F	CA	92841	CIGNA Health Plan HMO
03/19/1983	F	CA	92840	CIGNA Health Plan HMO
11/18/1984	F	CA	92840	CIGNA Health Plan HMO
09/19/1952	F	CA	92867	CIGNA Health Plan HMO
08/19/1962	M	CA	90630	CIGNA Health Plan HMO
12/29/1975	F	CA	92840	CIGNA Health Plan HMO
03/21/1973	F	CA	92886	CIGNA Health Plan HMO
06/10/1969	F	CA	92868	CIGNA Health Plan HMO
12/23/1968	F	CA	92705	CIGNA Health Plan HMO
04/29/1966	F	CA	90631	CIGNA Health Plan HMO
01/11/1967	F	CA	92399	CIGNA Health Plan HMO
06/22/1964	F	CA	92843	CIGNA Health Plan HMO
06/16/1970	M	CA	92841	CIGNA Health Plan HMO
04/18/1965	F	CA	92841	CIGNA Health Plan HMO
04/12/1980	F	CA	92701	CIGNA Health Plan HMO
01/19/1945	F	CA	92653	CIGNA Health Plan HMO
01/18/1946	F	CA	92844	CIGNA Health Plan HMO
07/03/1983	F	CA	92868	CIGNA Health Plan HMO
10/04/1983	F	CA	92804	CIGNA Health Plan HMO
02/04/1971	F	CA	90638	CIGNA Health Plan HMO

08/31/1984	F	CA	92704	CIGNA Health Plan HMO
05/28/1954	F	CA	928684423	CIGNA Health Plan HMO
10/15/1985	F	CA	92707	CIGNA Health Plan HMO
07/16/1972	F	CA	92806	CIGNA Health Plan HMO
03/04/1986	M	CA	92805	CIGNA Health Plan HMO
02/19/1955	F	CA	92630	CIGNA Health Plan HMO
07/20/1954	F	CA	92602	CIGNA Health Plan HMO
10/10/1956	F	CA	92630	CIGNA Health Plan HMO
03/04/1957	F	CA	92704	CIGNA Health Plan HMO
08/24/1963	F	CA	92780	CIGNA Health Plan HMO
07/22/1975	F	CA	92532	CIGNA Health Plan HMO
07/08/1964	F	CA	92832	CIGNA Health Plan HMO
07/04/1962	F	CA	92859	CIGNA Health Plan HMO
02/15/1973	F	CA	90621	CIGNA Health Plan HMO
10/06/1982	F	CA	92703	CIGNA Health Plan HMO
08/28/1949	F	CA	92832	CIGNA Health Plan HMO
09/17/1983	F	CA	92869	CIGNA Health Plan HMO
05/31/1951	F	CA	926836812	CIGNA Health Plan HMO
01/30/1986	F	CA	92868	CIGNA Health Plan HMO
12/20/1986	M	CA	92706	CIGNA Health Plan HMO
11/09/1973	F	CA	92704	CIGNA Health Plan HMO
09/07/1981	M	CA	90631	CIGNA Health Plan HMO
09/07/1981	M	CA	90631	CIGNA Health Plan HMO
04/12/1960	F	CA	92782	CIGNA Health Plan HMO
01/31/1978	F	CA	90650	CIGNA Health Plan HMO
10/10/1945	F	CA	90631	CIGNA Health Plan HMO
08/12/1946	F	CA	92861	CIGNA Health Plan HMO
10/18/1947	F	CA	92868	CIGNA Health Plan HMO
12/25/1945	F	CA	92866	CIGNA Health Plan HMO
08/28/1947	F	CA	91750	CIGNA Health Plan HMO
11/21/1971	F	CA	90640	CIGNA Health Plan HMO
10/18/1954	F	CA	92882	CIGNA Health Plan HMO
11/24/1981	F	CA	92704	CIGNA Health Plan HMO
11/17/1984	F	CA	92555	CIGNA Health Plan HMO
02/05/1970	F	CA	92626	CIGNA Health Plan HMO
10/23/1963	F	CA	92505	CIGNA Health Plan HMO
11/11/1965	F	CA	92630	CIGNA Health Plan HMO
06/06/1973	F	CA	92879	CIGNA Health Plan HMO
07/21/1976	M	CA	92869	CIGNA Health Plan HMO
06/11/1981	M	CA	92806	CIGNA Health Plan HMO
10/25/1980	F	CA	92707	CIGNA Health Plan HMO
07/22/1979	F	CA	92821	CIGNA Health Plan HMO
02/28/1983	F	CA	92706	CIGNA Health Plan HMO
07/22/1950	F	CA	92840	CIGNA Health Plan HMO
02/23/1977	F	CA	90631	CIGNA Health Plan HMO
07/03/1987	M	CA	92553	CIGNA Health Plan HMO
03/21/1966	F	CA	90703	CIGNA Health Plan HMO
01/14/1967	F	CA	92845	CIGNA Health Plan HMO
04/15/1959	F	CA	92886	CIGNA Health Plan HMO
11/19/1974	F	CA	92706	CIGNA Health Plan HMO
08/02/1974	F	CA	92703	CIGNA Health Plan HMO

02/21/1978	F	CA	90621	CIGNA Health Plan HMO
10/04/1963	F	CA	92703	CIGNA Health Plan HMO
10/01/1947	F	CA	92646	CIGNA Health Plan HMO
12/10/1981	F	CA	90621	CIGNA Health Plan HMO
04/23/1981	F	CA	90810	CIGNA Health Plan HMO
12/17/1982	F	CA	92840	CIGNA Health Plan HMO
08/16/1949	F	CA	92704	CIGNA Health Plan HMO
01/29/1979	F	CA	90604	CIGNA Health Plan HMO
03/22/1986	F	CA	92703	CIGNA Health Plan HMO
03/27/1970	F	CA	92833	CIGNA Health Plan HMO
02/11/1958	F	CA	92831	CIGNA Health Plan HMO
01/20/1969	F	CA	92801	CIGNA Health Plan HMO
01/13/1961	F	CA	92843	CIGNA Health Plan HMO
01/31/1945	F	CA	90631	CIGNA Health Plan HMO
09/22/1965	F	CA	92856	CIGNA Health Plan HMO
12/05/1981	F	CA	92707	CIGNA Health Plan HMO
09/06/1981	M	CA	92702	CIGNA Health Plan HMO
04/28/1982	M	CA	92708	CIGNA Health Plan HMO
07/17/1947	F	CA	92840	CIGNA Health Plan HMO
08/05/1949	F	CA	928045127	CIGNA Health Plan HMO
07/11/1980	F	CA	92843	CIGNA Health Plan HMO
04/25/1971	M	CA	92630	CIGNA Health Plan HMO
06/09/1952	F	CA	92804	CIGNA Health Plan HMO
05/09/1971	F	CA	92705	CIGNA Health Plan HMO
07/28/1958	F	CA	90680	CIGNA Health Plan HMO
04/09/1956	F	CA	92647	CIGNA Health Plan HMO
10/05/1956	F	CA	92804	CIGNA Health Plan HMO
11/06/1958	F	CA	92703	CIGNA Health Plan HMO
04/01/1972	F	CA	92840	CIGNA Health Plan HMO
02/04/1981	F	CA	92503	CIGNA Health Plan HMO
01/20/1973	M	CA	92704	CIGNA Health Plan HMO
08/02/1948	F	CA	92782	CIGNA Health Plan HMO
08/07/1946	F	CA	92707	CIGNA Health Plan HMO
03/02/1984	F	CA	92704	CIGNA Health Plan HMO
01/23/1949	F	CA	92582	CIGNA Health Plan HMO
06/23/1949	F	CA	926026035	CIGNA Health Plan HMO
05/23/1948	F	CA	92832	CIGNA Health Plan HMO
12/04/1980	F	CA	92703	CIGNA Health Plan HMO
12/10/1969	F	CA	92707	CIGNA Health Plan HMO
12/18/1978	F	CA	90803	CIGNA Health Plan HMO
04/22/1965	F	CA	92604	CIGNA Health Plan HMO
06/15/1972	F	CA	927113007	CIGNA Health Plan HMO
11/30/1959	F	CA	92831	CIGNA Health Plan HMO
06/11/1955	F	CA	92780	CIGNA Health Plan HMO
07/08/1945	F	CA	928215020	CIGNA Health Plan HMO
06/27/1968	F	CA	92735	CIGNA Health Plan HMO
04/15/1982	F	CA	92801	CIGNA Health Plan HMO
09/08/1976	F	CA	92627	CIGNA Health Plan HMO
08/24/1967	F	CA	92703	CIGNA Health Plan HMO
01/16/1982	F	CA	92705	CIGNA Health Plan HMO
11/27/1951	F	CA	92780	CIGNA Health Plan HMO

08/12/1971	F	CA	92648	CIGNA Health Plan HMO
01/10/1980	M	CA	92841	CIGNA Health Plan HMO
05/22/1955	F	CA	92701	CIGNA Health Plan HMO
08/06/1955	F	CA	92703	CIGNA Health Plan HMO
11/06/1964	F	CA	92704	CIGNA Health Plan HMO
01/04/1961	F	CA	92656	CIGNA Health Plan HMO
01/24/1972	F	CA	92706	CIGNA Health Plan HMO
06/03/1982	F	CA	92833	CIGNA Health Plan HMO
03/17/1947	F	CA	90808	CIGNA Health Plan HMO
10/09/1948	F	CA	92806	CIGNA Health Plan HMO
10/22/1983	F	CA	92653	CIGNA Health Plan HMO
12/23/1951	F	CA	92831	CIGNA Health Plan HMO
01/17/1986	F	CA	92868	CIGNA Health Plan HMO
06/23/1970	F	CA	92867	CIGNA Health Plan HMO
03/30/1954	F	CA	90660	CIGNA Health Plan HMO
11/09/1965	F	CA	92705	CIGNA Health Plan HMO
11/25/1964	F	CA	92801	CIGNA Health Plan HMO
06/17/1934	F	CA	92672	CIGNA Health Plan HMO
07/12/1976	F	CA	92804	CIGNA Health Plan HMO
09/23/1976	F	CA	92804	CIGNA Health Plan HMO
01/29/1978	F	CA	92701	CIGNA Health Plan HMO
03/11/1979	F	CA	92844	CIGNA Health Plan HMO
12/19/1952	F	CA	92707	CIGNA Health Plan HMO
10/25/1981	F	CA	91710	CIGNA Health Plan HMO
07/10/1948	F	CA	92886	CIGNA Health Plan HMO
02/16/1984	M	CA	90680	CIGNA Health Plan HMO
01/04/1985	M	CA	92706	CIGNA Health Plan HMO
06/13/1984	F	CA	92868	CIGNA Health Plan HMO
05/04/1981	F	CA	92869	CIGNA Health Plan HMO
10/16/1968	F	CA	92843	CIGNA Health Plan HMO
10/07/1965	F	CA	92691	CIGNA Health Plan HMO
08/22/1974	F	CA	92701	CIGNA Health Plan HMO
02/28/1974	F	CA	92701	CIGNA Health Plan HMO
07/21/1966	F	CA	90802	CIGNA Health Plan HMO
06/16/1978	M	CA	92781	CIGNA Health Plan HMO
02/26/1968	F	CA	90701	CIGNA Health Plan HMO
09/05/1964	F	CA	92704	CIGNA Health Plan HMO
09/02/1970	F	CA	91709	CIGNA Health Plan HMO
05/29/1946	F	CA	92831	CIGNA Health Plan HMO
09/15/1976	F	CA	92704	CIGNA Health Plan HMO
08/25/1981	F	CA	90638	CIGNA Health Plan HMO
01/31/1976	F	CA	92843	CIGNA Health Plan HMO
07/05/1982	F	CA	92704	CIGNA Health Plan HMO
03/22/1980	F	CA	92805	CIGNA Health Plan HMO
05/10/1975	F	CA	92804	CIGNA Health Plan HMO
12/10/1983	F	CA	92707	CIGNA Health Plan HMO
12/17/1970	M	CA	92843	CIGNA Health Plan HMO
01/17/1963	F	CA	92844	CIGNA Health Plan HMO
06/02/1938	F	CA	92867	CIGNA Health Plan HMO
02/04/1964	F	CA	92707	CIGNA Health Plan HMO
06/25/1981	M	CA	92806	CIGNA Health Plan HMO

03/07/1944	F	CA	92703	CIGNA Health Plan HMO
02/09/1983	F	CA	92708	CIGNA Health Plan HMO
11/15/1948	F	CA	92832	CIGNA Health Plan HMO
05/13/1950	F	CA	92708	CIGNA Health Plan HMO
09/03/1953	F	CA	92833	CIGNA Health Plan HMO
10/24/1954	F	CA	92704	CIGNA Health Plan HMO
08/21/1954	F	CA	92867	CIGNA Health Plan HMO
03/17/1954	F	CA	90680	CIGNA Health Plan HMO
09/01/1972	F	CA	92707	CIGNA Health Plan HMO
09/13/1963	F	CA	92708	CIGNA Health Plan HMO
02/10/1970	F	CA	92620	CIGNA Health Plan HMO
05/08/1975	M	CA	92706	CIGNA Health Plan HMO
09/13/1960	F	CA	92704	CIGNA Health Plan HMO
07/30/1976	F	CA	92708	CIGNA Health Plan HMO
01/27/1979	F	CA	92705	CIGNA Health Plan HMO
09/15/1944	F	CA	92869	CIGNA Health Plan HMO
11/01/1968	M	CA	91776	CIGNA Health Plan HMO
05/23/1984	F	CA	90680	CIGNA Health Plan HMO
12/11/1976	M	CA	92707	CIGNA Health Plan HMO
08/09/1950	F	CA	92840	CIGNA Health Plan HMO
03/13/1982	F	CA	92706	CIGNA Health Plan HMO
05/12/1956	F	CA	92683	CIGNA Health Plan HMO
06/18/1963	F	CA	92707	CIGNA Health Plan HMO
01/26/1964	F	CA	90803	CIGNA Health Plan HMO
04/11/1973	F	CA	92806	CIGNA Health Plan HMO
10/05/1978	F	CA	92866	CIGNA Health Plan HMO
08/29/1967	F	CA	92805	CIGNA Health Plan HMO
09/28/1947	F	CA	92706	CIGNA Health Plan HMO
04/12/1971	F	CA	92703	CIGNA Health Plan HMO
09/20/1961	F	CA	92882	CIGNA Health Plan HMO
02/04/1966	F	CA	92692	CIGNA Health Plan HMO
10/17/1967	F	CA	92703	CIGNA Health Plan HMO
08/17/1979	F	CA	90805	CIGNA Health Plan HMO
02/21/1980	F	CA	92801	CIGNA Health Plan HMO
01/04/1975	F	CA	92683	CIGNA Health Plan HMO
03/09/1945	F	CA	92708	CIGNA Health Plan HMO
08/16/1956	F	CA	92869	CIGNA Health Plan HMO
07/24/1982	M	CA	92703	CIGNA Health Plan HMO
12/18/1974	F	CA	92646	CIGNA Health Plan HMO
07/24/1946	F	CA	92804	CIGNA Health Plan HMO
12/27/1955	F	CA	92805	CIGNA Health Plan HMO
10/04/1976	M	CA	92703	CIGNA Health Plan HMO
04/01/1975	F	CA	92840	CIGNA Health Plan HMO
11/09/1945	F	CA	92703	CIGNA Health Plan HMO
08/20/1946	F	CA	92704	CIGNA Health Plan HMO
05/10/1954	F	CA	92705	CIGNA Health Plan HMO
05/15/1983	F	CA	92627	CIGNA Health Plan HMO
06/08/1949	F	CA	92627	CIGNA Health Plan HMO
07/16/1985	F	CA	92835	CIGNA Health Plan HMO
04/09/1956	F	CA	928675628	CIGNA Health Plan HMO
03/16/1948	F	CA	90815	CIGNA Health Plan HMO

06/27/1966	F	CA	92677	CIGNA Health Plan HMO
06/12/1970	F	CA	92704	CIGNA Health Plan HMO
06/08/1974	F	CA	920852542	CIGNA Health Plan HMO
10/06/1958	F	CA	92804	CIGNA Health Plan HMO
10/10/1961	F	CA	92647	CIGNA Health Plan HMO
02/01/1980	F	CA	92843	CIGNA Health Plan HMO
05/14/1952	F	CA	92806	CIGNA Health Plan HMO
06/24/1982	M	CA	92843	CIGNA Health Plan HMO
07/13/1981	F	CA	92707	CIGNA Health Plan HMO
11/11/1950	F	CA	92880	CIGNA Health Plan HMO
07/16/1985	M	CA	92701	CIGNA Health Plan HMO
11/06/1952	F	CA	92863	CIGNA Health Plan HMO
04/16/1970	F	CA	92647	CIGNA Health Plan HMO
07/08/1986	F	CA	92869	CIGNA Health Plan HMO
09/06/1981	F	CA	92802	CIGNA Health Plan HMO
05/20/1975	F	CA	92840	CIGNA Health Plan HMO
08/04/1957	F	CA	92707	CIGNA Health Plan HMO
09/12/1961	F	CA	90638	CIGNA Health Plan HMO
08/06/1963	F	CA	92780	CIGNA Health Plan HMO
11/12/1956	F	CA	92677	CIGNA Health Plan HMO
10/16/1979	F	CA	92807	CIGNA Health Plan HMO
08/12/1949	F	CA	92683	CIGNA Health Plan HMO
02/15/1976	M	CA	92867	CIGNA Health Plan HMO
01/12/1957	F	CA	92660	CIGNA Health Plan HMO
03/31/1971	F	CA	90716	CIGNA Health Plan HMO
01/05/1954	F	CA	92799	CIGNA Health Plan HMO
08/10/1961	F	CA	90604	CIGNA Health Plan HMO
09/24/1961	F	CA	92863	CIGNA Health Plan HMO
03/09/1947	F	CA	92869	CIGNA Health Plan HMO
12/01/1961	F	CA	92627	CIGNA Health Plan HMO
04/22/1939	F	CA	92840	CIGNA Health Plan HMO
08/27/1976	F	CA	90716	CIGNA Health Plan HMO
11/10/1971	F	CA	92704	CIGNA Health Plan HMO
01/01/1978	F	CA	92840	CIGNA Health Plan HMO
11/04/1952	F	CA	92648	CIGNA Health Plan HMO
04/01/1968	F	CA	92840	CIGNA Health Plan HMO
05/28/1958	F	CA	92869	CIGNA Health Plan HMO
10/19/1970	F	CA	91765	CIGNA Health Plan HMO
11/08/1986	F	CA	92805	CIGNA Health Plan HMO
10/07/1980	F	CA	92505	CIGNA Health Plan HMO
08/10/1962	M	CA	92655	CIGNA Health Plan HMO
11/22/1959	F	CA	91761	CIGNA Health Plan HMO
04/29/1959	F	CA	92223	CIGNA Health Plan HMO
04/11/1958	F	CA	92703	CIGNA Health Plan HMO
05/10/1970	F	CA	92805	CIGNA Health Plan HMO
08/07/1977	F	CA	92703	CIGNA Health Plan HMO
12/12/1967	F	CA	92870	CIGNA Health Plan HMO
09/09/1975	F	CA	92870	CIGNA Health Plan HMO
02/25/1977	F	CA	926751105	CIGNA Health Plan HMO
01/12/1952	F	CA	92844	CIGNA Health Plan HMO
11/28/1963	F	CA	92831	CIGNA Health Plan HMO

10/01/1978	F	CA	92804	CIGNA Health Plan HMO
06/05/1950	F	CA	92692	CIGNA Health Plan HMO
11/04/1950	F	CA	90604	CIGNA Health Plan HMO
02/04/1986	F	CA	92701	CIGNA Health Plan HMO
07/02/1977	F	CA	92707	CIGNA Health Plan HMO
03/26/1978	M	CA	92882	CIGNA Health Plan HMO
03/10/1981	F	CA	92832	CIGNA Health Plan HMO
04/19/1956	F	CA	92841	CIGNA Health Plan HMO
08/17/1957	F	CA	92799	CIGNA Health Plan HMO
12/18/1932	M	CA	92887	CIGNA Health Plan HMO
11/12/1975	F	CA	92707	CIGNA Health Plan HMO
10/05/1934	F	CA	92605	CIGNA Health Plan HMO
02/11/1942	F	CA	92869	CIGNA Health Plan HMO
07/20/1985	F	CA	92843	CIGNA Health Plan HMO
05/18/1953	F	CA	92869	CIGNA Health Plan HMO
01/10/1953	M	CA	92821	CIGNA Health Plan HMO
02/01/1957	F	CA	92705	CIGNA Health Plan HMO
10/08/1957	F	CA	92865	CIGNA Health Plan HMO
05/15/1953	M	CA	92701	CIGNA Health Plan HMO
10/04/1963	F	CA	92679	CIGNA Health Plan HMO
03/23/1961	F	CA	92806	CIGNA Health Plan HMO
05/26/1941	F	CA	92833	CIGNA Health Plan HMO
12/03/1976	F	CA	92880	CIGNA Health Plan HMO
10/12/1977	F	CA	92708	CIGNA Health Plan HMO
10/15/1949	F	CA	92868	CIGNA Health Plan HMO
02/23/1983	F	CA	92882	CIGNA Health Plan HMO
06/18/1975	F	CA	90603	CIGNA Health Plan HMO
01/02/1952	F	CA	92802	CIGNA Health Plan HMO
06/01/1979	F	CA	92627	CIGNA Health Plan HMO
04/14/1975	F	CA	92683	CIGNA Health Plan HMO
10/30/1951	F	CA	92692	CIGNA Health Plan HMO
10/18/1972	M	CA	92683	CIGNA Health Plan HMO
08/24/1968	M	CA	92780	CIGNA Health Plan HMO
08/27/1976	F	CA	92780	CIGNA Health Plan HMO
11/18/1957	F	CA	92627	CIGNA Health Plan HMO
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12/15/1945	F	CA	92708	CIGNA Health Plan HMO
03/14/1972	F	CA	92703	CIGNA Health Plan HMO
06/08/1977	F	CA	92683	CIGNA Health Plan HMO
12/21/1956	F	CA	92804	CIGNA Health Plan HMO
05/16/1953	F	CA	92683	CIGNA Health Plan HMO
06/24/1962	F	CA	92843	CIGNA Health Plan HMO
09/25/1953	M	CA	92843	CIGNA Health Plan HMO
09/16/1955	M	CA	92704	CIGNA Health Plan HMO
01/08/1964	F	CA	92868	CIGNA Health Plan HMO
01/28/1955	F	CA	92704	CIGNA Health Plan HMO
12/11/1957	F	CA	92691	CIGNA Health Plan HMO
01/02/1967	F	CA	92069	CIGNA Health Plan HMO
12/20/1944	F	CA	92683	CIGNA Health Plan HMO
12/31/1968	F	CA	90680	CIGNA Health Plan HMO
01/25/1982	F	CA	92841	CIGNA Health Plan HMO

08/05/1972	F	CA	92801	CIGNA Health Plan HMO
03/03/1968	F	CA	92627	CIGNA Health Plan HMO
10/01/1977	F	CA	92844	CIGNA Health Plan HMO
09/22/1979	F	CA	92705	CIGNA Health Plan HMO
04/01/1982	F	CA	92868	CIGNA Health Plan HMO
06/12/1979	F	CA	92708	CIGNA Health Plan HMO
02/20/1981	F	CA	92806	CIGNA Health Plan HMO
05/16/1962	F	CA	92653	CIGNA Health Plan HMO
12/13/1978	F	CA	92804	CIGNA Health Plan HMO
03/17/1951	F	CA	92867	CIGNA Health Plan HMO
07/11/1970	F	CA	92780	CIGNA Health Plan HMO
07/12/1955	F	CA	92868	CIGNA Health Plan HMO
10/03/1981	F	CA	92704	CIGNA Health Plan HMO
07/22/1963	F	CA	92707	CIGNA Health Plan HMO
01/23/1982	F	CA	90630	CIGNA Health Plan HMO
06/27/1978	F	CA	92806	CIGNA Health Plan HMO
01/31/1963	F	CA	92630	CIGNA Health Plan HMO
05/27/1987	F	CA	92805	CIGNA Health Plan HMO
12/05/1982	F	CA	92706	CIGNA Health Plan HMO
01/12/1986	F	CA	92707	CIGNA Health Plan HMO
05/22/1977	F	CA	92832	CIGNA Health Plan HMO
09/21/1983	F	CA	92841	CIGNA Health Plan HMO
04/16/1986	F	CA	92504	CIGNA Health Plan HMO
08/09/1964	M	CA	92840	CIGNA Health Plan HMO
03/12/1954	M	CA	92869	CIGNA Health Plan HMO
06/10/1985	F	CA	92804	CIGNA Health Plan HMO
06/06/1985	M	CA	92844	CIGNA Health Plan HMO
09/14/1987	F	CA	92701	CIGNA Health Plan HMO
07/04/1976	F	CA	92653	CIGNA Health Plan HMO
08/15/1974	F	CA	92701	CIGNA Health Plan HMO
09/20/1973	F	CA	90723	CIGNA Health Plan HMO
07/23/1973	F	CA	92843	CIGNA Health Plan HMO
10/26/1978	F	CA	92805	CIGNA Health Plan HMO
09/10/1977	F	CA	92501	CIGNA Health Plan HMO
10/10/1982	F	CA	92833	CIGNA Health Plan HMO
02/14/1984	F	CA	92867	CIGNA Health Plan HMO
10/30/1973	F	CA	90680	CIGNA Health Plan HMO
09/30/1983	F	CA	92704	CIGNA Health Plan HMO
01/18/1977	M	CA	92804	CIGNA Health Plan HMO
02/25/1979	F	CA	92831	CIGNA Health Plan HMO
04/25/1984	F	CA	92843	CIGNA Health Plan HMO
11/08/1984	F	CA	92804	CIGNA Health Plan HMO
12/04/1969	F	CA	92646	CIGNA Health Plan HMO
12/09/1977	F	CA	92707	CIGNA Health Plan HMO
01/10/1970	F	CA	92655	CIGNA Health Plan HMO
07/10/1986	F	CA	92407	CIGNA Health Plan HMO
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12/07/1973	F	CA	92801	CIGNA Health Plan HMO
01/14/1985	F	CA	92806	CIGNA Health Plan HMO
04/07/1976	F	CA	90007	CIGNA Health Plan HMO
07/25/1986	F	CA	92679	CIGNA Health Plan HMO

05/13/1967	F	CA	92802	CIGNA Health Plan HMO
06/14/1984	F	CA	92867	CIGNA Health Plan HMO
08/05/1973	F	CA	92706	CIGNA Health Plan HMO
04/08/1973	F	CA	90680	CIGNA Health Plan HMO
11/10/1972	F	CA	92708	CIGNA Health Plan HMO
07/10/1981	M	CA	92821	CIGNA Health Plan HMO
04/03/1988	F	CA	90702	CIGNA Health Plan HMO
10/31/1973	F	CA	92841	CIGNA Health Plan HMO
08/09/1974	F	CA	92782	CIGNA Health Plan HMO
01/06/1983	F	CA	92706	CIGNA Health Plan HMO
06/06/1980	F	CA	92867	CIGNA Health Plan HMO
10/12/1986	F	CA	92806	CIGNA Health Plan HMO
05/20/1983	F	CA	92886	CIGNA Health Plan HMO
05/20/1983	F	CA	92703	CIGNA Health Plan HMO
03/23/1989	M	CA	92821	CIGNA Health Plan HMO
03/10/1976	M	CA	92840	CIGNA Health Plan HMO
07/04/1979	F	CA	92707	CIGNA Health Plan HMO
12/02/1976	F	CA	92706	CIGNA Health Plan HMO
12/06/1984	F	CA	92688	CIGNA Health Plan HMO
01/15/1980	M	CA	92647	CIGNA Health Plan HMO
09/21/1974	F	CA	92704	CIGNA Health Plan HMO
03/24/1967	M	CA	92841	CIGNA Health Plan HMO
04/28/1979	F	CA	92807	CIGNA Health Plan HMO
03/22/1982	F	CA	92801	CIGNA Health Plan HMO
07/10/1987	F	CA	92880	CIGNA Health Plan HMO
12/04/1969	F	CA	92704	CIGNA Health Plan HMO
09/26/1974	F	CA	92870	CIGNA Health Plan HMO
02/26/1980	F	CA	92704	CIGNA Health Plan HMO
05/15/1973	F	CA	92707	CIGNA Health Plan HMO
11/25/1983	M	CA	92843	CIGNA Health Plan HMO
09/24/1963	M	CA	92832	CIGNA Health Plan HMO
06/12/1982	F	CA	90706	CIGNA Health Plan HMO
01/01/1975	F	CA	92841	CIGNA Health Plan HMO
02/11/1978	F	CA	92701	CIGNA Health Plan HMO
06/15/1984	F	CA	92833	CIGNA Health Plan HMO
08/08/1986	F	CA	92503	CIGNA Health Plan HMO
06/06/1957	F	CA	92706	CIGNA Health Plan HMO
03/10/1973	M	CA	92841	CIGNA Health Plan HMO
07/04/1975	F	CA	92703	CIGNA Health Plan HMO
08/23/1984	F	CA	92683	CIGNA Health Plan HMO
03/16/1981	M	CA	92804	CIGNA Health Plan HMO
08/27/1959	M	CA	92602	CIGNA Health Plan HMO
05/12/1987	F	CA	92806	CIGNA Health Plan HMO
10/30/1973	F	CA	92688	CIGNA Health Plan HMO
11/28/1964	M	CA	90680	CIGNA Health Plan HMO
04/06/1984	F	CA	92843	CIGNA Health Plan HMO
03/21/1964	F	CA	92865	CIGNA Health Plan HMO
02/16/1984	F	CA	92701	CIGNA Health Plan HMO
05/10/1965	M	CA	92704	CIGNA Health Plan HMO
06/30/1987	F	CA	92656	CIGNA Health Plan HMO
04/16/1977	F	CA	92690	CIGNA Health Plan HMO

05/09/1970	M	CA	92707	CIGNA Health Plan HMO
12/10/1973	F	CA	92646	CIGNA Health Plan HMO
11/23/1979	M	CA	90604	CIGNA Health Plan HMO
07/05/1976	F	CA	92703	CIGNA Health Plan HMO
04/02/1980	M	CA	92780	CIGNA Health Plan HMO
04/20/1986	F	CA	92806	CIGNA Health Plan HMO
08/09/1983	F	CA	92844	CIGNA Health Plan HMO
04/20/1975	F	CA	92626	CIGNA Health Plan HMO
01/15/1983	F	CA	92704	CIGNA Health Plan HMO
01/23/1952	F	CA	92840	CIGNA Health Plan HMO
07/20/1957	F	CA	92646	CIGNA Health Plan HMO
04/10/1945	F	CA	92868	CIGNA Health Plan HMO
01/18/1972	F	CA	92840	CIGNA Health Plan HMO
11/04/1975	F	CA	92708	CIGNA Health Plan HMO
10/07/1971	F	CA	92704	CIGNA Health Plan HMO
07/10/1969	F	CA	92805	CIGNA Health Plan HMO
07/14/1986	M	CA	92704	CIGNA Health Plan HMO
11/30/1981	M	CA	92867	CIGNA Health Plan HMO
05/25/1986	F	CA	92780	CIGNA Health Plan HMO
12/29/1985	F	CA	92780	CIGNA Health Plan HMO
01/04/1961	F	CA	92781	CIGNA Health Plan HMO
05/03/1973	M	CA	92780	CIGNA Health Plan HMO
09/06/1986	F	CA	92704	CIGNA Health Plan HMO
08/14/1982	F	CA	92626	CIGNA Health Plan HMO
06/13/1983	F	CA	92869	CIGNA Health Plan HMO
03/07/1975	M	CA	92627	CIGNA Health Plan HMO
03/25/1984	F	CA	92840	CIGNA Health Plan HMO
09/27/1980	F	CA	92880	CIGNA Health Plan HMO
05/22/1986	F	CA	92703	CIGNA Health Plan HMO
09/25/1982	M	CA	92703	CIGNA Health Plan HMO
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09/23/1981	M	CA	92780	CIGNA Health Plan HMO
12/29/1968	F	CA	92706	CIGNA Health Plan HMO
03/22/1978	F	CA	90630	CIGNA Health Plan HMO
08/23/1977	F	CA	92683	CIGNA Health Plan HMO
06/03/1966	F	CA	90620	CIGNA Health Plan HMO
11/24/1975	F	CA	90723	CIGNA Health Plan HMO
11/02/1981	F	CA	92806	CIGNA Health Plan HMO
03/26/1977	F	CA	92706	CIGNA Health Plan HMO
09/30/1983	M	CA	92840	CIGNA Health Plan HMO
02/19/1987	M	CA	92870	CIGNA Health Plan HMO
05/12/1972	F	CA	92801	CIGNA Health Plan HMO
03/21/1962	F	CA	92841	CIGNA Health Plan HMO
10/12/1983	F	CA	90605	CIGNA Health Plan HMO
06/07/1979	F	CA	92870	CIGNA Health Plan HMO
06/27/1972	F	CA	92660	CIGNA Health Plan HMO
08/26/1987	M	CA	91710	CIGNA Health Plan HMO
11/23/1983	M	CA	92879	CIGNA Health Plan HMO
10/09/1973	F	CA	92840	CIGNA Health Plan HMO
05/17/1973	F	CA	92806	CIGNA Health Plan HMO

11/23/1978	F	CA	92802	CIGNA Health Plan HMO
08/03/1987	F	CA	92707	CIGNA Health Plan HMO
09/11/1977	F	CA	92703	CIGNA Health Plan HMO
12/04/1958	M	CA	92867	CIGNA Health Plan HMO
03/07/1950	M	CA	92704	CIGNA Health Plan HMO
01/20/1949	M	CA	928054823	CIGNA Health Plan HMO
09/28/1955	M	CA	92706	CIGNA Health Plan HMO
03/29/1951	M	CA	92660	CIGNA Health Plan HMO
02/06/1956	M	CA	92870	CIGNA Health Plan HMO
06/21/1966	M	CA	92804	CIGNA Health Plan HMO
07/19/1959	M	CA	92707	CIGNA Health Plan HMO
10/19/1967	M	CA	92833	CIGNA Health Plan HMO
01/19/1957	M	CA	92629	CIGNA Health Plan HMO
06/14/1971	F	CA	92808	CIGNA Health Plan HMO
06/25/1962	M	CA	90620	CIGNA Health Plan HMO
11/02/1968	F	CA	92692	CIGNA Health Plan HMO
05/10/1980	F	CA	92808	CIGNA Health Plan HMO
03/06/1946	F	CA	92688	CIGNA Health Plan HMO
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11/02/1975	F	CA	90755	CIGNA Health Plan HMO
08/02/1958	F	CA	90603	CIGNA Health Plan HMO
03/26/1946	F	CA	92654	CIGNA Health Plan HMO
09/05/1956	F	CA	92677	CIGNA Health Plan HMO
04/13/1954	M	CA	92867	CIGNA Health Plan HMO
10/27/1964	F	CA	92655	CIGNA Health Plan HMO
04/06/1958	F	CA	90804	CIGNA Health Plan HMO
09/13/1975	F	CA	92620	CIGNA Health Plan HMO
01/29/1950	F	CA	92676	CIGNA Health Plan HMO
06/15/1978	M	CA	92882	CIGNA Health Plan HMO
06/12/1952	F	CA	92821	CIGNA Health Plan HMO
08/02/1955	F	CA	92656	CIGNA Health Plan HMO
05/19/1950	F	CA	92691	CIGNA Health Plan HMO
06/27/1969	M	CA	90803	CIGNA Health Plan HMO
11/29/1955	F	CA	92868	CIGNA Health Plan HMO
06/22/1973	F	CA	92646	CIGNA Health Plan HMO
03/15/1964	M	CA	90746	CIGNA Health Plan HMO
10/24/1944	F	CA	92614	CIGNA Health Plan HMO
01/03/1983	F	CA	92843	CIGNA Health Plan HMO
06/26/1957	F	CA	90630	CIGNA Health Plan HMO
04/17/1978	F	CA	92832	CIGNA Health Plan HMO
05/21/1945	F	CA	92627	CIGNA Health Plan HMO
02/09/1947	M	CA	92703	CIGNA Health Plan HMO
02/05/1945	F	CA	92833	CIGNA Health Plan HMO
02/12/1975	F	CA	92704	CIGNA Health Plan HMO
10/24/1969	M	CA	92841	CIGNA Health Plan HMO
05/07/1945	F	CA	92688	CIGNA Health Plan HMO
11/17/1963	F	CA	92683	CIGNA Health Plan HMO
02/21/1962	M	CA	92703	CIGNA Health Plan HMO
11/22/1966	M	CA	92866	CIGNA Health Plan HMO
06/06/1972	F	CA	92869	CIGNA Health Plan HMO
08/10/1974	F	CA	92868	CIGNA Health Plan HMO

08/21/1959	F	CA	92656	CIGNA Health Plan HMO
12/25/1971	F	CA	92603	CIGNA Health Plan HMO
06/17/1969	F	CA	92835	CIGNA Health Plan HMO
01/27/1947	F	CA	92683	CIGNA Health Plan HMO
05/28/1986	F	CA	92840	CIGNA Health Plan HMO
09/11/1955	F	CA	92503	CIGNA Health Plan HMO
11/11/1965	F	CA	92868	CIGNA Health Plan HMO
04/04/1966	F	CA	92646	CIGNA Health Plan HMO
01/02/1955	F	CA	92880	CIGNA Health Plan HMO
03/25/1967	F	CA	92869	CIGNA Health Plan HMO
06/02/1973	F	CA	90713	CIGNA Health Plan HMO
12/16/1975	F	CA	90605	CIGNA Health Plan HMO
10/28/1965	F	CA	90806	CIGNA Health Plan HMO
07/10/1977	F	CA	92865	CIGNA Health Plan HMO
11/22/1971	F	CA	92866	CIGNA Health Plan HMO
07/27/1960	M	CA	91761	CIGNA Health Plan HMO
10/25/1968	M	CA	92735	CIGNA Health Plan HMO
12/13/1972	F	CA	92688	CIGNA Health Plan HMO
01/03/1978	F	CA	92844	CIGNA Health Plan HMO
04/29/1967	F	CA	92630	CIGNA Health Plan HMO
07/18/1964	F	CA	92704	CIGNA Health Plan HMO
12/17/1967	F	CA	90802	CIGNA Health Plan HMO
12/29/1942	F	CA	92780	CIGNA Health Plan HMO
10/22/1957	F	CA	92656	CIGNA Health Plan HMO
07/15/1983	F	CA	92866	CIGNA Health Plan HMO
11/14/1953	F	CA	92886	CIGNA Health Plan HMO
09/28/1953	M	CA	92801	CIGNA Health Plan HMO
11/11/1951	F	CA	92647	CIGNA Health Plan HMO
11/16/1986	F	CA	92691	CIGNA Health Plan HMO
08/24/1964	F	CA	90804	CIGNA Health Plan HMO
03/25/1967	F	CA	92646	CIGNA Health Plan HMO
02/24/1980	F	CA	90510	CIGNA Health Plan HMO
01/06/1972	F	CA	92821	CIGNA Health Plan HMO
05/30/1974	F	CA	91789	CIGNA Health Plan HMO
12/23/1968	F	CA	92629	CIGNA Health Plan HMO
08/09/1975	F	CA	92614	CIGNA Health Plan HMO
10/09/1956	F	CA	90604	CIGNA Health Plan HMO
01/15/1964	M	CA	92703	CIGNA Health Plan HMO
02/04/1964	F	CA	92656	CIGNA Health Plan HMO
07/02/1965	M	CA	90604	CIGNA Health Plan HMO
12/23/1982	M	CA	92869	CIGNA Health Plan HMO
11/30/1960	F	CA	92805	CIGNA Health Plan HMO
03/18/1961	F	CA	92883	CIGNA Health Plan HMO
10/19/1974	F	CA	92691	CIGNA Health Plan HMO
11/30/1979	F	CA	90713	CIGNA Health Plan HMO
12/30/1971	F	CA	92869	CIGNA Health Plan HMO
01/06/1984	F	CA	92707	CIGNA Health Plan HMO
09/23/1960	F	CA	92805	CIGNA Health Plan HMO
08/08/1967	F	CA	90803	CIGNA Health Plan HMO
01/14/1976	F	CA	92808	CIGNA Health Plan HMO
07/19/1975	F	CA	92867	CIGNA Health Plan HMO

07/15/1946	M	CA	92705	CIGNA Health Plan HMO
08/14/1954	F	CA	92805	CIGNA Health Plan HMO
07/31/1946	F	CA	92629	CIGNA Health Plan HMO
08/18/1973	F	CA	92865	CIGNA Health Plan HMO
02/07/1958	F	CA	92656	CIGNA Health Plan HMO
03/10/1969	F	CA	92886	CIGNA Health Plan HMO
02/25/1954	F	CA	92833	CIGNA Health Plan HMO
06/29/1972	M	CA	92886	CIGNA Health Plan HMO
01/14/1976	F	CA	92620	CIGNA Health Plan HMO
01/13/1980	F	CA	92841	CIGNA Health Plan HMO
12/10/1972	F	CA	92782	CIGNA Health Plan HMO
07/22/1977	F	CA	92879	CIGNA Health Plan HMO
02/06/1944	F	CA	92651	CIGNA Health Plan HMO
01/09/1978	F	CA	92703	CIGNA Health Plan HMO
10/15/1974	F	CA	92648	CIGNA Health Plan HMO
07/04/1970	F	CA	92844	CIGNA Health Plan HMO
12/28/1973	F	CA	92649	CIGNA Health Plan HMO
04/17/1950	F	CA	92647	CIGNA Health Plan HMO
07/15/1967	F	CA	92805	CIGNA Health Plan HMO
06/04/1964	F	CA	92865	CIGNA Health Plan HMO
04/05/1965	F	CA	92663	CIGNA Health Plan HMO
07/17/1970	F	CA	92647	CIGNA Health Plan HMO
02/16/1948	M	CA	92801	CIGNA Health Plan HMO
05/07/1960	F	CA	92866	CIGNA Health Plan HMO
09/17/1960	F	CA	92672	CIGNA Health Plan HMO
06/16/1976	F	CA	92683	CIGNA Health Plan HMO
09/06/1966	F	CA	92704	CIGNA Health Plan HMO
08/05/1945	F	CA	92821	CIGNA Health Plan HMO
08/11/1951	F	CA	92802	CIGNA Health Plan HMO
09/01/1957	F	CA	92866	CIGNA Health Plan HMO
12/18/1964	M	CA	92701	CIGNA Health Plan HMO
02/20/1968	M	CA	92805	CIGNA Health Plan HMO
09/23/1953	M	CA	92629	CIGNA Health Plan HMO
03/10/1966	M	CA	92865	CIGNA Health Plan HMO
11/16/1971	F	CA	92620	CIGNA Health Plan HMO
04/12/1973	F	CA	92866	CIGNA Health Plan HMO
09/11/1977	F	CA	92881	CIGNA Health Plan HMO
05/11/1973	F	CA	92843	CIGNA Health Plan HMO
02/09/1949	M	CA	90638	CIGNA Health Plan HMO
06/20/1949	M	CA	90047	CIGNA Health Plan HMO
04/25/1978	F	CA	92646	CIGNA Health Plan HMO
06/27/1974	F	CA	92604	CIGNA Health Plan HMO
02/25/1976	M	CA	90713	CIGNA Health Plan HMO
11/05/1969	F	CA	90680	CIGNA Health Plan HMO
03/30/1971	F	CA	92821	CIGNA Health Plan HMO
11/21/1971	F	CA	92806	CIGNA Health Plan HMO
01/31/1975	F	CA	92656	CIGNA Health Plan HMO
03/26/1957	F	CA	90638	CIGNA Health Plan HMO
03/29/1960	M	CA	92867	CIGNA Health Plan HMO
11/28/1978	F	CA	92843	CIGNA Health Plan HMO
01/27/1973	F	CA	92806	CIGNA Health Plan HMO

03/26/1956	F	CA	91745	CIGNA Health Plan HMO
03/26/1972	F	CA	92701	CIGNA Health Plan HMO
11/25/1956	F	CA	92648	CIGNA Health Plan HMO
07/23/1971	F	CA	91746	CIGNA Health Plan HMO
10/03/1979	F	CA	92701	CIGNA Health Plan HMO
01/05/1975	F	CA	92708	CIGNA Health Plan HMO
09/05/1972	M	CA	91750	CIGNA Health Plan HMO
08/13/1949	F	CA	92704	CIGNA Health Plan HMO
01/26/1971	F	CA	92869	CIGNA Health Plan HMO
01/19/1977	M	CA	92703	CIGNA Health Plan HMO
03/11/1976	F	CA	90631	CIGNA Health Plan HMO
05/22/1970	F	CA	92805	CIGNA Health Plan HMO
02/27/1983	F	CA	92869	CIGNA Health Plan HMO
11/25/1971	F	CA	91750	CIGNA Health Plan HMO
12/06/1966	M	CA	92806	CIGNA Health Plan HMO
04/09/1969	F	CA	92802	CIGNA Health Plan HMO
07/23/1981	M	CA	92653	CIGNA Health Plan HMO
07/31/1955	F	CA	92780	CIGNA Health Plan HMO
09/16/1957	F	CA	92629	CIGNA Health Plan HMO
09/17/1963	F	CA	90804	CIGNA Health Plan HMO
06/05/1977	F	CA	92868	CIGNA Health Plan HMO
06/26/1948	F	CA	92691	CIGNA Health Plan HMO
01/23/1953	F	CA	92802	CIGNA Health Plan HMO
12/26/1973	F	CA	90802	CIGNA Health Plan HMO
11/02/1979	F	CA	92843	CIGNA Health Plan HMO
06/03/1947	F	CA	92604	CIGNA Health Plan HMO
08/07/1961	F	CA	90604	CIGNA Health Plan HMO
08/25/1973	F	CA	92840	CIGNA Health Plan HMO
07/26/1960	F	CA	92706	CIGNA Health Plan HMO
08/18/1963	F	CA	92869	CIGNA Health Plan HMO
07/13/1949	M	CA	92704	CIGNA Health Plan HMO
10/19/1972	F	CA	92630	CIGNA Health Plan HMO
12/02/1965	M	CA	92707	CIGNA Health Plan HMO
12/03/1972	M	CA	92869	CIGNA Health Plan HMO
02/01/1979	F	CA	92841	CIGNA Health Plan HMO
07/08/1976	F	CA	92646	CIGNA Health Plan HMO
05/07/1956	F	CA	92870	CIGNA Health Plan HMO
06/11/1977	F	CA	90802	CIGNA Health Plan HMO
08/06/1980	F	CA	92627	CIGNA Health Plan HMO
09/25/1984	M	CA	92843	CIGNA Health Plan HMO
07/12/1981	F	CA	92592	CIGNA Health Plan HMO
09/16/1960	F	CA	90805	CIGNA Health Plan HMO
10/21/1979	F	CA	90631	CIGNA Health Plan HMO
11/11/1960	F	CA	92627	CIGNA Health Plan HMO
10/20/1984	M	CA	92806	CIGNA Health Plan HMO
09/12/1962	M	CA	92646	CIGNA Health Plan HMO
11/20/1981	F	CA	92869	CIGNA Health Plan HMO
11/05/1965	F	CA	90620	CIGNA Health Plan HMO
06/27/1960	M	CA	92655	CIGNA Health Plan HMO
09/26/1980	F	CA	92780	CIGNA Health Plan HMO
05/03/1979	F	CA	90247	CIGNA Health Plan HMO

04/04/1982	F	CA	92780	CIGNA Health Plan HMO
09/04/1977	F	CA	92782	CIGNA Health Plan HMO
08/01/1980	F	CA	92626	CIGNA Health Plan HMO
04/17/1982	F	CA	92683	CIGNA Health Plan HMO
02/12/1951	F	CA	92683	CIGNA Health Plan HMO
05/31/1974	F	CA	92883	CIGNA Health Plan HMO
07/21/1974	F	CA	92649	CIGNA Health Plan HMO
05/14/1977	M	CA	91744	CIGNA Health Plan HMO
02/26/1980	F	CA	92707	CIGNA Health Plan HMO
09/17/1982	F	CA	92840	CIGNA Health Plan HMO
08/21/1967	F	CA	92802	CIGNA Health Plan HMO
12/26/1944	M	CA	928015371	CIGNA Health Plan HMO
08/27/1968	F	CA	92673	CIGNA Health Plan HMO
08/09/1978	F	CA	92806	CIGNA Health Plan HMO
02/03/1984	F	CA	92802	CIGNA Health Plan HMO
05/27/1947	F	CA	90803	CIGNA Health Plan HMO
08/21/1968	F	CA	92677	CIGNA Health Plan HMO
07/20/1973	F	CA	90755	CIGNA Health Plan HMO
05/03/1971	F	CA	91932	CIGNA Health Plan HMO
04/17/1966	F	CA	92683	CIGNA Health Plan HMO
11/18/1961	F	CA	92629	CIGNA Health Plan HMO
12/24/1961	F	CA	92807	CIGNA Health Plan HMO
03/08/1947	F	CA	92706	CIGNA Health Plan HMO
11/26/1963	M	CA	90630	CIGNA Health Plan HMO
03/28/1966	M	CA	92655	CIGNA Health Plan HMO
09/09/1974	F	CA	90804	CIGNA Health Plan HMO
01/30/1963	F	CA	92683	CIGNA Health Plan HMO
08/11/1967	F	CA	90631	CIGNA Health Plan HMO
04/23/1951	F	CA	91701	CIGNA Health Plan HMO
11/12/1974	F	CA	92691	CIGNA Health Plan HMO
03/12/1948	F	CA	92672	CIGNA Health Plan HMO
05/27/1967	M	CA	92649	CIGNA Health Plan HMO
10/01/1951	M	CA	92672	CIGNA Health Plan HMO
04/06/1957	F	CA	92660	CIGNA Health Plan HMO
09/20/1987	F	CA	92835	CIGNA Health Plan HMO
07/25/1946	M	CA	92705	CIGNA Health Plan HMO
06/27/1945	M	CA	92867	CIGNA Health Plan HMO
07/17/1960	F	CA	92605	CIGNA Health Plan HMO
08/30/1954	F	CA	92780	CIGNA Health Plan HMO
10/18/1980	F	CA	92842	CIGNA Health Plan HMO
02/06/1954	F	CA	92708	CIGNA Health Plan HMO
09/23/1954	F	CA	90804	CIGNA Health Plan HMO
01/07/1955	F	CA	90028	CIGNA Health Plan HMO
03/17/1973	F	CA	91790	CIGNA Health Plan HMO
01/31/1950	M	CA	92701	CIGNA Health Plan HMO
08/04/1954	M	CA	92802	CIGNA Health Plan HMO
01/02/1964	F	CA	90815	CIGNA Health Plan HMO
04/25/1945	F	CA	92626	CIGNA Health Plan HMO
05/19/1961	F	CA	90621	CIGNA Health Plan HMO
07/30/1950	F	CA	92683	CIGNA Health Plan HMO
09/27/1943	F	CA	92806	CIGNA Health Plan HMO

05/14/1953	F	CA	92886	CIGNA Health Plan HMO
06/03/1945	F	CA	92780	CIGNA Health Plan HMO
11/22/1979	M	CA	92843	CIGNA Health Plan HMO
06/17/1965	F	CA	92846	CIGNA Health Plan HMO
06/20/1950	F	CA	92551	CIGNA Health Plan HMO
03/26/1947	F	CA	92683	CIGNA Health Plan HMO
02/12/1978	F	CA	92705	CIGNA Health Plan HMO
10/21/1935	F	CA	92708	CIGNA Health Plan HMO
03/30/1959	M	CA	90620	CIGNA Health Plan HMO
07/19/1973	F	CA	92655	CIGNA Health Plan HMO
11/01/1941	F	CA	92708	CIGNA Health Plan HMO
01/25/1951	F	CA	92612	CIGNA Health Plan HMO
04/16/1971	F	CA	91770	CIGNA Health Plan HMO
12/24/1940	F	CA	92869	CIGNA Health Plan HMO
06/21/1974	F	CA	90802	CIGNA Health Plan HMO
07/19/1947	F	CA	92844	CIGNA Health Plan HMO
04/14/1975	F	CA	92656	CIGNA Health Plan HMO
07/22/1979	M	CA	92707	CIGNA Health Plan HMO
10/11/1952	F	CA	90631	CIGNA Health Plan HMO
10/20/1962	F	CA	92704	CIGNA Health Plan HMO
10/25/1950	F	CA	92602	CIGNA Health Plan HMO
02/04/1959	F	CA	92843	CIGNA Health Plan HMO
03/25/1947	F	CA	90630	CIGNA Health Plan HMO
08/10/1983	F	CA	92703	CIGNA Health Plan HMO
05/24/1981	F	CA	92882	CIGNA Health Plan HMO
11/26/1974	F	CA	92865	CIGNA Health Plan HMO
10/23/1982	F	CA	92843	CIGNA Health Plan HMO
04/12/1968	F	CA	92869	CIGNA Health Plan HMO
10/14/1975	F	CA	91706	CIGNA Health Plan HMO
03/15/1974	F	CA	90031	CIGNA Health Plan HMO
02/23/1969	M	CA	90266	CIGNA Health Plan HMO
11/01/1947	F	CA	92647	CIGNA Health Plan HMO
08/10/1978	F	CA	92806	CIGNA Health Plan HMO
12/13/1972	F	CA	92843	CIGNA Health Plan HMO
10/02/1958	F	CA	90723	CIGNA Health Plan HMO
07/18/1980	F	CA	92844	CIGNA Health Plan HMO
06/01/1970	F	CA	92881	CIGNA Health Plan HMO
05/05/1932	M	CA	90805	CIGNA Health Plan HMO
10/14/1974	F	CA	90260	CIGNA Health Plan HMO
09/30/1966	F	CA	92707	CIGNA Health Plan HMO
03/08/1962	F	CA	92705	CIGNA Health Plan HMO
08/13/1956	F	CA	92782	CIGNA Health Plan HMO
10/06/1952	M	CA	90804	CIGNA Health Plan HMO
06/10/1975	M	CA	92831	CIGNA Health Plan HMO
09/26/1954	F	CA	92832	CIGNA Health Plan HMO
02/09/1958	F	CA	92867	CIGNA Health Plan HMO
06/28/1961	F	CA	92845	CIGNA Health Plan HMO
12/28/1962	F	CA	92840	CIGNA Health Plan HMO
06/12/1975	F	CA	92869	CIGNA Health Plan HMO
12/10/1966	F	CA	90280	CIGNA Health Plan HMO
02/16/1972	F	CA	92704	CIGNA Health Plan HMO

02/20/1979	F	CA	92801	CIGNA Health Plan HMO
02/20/1980	F	CA	92832	CIGNA Health Plan HMO
07/07/1966	F	CA	92804	CIGNA Health Plan HMO
05/07/1951	F	CA	92780	CIGNA Health Plan HMO
10/04/1969	F	CA	92708	CIGNA Health Plan HMO
11/19/1952	M	CA	90023	CIGNA Health Plan HMO
03/17/1957	F	CA	92802	CIGNA Health Plan HMO
08/20/1956	M	CA	92802	CIGNA Health Plan HMO
10/25/1982	F	CA	92672	CIGNA Health Plan HMO
07/01/1974	M	CA	92835	CIGNA Health Plan HMO
05/03/1957	F	CA	90631	CIGNA Health Plan HMO
02/08/1961	M	CA	92867	CIGNA Health Plan HMO
08/26/1972	F	CA	92630	CIGNA Health Plan HMO
12/23/1974	F	CA	92703	CIGNA Health Plan HMO
02/16/1975	F	CA	90706	CIGNA Health Plan HMO
10/12/1948	M	CA	92612	CIGNA Health Plan HMO
08/30/1948	M	CA	92801	CIGNA Health Plan HMO
06/01/1947	M	CA	90032	CIGNA Health Plan HMO
01/11/1957	F	CA	92688	CIGNA Health Plan HMO
07/03/1956	M	CA	92833	CIGNA Health Plan HMO
10/31/1959	F	CA	90621	CIGNA Health Plan HMO
04/29/1963	F	CA	92706	CIGNA Health Plan HMO
04/03/1956	F	CA	92626	CIGNA Health Plan HMO
09/15/1977	F	CA	92705	CIGNA Health Plan HMO
10/15/1970	F	CA	92683	CIGNA Health Plan HMO
11/20/1979	F	CA	90680	CIGNA Health Plan HMO
04/10/1969	F	CA	92648	CIGNA Health Plan HMO
08/09/1969	M	CA	92806	CIGNA Health Plan HMO
01/27/1982	F	CA	92707	CIGNA Health Plan HMO
06/26/1956	M	CA	90504	CIGNA Health Plan HMO
12/14/1956	F	CA	92804	CIGNA Health Plan HMO
09/25/1977	F	CA	90706	CIGNA Health Plan HMO
02/20/1948	M	CA	92708	CIGNA Health Plan HMO
05/09/1977	F	CA	92840	CIGNA Health Plan HMO
02/05/1982	F	CA	92832	CIGNA Health Plan HMO
12/14/1984	F	CA	92833	CIGNA Health Plan HMO
04/07/1954	M	CA	92801	CIGNA Health Plan HMO
04/07/1954	M	CA	92801	CIGNA Health Plan HMO
05/25/1972	F	CA	92630	CIGNA Health Plan HMO
05/15/1962	M	CA	92843	CIGNA Health Plan HMO
01/21/1958	F	CA	90713	CIGNA Health Plan HMO
05/09/1966	F	CA	90631	CIGNA Health Plan HMO
06/30/1975	F	CA	92704	CIGNA Health Plan HMO
02/03/1960	M	CA	92706	CIGNA Health Plan HMO
01/31/1964	F	CA	92804	CIGNA Health Plan HMO
06/19/1976	F	CA	92705	CIGNA Health Plan HMO
08/12/1956	F	CA	92706	CIGNA Health Plan HMO
09/13/1974	F	CA	90630	CIGNA Health Plan HMO
03/10/1979	F	CA	92707	CIGNA Health Plan HMO
03/05/1952	F	CA	92845	CIGNA Health Plan HMO
03/10/1968	F	CA	92626	CIGNA Health Plan HMO

06/25/1966	F	CA	92602	CIGNA Health Plan HMO
09/06/1968	M	CA	92868	CIGNA Health Plan HMO
01/08/1983	F	CA	92505	CIGNA Health Plan HMO
03/12/1941	F	CA	92880	CIGNA Health Plan HMO
11/28/1984	M	CA	90650	CIGNA Health Plan HMO
12/14/1976	F	CA	92882	CIGNA Health Plan HMO
07/09/1971	F	CA	92804	CIGNA Health Plan HMO
02/07/1964	F	CA	92630	CIGNA Health Plan HMO
01/07/1943	F	CA	92802	CIGNA Health Plan HMO
01/30/1972	F	CA	92842	CIGNA Health Plan HMO
01/20/1980	F	CA	92867	CIGNA Health Plan HMO
06/11/1967	M	CA	928034824	CIGNA Health Plan HMO
04/03/1942	F	CA	92703	CIGNA Health Plan HMO
06/19/1979	F	CA	92707	CIGNA Health Plan HMO
01/04/1949	F	CA	92882	CIGNA Health Plan HMO
05/21/1978	F	CA	92704	CIGNA Health Plan HMO
08/17/1962	F	CA	92707	CIGNA Health Plan HMO
05/13/1944	F	CA	92704	CIGNA Health Plan HMO
10/11/1983	M	CA	92704	CIGNA Health Plan HMO
01/03/1972	F	CA	92707	CIGNA Health Plan HMO
09/23/1963	F	CA	92058	CIGNA Health Plan HMO
08/18/1958	M	CA	90802	CIGNA Health Plan HMO
08/21/1976	F	CA	91709	CIGNA Health Plan HMO
10/25/1946	F	CA	92704	CIGNA Health Plan HMO
03/09/1973	M	CA	90620	CIGNA Health Plan HMO
04/25/1972	M	CA	92806	CIGNA Health Plan HMO
11/23/1954	F	CA	90631	CIGNA Health Plan HMO
08/23/1951	F	CA	92780	CIGNA Health Plan HMO
09/17/1977	F	CA	92703	CIGNA Health Plan HMO
02/26/1967	F	CA	92691	CIGNA Health Plan HMO
07/24/1979	F	CA	92806	CIGNA Health Plan HMO
11/08/1959	F	CA	92831	CIGNA Health Plan HMO
08/23/1972	M	CA	92704	CIGNA Health Plan HMO
04/26/1943	F	CA	92708	CIGNA Health Plan HMO
08/09/1953	F	CA	92627	CIGNA Health Plan HMO
07/24/1956	F	CA	92649	CIGNA Health Plan HMO
08/29/1981	F	CA	92831	CIGNA Health Plan HMO
08/14/1949	F	CA	92805	CIGNA Health Plan HMO
03/05/1983	F	CA	92704	CIGNA Health Plan HMO
03/20/1972	F	CA	92868	CIGNA Health Plan HMO
09/12/1974	F	CA	92840	CIGNA Health Plan HMO
06/26/1966	F	CA	92649	CIGNA Health Plan HMO
08/29/1948	F	CA	90630	CIGNA Health Plan HMO
08/13/1946	M	CA	90029	CIGNA Health Plan HMO
09/09/1972	F	CA	92707	CIGNA Health Plan HMO
08/05/1969	F	CA	92701	CIGNA Health Plan HMO
08/30/1967	F	CA	92706	CIGNA Health Plan HMO
01/05/1983	F	CA	92806	CIGNA Health Plan HMO
07/08/1960	F	CA	92806	CIGNA Health Plan HMO
10/29/1954	F	CA	92630	CIGNA Health Plan HMO
07/11/1982	F	CA	92706	CIGNA Health Plan HMO

09/08/1971	M	CA	90814	CIGNA Health Plan HMO
07/08/1969	M	CA	92647	CIGNA Health Plan HMO
02/02/1949	F	CA	92831	CIGNA Health Plan HMO
03/10/1980	F	CA	92610	CIGNA Health Plan HMO
06/23/1957	F	CA	92614	CIGNA Health Plan HMO
06/03/1971	F	CA	92866	CIGNA Health Plan HMO
06/17/1970	F	CA	92867	CIGNA Health Plan HMO
12/22/1959	F	CA	92618	CIGNA Health Plan HMO
08/26/1966	F	CA	92630	CIGNA Health Plan HMO
04/29/1936	F	CA	92706	CIGNA Health Plan HMO
09/07/1957	M	CA	92706	CIGNA Health Plan HMO
08/12/1967	F	CA	92614	CIGNA Health Plan HMO
10/10/1963	F	CA	92870	CIGNA Health Plan HMO
11/15/1965	F	CA	92706	CIGNA Health Plan HMO
10/15/1958	F	CA	92840	CIGNA Health Plan HMO
10/30/1951	F	CA	92683	CIGNA Health Plan HMO
03/07/1949	F	CA	92683	CIGNA Health Plan HMO
03/14/1959	M	CA	92703	CIGNA Health Plan HMO
07/10/1948	F	CA	92647	CIGNA Health Plan HMO
08/26/1952	F	CA	92627	CIGNA Health Plan HMO
08/19/1958	F	CA	92799	CIGNA Health Plan HMO
11/12/1945	M	CA	92704	CIGNA Health Plan HMO
12/15/1953	F	CA	92840	CIGNA Health Plan HMO
10/07/1975	F	CA	92807	CIGNA Health Plan HMO
08/13/1962	F	CA	92706	CIGNA Health Plan HMO
07/27/1980	F	CA	90621	CIGNA Health Plan HMO
06/02/1965	F	CA	92845	CIGNA Health Plan HMO
03/10/1978	F	CA	92707	CIGNA Health Plan HMO
09/04/1979	F	CA	92844	CIGNA Health Plan HMO
02/03/1981	F	CA	928045597	CIGNA Health Plan HMO
09/28/1984	F	CA	92782	CIGNA Health Plan HMO
05/08/1965	F	CA	92703	CIGNA Health Plan HMO
09/14/1976	F	CA	90755	CIGNA Health Plan HMO
08/03/1976	F	CA	92805	CIGNA Health Plan HMO
12/07/1948	F	CA	92832	CIGNA Health Plan HMO
05/19/1976	F	CA	92869	CIGNA Health Plan HMO
07/20/1974	F	CA	92688	CIGNA Health Plan HMO
11/09/1949	F	CA	92843	CIGNA Health Plan HMO
05/16/1945	F	CA	92870	CIGNA Health Plan HMO
04/17/1982	F	CA	92806	CIGNA Health Plan HMO
03/01/1975	F	CA	92804	CIGNA Health Plan HMO
06/12/1979	F	CA	92867	CIGNA Health Plan HMO
06/09/1976	F	CA	92346	CIGNA Health Plan HMO
11/27/1961	M	CA	92802	CIGNA Health Plan HMO
07/07/1977	F	CA	92675	CIGNA Health Plan HMO
05/20/1976	F	CA	92627	CIGNA Health Plan HMO
04/12/1976	F	CA	90680	CIGNA Health Plan HMO
12/14/1983	F	CA	92843	CIGNA Health Plan HMO
03/11/1978	F	CA	92866	CIGNA Health Plan HMO
09/18/1975	F	CA	92804	CIGNA Health Plan HMO
07/08/1976	F	CA	92880	CIGNA Health Plan HMO

06/01/1977	F	CA	92656	CIGNA Health Plan HMO
03/20/1972	F	CA	92804	CIGNA Health Plan HMO
07/30/1973	F	CA	92707	CIGNA Health Plan HMO
11/03/1987	F	CA	92707	CIGNA Health Plan HMO
10/17/1985	F	CA	92704	CIGNA Health Plan HMO
12/07/1953	F	CA	92620	CIGNA Health Plan HMO
11/22/1954	F	CA	90755	CIGNA Health Plan HMO
04/04/1975	M	CA	92804	CIGNA Health Plan HMO
02/09/1980	M	CA	92806	CIGNA Health Plan HMO
09/09/1978	F	CA	92688	CIGNA Health Plan HMO
12/14/1970	F	CA	92602	CIGNA Health Plan HMO
08/04/1962	F	CA	92708	CIGNA Health Plan HMO
10/07/1961	F	CA	92614	CIGNA Health Plan HMO
09/25/1965	M	CA	92626	CIGNA Health Plan HMO
07/16/1973	M	CA	91709	CIGNA Health Plan HMO
02/08/1984	F	CA	90680	CIGNA Health Plan HMO
04/17/1958	F	CA	92683	CIGNA Health Plan HMO
09/21/1968	M	CA	92841	CIGNA Health Plan HMO
03/20/1966	F	CA	92804	CIGNA Health Plan HMO
10/27/1987	F	CA	92706	CIGNA Health Plan HMO
12/16/1977	F	CA	90631	CIGNA Health Plan HMO
03/08/1977	M	CA	90026	CIGNA Health Plan HMO
08/27/1970	F	CA	90680	CIGNA Health Plan HMO
11/06/1972	M	CA	92703	CIGNA Health Plan HMO
06/24/1972	F	CA	92880	CIGNA Health Plan HMO
12/28/1979	F	CA	92843	CIGNA Health Plan HMO
01/06/1975	F	CA	92627	CIGNA Health Plan HMO
09/19/1954	F	CA	90680	CIGNA Health Plan HMO
11/11/1981	F	CA	92704	CIGNA Health Plan HMO
05/29/1945	F	CA	92620	CIGNA Health Plan HMO
06/02/1952	M	CA	92628	CIGNA Health Plan HMO
10/12/1980	M	CA	92705	CIGNA Health Plan HMO
08/14/1982	M	CA	92860	CIGNA Health Plan HMO
11/20/1975	M	CA	90280	CIGNA Health Plan HMO
12/25/1963	F	CA	92617	CIGNA Health Plan HMO
12/20/1950	F	CA	92843	CIGNA Health Plan HMO
12/11/1963	M	CA	91708	CIGNA Health Plan HMO
02/18/1959	F	CA	92683	CIGNA Health Plan HMO
02/17/1957	F	CA	92780	CIGNA Health Plan HMO
05/22/1979	M	CA	90810	CIGNA Health Plan HMO
10/26/1930	F	CA	92646	CIGNA Health Plan HMO
04/11/1962	M	CA	92563	CIGNA Health Plan HMO
03/17/1955	M	CA	92663	CIGNA Health Plan HMO
01/08/1947	M	CA	92647	CIGNA Health Plan HMO
11/25/1973	M	CA	92705	CIGNA Health Plan HMO
08/24/1981	F	CA	92614	CIGNA Health Plan HMO
04/30/1962	M	CA	92841	CIGNA Health Plan HMO
06/09/1941	F	CA	92532	CIGNA Health Plan HMO
01/16/1954	M	CA	92780	CIGNA Health Plan HMO
08/28/1976	F	CA	92867	CIGNA Health Plan HMO
10/19/1965	F	CA	92841	CIGNA Health Plan HMO

09/09/1958	M	CA	92626	CIGNA Health Plan HMO
12/16/1974	F	CA	90802	CIGNA Health Plan HMO
08/30/1968	M	CA	92886	CIGNA Health Plan HMO
05/04/1950	F	CA	92626	CIGNA Health Plan HMO
12/21/1980	M	CA	92677	CIGNA Health Plan HMO
10/17/1949	F	CA	92801	CIGNA Health Plan HMO
07/20/1955	F	CA	92677	CIGNA Health Plan HMO
12/25/1935	M	CA	92703	CIGNA Health Plan HMO
04/10/1962	M	CA	92701	CIGNA Health Plan HMO
11/11/1956	F	CA	92531	CIGNA Health Plan HMO
03/19/1963	F	CA	92806	CIGNA Health Plan HMO
12/22/1938	M	CA	92637	CIGNA Health Plan HMO
09/23/1968	M	CA	92704	CIGNA Health Plan HMO
06/18/1946	F	CA	928322040	CIGNA Health Plan HMO
03/30/1972	F	CA	92647	CIGNA Health Plan HMO
05/13/1956	M	CA	90638	CIGNA Health Plan HMO
05/11/1937	F	CA	92626	CIGNA Health Plan HMO
11/01/1954	M	CA	92691	CIGNA Health Plan HMO
05/10/1976	F	CA	92708	CIGNA Health Plan HMO
03/25/1961	M	CA	92602	CIGNA Health Plan HMO
07/22/1958	M	CA	92704	CIGNA Health Plan HMO
04/10/1936	F	CA	92867	CIGNA Health Plan HMO
06/08/1954	F	CA	92604	CIGNA Health Plan HMO
06/23/1949	M	CA	92879	CIGNA Health Plan HMO
06/29/1952	F	CA	92677	CIGNA Health Plan HMO
08/14/1965	M	CA	92688	CIGNA Health Plan HMO
06/07/1961	F	CA	92627	CIGNA Health Plan HMO
09/06/1952	F	CA	92782	CIGNA Health Plan HMO
09/13/1953	F	CA	90715	CIGNA Health Plan HMO
08/04/1958	F	CA	92706	CIGNA Health Plan HMO
01/15/1946	F	CA	928011036	CIGNA Health Plan HMO
09/27/1960	M	CA	92630	CIGNA Health Plan HMO
05/04/1957	M	CA	92807	CIGNA Health Plan HMO
04/24/1958	M	CA	91501	CIGNA Health Plan HMO
03/01/1969	M	CA	92683	CIGNA Health Plan HMO
04/18/1963	M	CA	92551	CIGNA Health Plan HMO
12/30/1950	F	CA	90620	CIGNA Health Plan HMO
06/05/1984	F	CA	92882	CIGNA Health Plan HMO
02/01/1961	M	CA	92822	CIGNA Health Plan HMO
04/17/1945	F	CA	92675	CIGNA Health Plan HMO
05/21/1948	F	CA	92781	CIGNA Health Plan HMO
10/29/1974	F	CA	92807	CIGNA Health Plan HMO
08/25/1976	F	CA	92630	CIGNA Health Plan HMO
03/18/1979	F	CA	92649	CIGNA Health Plan HMO
02/08/1971	M	CA	92704	CIGNA Health Plan HMO
03/03/1945	F	CA	92867	CIGNA Health Plan HMO
10/04/1952	M	CA	92807	CIGNA Health Plan HMO
06/15/1980	M	CA	92688	CIGNA Health Plan HMO
12/13/1957	F	CA	92801	CIGNA Health Plan HMO
08/26/1974	F	CA	92843	CIGNA Health Plan HMO
08/09/1971	F	CA	92780	CIGNA Health Plan HMO

07/29/1971	F	CA	92704	CIGNA Health Plan HMO
06/17/1968	F	CA	90620	CIGNA Health Plan HMO
07/17/1941	F	CA	92886	CIGNA Health Plan HMO
09/25/1963	M	CA	92833	CIGNA Health Plan HMO
10/25/1942	F	CA	92840	CIGNA Health Plan HMO
02/02/1963	M	CA	92806	CIGNA Health Plan HMO
03/16/1974	F	CA	92688	CIGNA Health Plan HMO
09/30/1959	M	CA	92782	CIGNA Health Plan HMO
11/28/1974	M	CA	92627	CIGNA Health Plan HMO
05/01/1974	M	CA	90803	CIGNA Health Plan HMO
06/29/1975	F	CA	90712	CIGNA Health Plan HMO
02/11/1964	F	CA	90803	CIGNA Health Plan HMO
01/31/1977	F	CA	90803	CIGNA Health Plan HMO
06/01/1981	M	CA	92620	CIGNA Health Plan HMO
07/13/1956	M	CA	91765	CIGNA Health Plan HMO
10/20/1956	F	CA	92683	CIGNA Health Plan HMO
07/14/1958	F	CA	92711	CIGNA Health Plan HMO
09/11/1952	F	CA	92832	CIGNA Health Plan HMO
03/09/1962	F	CA	92610	CIGNA Health Plan HMO
06/10/1944	M	CA	92832	CIGNA Health Plan HMO
10/24/1961	F	CA	92688	CIGNA Health Plan HMO
12/16/1967	M	CA	92587	CIGNA Health Plan HMO
02/25/1985	F	CA	90059	CIGNA Health Plan HMO
06/22/1973	M	CA	92630	CIGNA Health Plan HMO
10/05/1982	F	CA	92861	CIGNA Health Plan HMO
11/30/1959	F	CA	92630	CIGNA Health Plan HMO
09/03/1967	F	CA	92672	CIGNA Health Plan HMO
04/21/1962	M	CA	92691	CIGNA Health Plan HMO
11/26/1978	F	CA	92801	CIGNA Health Plan HMO
04/07/1981	F	CA	92866	CIGNA Health Plan HMO
11/11/1980	F	CA	92867	CIGNA Health Plan HMO
12/07/1947	M	CA	92653	CIGNA Health Plan HMO
09/21/1983	F	CA	92782	CIGNA Health Plan HMO
02/24/1969	F	CA	92886	CIGNA Health Plan HMO
06/11/1983	M	CA	92881	CIGNA Health Plan HMO
09/17/1958	F	CA	92869	CIGNA Health Plan HMO
06/06/1957	M	CA	92885	CIGNA Health Plan HMO
08/21/1957	M	CA	90032	CIGNA Health Plan HMO
01/14/1958	F	CA	92603	CIGNA Health Plan HMO
06/09/1958	F	CA	92808	CIGNA Health Plan HMO
11/01/1960	F	CA	92649	CIGNA Health Plan HMO
08/13/1963	F	CA	92869	CIGNA Health Plan HMO
02/08/1965	F	CA	92780	CIGNA Health Plan HMO
07/04/1981	M	CA	91709	CIGNA Health Plan HMO
10/02/1981	F	CA	92612	CIGNA Health Plan HMO
05/11/1959	F	CA	92866	CIGNA Health Plan HMO
11/20/1981	F	CA	92614	CIGNA Health Plan HMO
12/22/1975	M	CA	92705	CIGNA Health Plan HMO
02/10/1971	F	CA	92571	CIGNA Health Plan HMO
06/10/1975	F	CA	92806	CIGNA Health Plan HMO
11/17/1966	M	CA	92867	CIGNA Health Plan HMO

11/17/1945	M	CA	92868	CIGNA Health Plan HMO
07/12/1952	M	CA	92707	CIGNA Health Plan HMO
01/29/1984	M	CA	92833	CIGNA Health Plan HMO
01/25/1972	M	CA	92627	CIGNA Health Plan HMO
02/18/1971	F	CA	92868	CIGNA Health Plan HMO
10/01/1977	F	CA	92705	CIGNA Health Plan HMO
11/23/1961	F	CA	92708	CIGNA Health Plan HMO
03/13/1978	F	CA	91750	CIGNA Health Plan HMO
08/01/1964	F	CA	92656	CIGNA Health Plan HMO
10/20/1964	F	CA	92656	CIGNA Health Plan HMO
03/18/1980	M	CA	92604	CIGNA Health Plan HMO
12/23/1958	M	CA	92630	CIGNA Health Plan HMO
02/21/1949	F	CA	92843	CIGNA Health Plan HMO
06/09/1971	M	CA	92821	CIGNA Health Plan HMO
10/11/1953	F	CA	92886	CIGNA Health Plan HMO
05/06/1968	M	CA	92705	CIGNA Health Plan HMO
08/17/1954	F	CA	92707	CIGNA Health Plan HMO
01/11/1968	F	CA	92865	CIGNA Health Plan HMO
04/16/1974	M	CA	92587	CIGNA Health Plan HMO
01/31/1966	F	CA	92703	CIGNA Health Plan HMO
09/21/1979	F	CA	92707	CIGNA Health Plan HMO
07/20/1951	M	CA	92845	CIGNA Health Plan HMO
03/26/1954	F	CA	92868	CIGNA Health Plan HMO
07/21/1981	F	CA	90638	CIGNA Health Plan HMO
12/07/1962	F	CA	92504	CIGNA Health Plan HMO
06/02/1971	F	CA	92647	CIGNA Health Plan HMO
11/20/1964	F	CA	92688	CIGNA Health Plan HMO
10/11/1964	M	CA	92833	CIGNA Health Plan HMO
03/30/1955	F	CA	92844	CIGNA Health Plan HMO
10/05/1953	F	CA	92649	CIGNA Health Plan HMO
12/13/1949	M	CA	92780	CIGNA Health Plan HMO
11/24/1961	F	CA	92646	CIGNA Health Plan HMO
03/30/1934	F	CA	90815	CIGNA Health Plan HMO
03/17/1977	F	CA	92844	CIGNA Health Plan HMO
12/20/1971	F	CA	92606	CIGNA Health Plan HMO
11/03/1961	M	CA	92702	CIGNA Health Plan HMO
09/08/1961	F	CA	92802	CIGNA Health Plan HMO
08/15/1974	M	CA	92704	CIGNA Health Plan HMO
04/15/1976	F	CA	92870	CIGNA Health Plan HMO
12/15/1962	M	CA	92844	CIGNA Health Plan HMO
09/26/1978	F	CA	90802	CIGNA Health Plan HMO
10/07/1972	F	CA	91745	CIGNA Health Plan HMO
05/06/1946	F	CA	92704	CIGNA Health Plan HMO
11/22/1946	F	CA	92627	CIGNA Health Plan HMO
10/06/1952	F	CA	92676	CIGNA Health Plan HMO
12/30/1951	F	CA	92604	CIGNA Health Plan HMO
09/03/1953	F	CA	90650	CIGNA Health Plan HMO
08/15/1973	M	CA	92707	CIGNA Health Plan HMO
07/20/1959	F	CA	92545	CIGNA Health Plan HMO
08/23/1960	F	CA	92703	CIGNA Health Plan HMO
02/10/1957	F	CA	92630	CIGNA Health Plan HMO

09/15/1960	F	CA	92840	CIGNA Health Plan HMO
01/17/1969	F	CA	92865	CIGNA Health Plan HMO
05/19/1966	M	CA	90720	CIGNA Health Plan HMO
03/12/1969	F	CA	92663	CIGNA Health Plan HMO
07/14/1968	F	CA	92703	CIGNA Health Plan HMO
05/23/1965	M	CA	92705	CIGNA Health Plan HMO
12/22/1946	F	CA	92802	CIGNA Health Plan HMO
12/09/1955	F	CA	90630	CIGNA Health Plan HMO
10/08/1985	M	CA	92867	CIGNA Health Plan HMO
05/11/1954	F	CA	90631	CIGNA Health Plan HMO
05/28/1955	F	CA	92808	CIGNA Health Plan HMO
07/06/1968	F	CA	92532	CIGNA Health Plan HMO
07/07/1970	F	CA	92707	CIGNA Health Plan HMO
11/23/1966	F	CA	92805	CIGNA Health Plan HMO
12/09/1972	M	CA	92704	CIGNA Health Plan HMO
08/08/1962	F	CA	92869	CIGNA Health Plan HMO
08/10/1972	F	CA	90631	CIGNA Health Plan HMO
07/15/1967	F	CA	92831	CIGNA Health Plan HMO
09/20/1945	F	CA	92823	CIGNA Health Plan HMO
01/07/1950	F	CA	92870	CIGNA Health Plan HMO
08/26/1972	M	CA	92832	CIGNA Health Plan HMO
04/16/1973	F	CA	91709	CIGNA Health Plan HMO
07/24/1958	F	CA	92703	CIGNA Health Plan HMO
03/23/1972	F	CA	92782	CIGNA Health Plan HMO
09/14/1956	F	CA	92691	CIGNA Health Plan HMO
07/20/1959	M	CA	92780	CIGNA Health Plan HMO
10/31/1964	M	CA	92780	CIGNA Health Plan HMO
06/21/1979	F	CA	92780	CIGNA Health Plan HMO
03/16/1946	F	CA	92647	CIGNA Health Plan HMO
01/25/1945	F	CA	928061066	CIGNA Health Plan HMO
12/08/1980	F	CA	91745	CIGNA Health Plan HMO
04/10/1948	M	CA	926913330	CIGNA Health Plan HMO
04/14/1981	M	CA	92886	CIGNA Health Plan HMO
06/13/1975	F	CA	92707	CIGNA Health Plan HMO
09/20/1968	F	CA	92840	CIGNA Health Plan HMO
11/29/1983	M	CA	92626	CIGNA Health Plan HMO
11/24/1983	F	CA	91709	CIGNA Health Plan HMO
03/19/1960	F	CA	92604	CIGNA Health Plan HMO
04/03/1967	F	CA	92780	CIGNA Health Plan HMO
01/25/1978	F	CA	92688	CIGNA Health Plan HMO
05/05/1967	F	CA	92703	CIGNA Health Plan HMO
04/26/1976	F	CA	92870	CIGNA Health Plan HMO
07/11/1956	F	CA	92620	CIGNA Health Plan HMO
10/13/1980	M	CA	90604	CIGNA Health Plan HMO
03/13/1968	M	CA	92630	CIGNA Health Plan HMO
11/06/1965	F	CA	92646	CIGNA Health Plan HMO
09/19/1948	F	CA	92649	CIGNA Health Plan HMO
02/09/1970	M	CA	92708	CIGNA Health Plan HMO
02/20/1965	F	CA	92677	CIGNA Health Plan HMO
02/22/1955	F	CA	92691	CIGNA Health Plan HMO
06/19/1955	F	CA	92706	CIGNA Health Plan HMO

04/10/1955	M	CA	92867	CIGNA Health Plan HMO
04/17/1954	F	CA	92780	CIGNA Health Plan HMO
03/26/1957	F	CA	92867	CIGNA Health Plan HMO
09/10/1947	F	CA	92704	CIGNA Health Plan HMO
12/18/1958	F	CA	92807	CIGNA Health Plan HMO
12/08/1949	F	CA	92703	CIGNA Health Plan HMO
06/24/1965	M	CA	906052705	CIGNA Health Plan HMO
07/06/1976	F	CA	92626	CIGNA Health Plan HMO
05/28/1957	F	CA	92780	CIGNA Health Plan HMO
02/27/1970	M	CA	92702	CIGNA Health Plan HMO
03/05/1970	M	CA	92806	CIGNA Health Plan HMO
08/04/1960	M	CA	92708	CIGNA Health Plan HMO
11/21/1954	F	CA	92704	CIGNA Health Plan HMO
12/30/1936	F	CA	92821	CIGNA Health Plan HMO
10/27/1977	M	CA	92870	CIGNA Health Plan HMO
01/05/1977	M	CA	92833	CIGNA Health Plan HMO
02/09/1985	F	CA	92865	CIGNA Health Plan HMO
05/06/1980	F	CA	90807	CIGNA Health Plan HMO
08/17/1955	F	CA	92704	CIGNA Health Plan HMO
11/22/1964	M	CA	92308	CIGNA Health Plan HMO
12/21/1957	M	CA	92868	CIGNA Health Plan HMO
09/24/1959	M	CA	92780	CIGNA Health Plan HMO
01/31/1965	F	CA	92702	CIGNA Health Plan HMO
11/20/1973	F	CA	92701	CIGNA Health Plan HMO
05/12/1980	M	CA	90631	CIGNA Health Plan HMO
01/10/1966	F	CA	92869	CIGNA Health Plan HMO
11/03/1982	F	CA	92630	CIGNA Health Plan HMO
03/05/1968	F	CA	92870	CIGNA Health Plan HMO
09/04/1984	M	CA	90680	CIGNA Health Plan HMO
10/22/1950	F	CA	90620	CIGNA Health Plan HMO
05/25/1973	F	CA	90631	CIGNA Health Plan HMO
01/24/1955	M	CA	92882	CIGNA Health Plan HMO
07/08/1971	F	CA	92868	CIGNA Health Plan HMO
05/27/1958	F	CA	92870	CIGNA Health Plan HMO
02/14/1958	F	CA	92867	CIGNA Health Plan HMO
07/06/1958	F	CA	92704	CIGNA Health Plan HMO
04/06/1937	F	CA	92677	CIGNA Health Plan HMO
01/08/1961	M	CA	92867	CIGNA Health Plan HMO
06/09/1977	F	CA	92802	CIGNA Health Plan HMO
08/05/1973	M	CA	92707	CIGNA Health Plan HMO
03/14/1970	M	CA	92656	CIGNA Health Plan HMO
03/03/1983	M	CA	92886	CIGNA Health Plan HMO
09/06/1984	M	CA	92647	CIGNA Health Plan HMO
10/23/1953	F	CA	92701	CIGNA Health Plan HMO
07/31/1980	F	CA	92882	CIGNA Health Plan HMO
07/18/1962	F	CA	92672	CIGNA Health Plan HMO
01/23/1961	M	CA	90740	CIGNA Health Plan HMO
01/11/1959	F	CA	92683	CIGNA Health Plan HMO
05/29/1971	M	CA	92626	CIGNA Health Plan HMO
05/03/1976	F	CA	92867	CIGNA Health Plan HMO
12/13/1982	M	CA	92701	CIGNA Health Plan HMO

05/08/1968	F	CA	92866	CIGNA Health Plan HMO
12/15/1986	M	CA	93030	CIGNA Health Plan HMO
08/13/1962	F	CA	92868	CIGNA Health Plan HMO
03/15/1957	M	CA	90720	CIGNA Health Plan HMO
03/21/1958	F	CA	92821	CIGNA Health Plan HMO
10/14/1971	F	CA	90808	CIGNA Health Plan HMO
05/07/1953	F	CA	92703	CIGNA Health Plan HMO
01/15/1958	F	CA	92506	CIGNA Health Plan HMO
10/29/1963	M	CA	92865	CIGNA Health Plan HMO
01/10/1979	F	CA	91768	CIGNA Health Plan HMO
12/25/1967	F	CA	92867	CIGNA Health Plan HMO
11/29/1948	F	CA	92708	CIGNA Health Plan HMO
12/15/1949	F	CA	92653	CIGNA Health Plan HMO
08/22/1950	M	CA	92630	CIGNA Health Plan HMO
06/17/1954	F	CA	92707	CIGNA Health Plan HMO
07/21/1965	M	CA	92780	CIGNA Health Plan HMO
05/22/1956	M	CA	92626	CIGNA Health Plan HMO
06/25/1959	M	CA	92870	CIGNA Health Plan HMO
10/10/1976	F	CA	91792	CIGNA Health Plan HMO
06/20/1967	M	CA	92869	CIGNA Health Plan HMO
12/04/1976	F	CA	92705	CIGNA Health Plan HMO
07/02/1966	F	CA	92869	CIGNA Health Plan HMO
01/03/1945	F	CA	92646	CIGNA Health Plan HMO
03/04/1983	M	CA	92706	CIGNA Health Plan HMO
09/14/1950	F	CA	90720	CIGNA Health Plan HMO
11/13/1981	F	CA	92804	CIGNA Health Plan HMO
11/13/1954	F	CA	92886	CIGNA Health Plan HMO
02/04/1955	F	CA	92807	CIGNA Health Plan HMO
10/26/1971	F	CA	92880	CIGNA Health Plan HMO
10/27/1961	F	CA	92673	CIGNA Health Plan HMO
09/15/1958	M	CA	92626	CIGNA Health Plan HMO
08/07/1961	M	CA	92602	CIGNA Health Plan HMO
03/28/1968	M	CA	92707	CIGNA Health Plan HMO
02/05/1962	F	CA	92866	CIGNA Health Plan HMO
09/09/1960	F	CA	92865	CIGNA Health Plan HMO
04/05/1963	F	CA	92705	CIGNA Health Plan HMO
06/28/1966	F	CA	92683	CIGNA Health Plan HMO
11/29/1983	F	CA	92630	CIGNA Health Plan HMO
10/26/1961	F	CA	92841	CIGNA Health Plan HMO
04/24/1980	M	CA	92782	CIGNA Health Plan HMO
09/04/1972	M	CA	92780	CIGNA Health Plan HMO
11/14/1962	F	CA	92866	CIGNA Health Plan HMO
04/20/1973	F	CA	91501	CIGNA Health Plan HMO
02/23/1969	F	CA	90630	CIGNA Health Plan HMO
12/12/1961	M	CA	92649	CIGNA Health Plan HMO
01/02/1943	F	CA	90631	CIGNA Health Plan HMO
04/12/1947	F	CA	92782	CIGNA Health Plan HMO
09/19/1947	F	CA	92705	CIGNA Health Plan HMO
11/18/1968	F	CA	92691	CIGNA Health Plan HMO
12/28/1970	F	CA	92803	CIGNA Health Plan HMO
11/29/1953	F	CA	92056	CIGNA Health Plan HMO

04/29/1970	F	CA	90720	CIGNA Health Plan HMO
01/16/1971	M	CA	90802	CIGNA Health Plan HMO
08/15/1969	F	CA	90630	CIGNA Health Plan HMO
09/02/1957	F	CA	92648	CIGNA Health Plan HMO
12/26/1963	F	CA	92708	CIGNA Health Plan HMO
08/06/1982	F	CA	92807	CIGNA Health Plan HMO
02/23/1978	F	CA	92646	CIGNA Health Plan HMO
03/02/1983	F	CA	92604	CIGNA Health Plan HMO
10/22/1957	F	CA	92835	CIGNA Health Plan HMO
02/16/1971	F	CA	92646	CIGNA Health Plan HMO
05/06/1960	M	CA	92606	CIGNA Health Plan HMO
04/23/1959	F	CA	92821	CIGNA Health Plan HMO
04/07/1966	F	CA	92703	CIGNA Health Plan HMO
10/31/1958	M	CA	92628	CIGNA Health Plan HMO
08/26/1974	F	CA	91761	CIGNA Health Plan HMO
10/05/1939	M	CA	92869	CIGNA Health Plan HMO
03/10/1966	F	CA	92801	CIGNA Health Plan HMO
04/05/1974	M	CA	92804	CIGNA Health Plan HMO
05/28/1949	F	CA	92637	CIGNA Health Plan HMO
03/23/1985	M	CA	92843	CIGNA Health Plan HMO
09/10/1962	F	CA	92804	CIGNA Health Plan HMO
10/09/1949	F	CA	92870	CIGNA Health Plan HMO
08/01/1952	F	CA	92655	CIGNA Health Plan HMO
11/23/1958	M	CA	92845	CIGNA Health Plan HMO
01/05/1972	F	CA	90680	CIGNA Health Plan HMO
11/06/1969	F	CA	92805	CIGNA Health Plan HMO
07/09/1958	F	CA	92821	CIGNA Health Plan HMO
03/20/1960	F	CA	927032353	CIGNA Health Plan HMO
06/20/1966	M	CA	90630	CIGNA Health Plan HMO
01/16/1961	F	CA	92882	CIGNA Health Plan HMO
04/16/1962	F	CA	90638	CIGNA Health Plan HMO
06/07/1945	M	CA	926472043	CIGNA Health Plan HMO
12/15/1970	F	CA	92704	CIGNA Health Plan HMO
04/22/1974	F	CA	92869	CIGNA Health Plan HMO
08/18/1982	M	CA	92504	CIGNA Health Plan HMO
02/17/1968	M	CA	92707	CIGNA Health Plan HMO
10/13/1983	F	CA	92626	CIGNA Health Plan HMO
01/16/1974	M	CA	92780	CIGNA Health Plan HMO
12/24/1969	M	CA	92841	CIGNA Health Plan HMO
12/20/1965	F	CA	92879	CIGNA Health Plan HMO
08/27/1974	F	CA	92653	CIGNA Health Plan HMO
12/29/1960	M	CA	90806	CIGNA Health Plan HMO
03/06/1968	F	CA	92886	CIGNA Health Plan HMO
03/15/1961	F	CA	92707	CIGNA Health Plan HMO
01/20/1970	F	CA	92707	CIGNA Health Plan HMO
01/14/1959	F	CA	92831	CIGNA Health Plan HMO
06/19/1962	F	CA	92708	CIGNA Health Plan HMO
02/02/1976	F	CA	92843	CIGNA Health Plan HMO
06/29/1972	M	CA	90720	CIGNA Health Plan HMO
04/11/1946	F	CA	92702	CIGNA Health Plan HMO
08/25/1982	F	CA	90703	CIGNA Health Plan HMO

04/08/1947	M	CA	92860	CIGNA Health Plan HMO
12/03/1981	F	CA	92803	CIGNA Health Plan HMO
12/03/1982	M	CA	92706	CIGNA Health Plan HMO
04/26/1953	F	CA	92596	CIGNA Health Plan HMO
03/25/1951	F	CA	90701	CIGNA Health Plan HMO
05/09/1980	F	CA	91773	CIGNA Health Plan HMO
03/17/1957	F	CA	92703	CIGNA Health Plan HMO
03/19/1953	F	CA	92869	CIGNA Health Plan HMO
08/06/1944	F	CA	92683	CIGNA Health Plan HMO
01/02/1954	F	CA	92707	CIGNA Health Plan HMO
07/16/1973	F	CA	92618	CIGNA Health Plan HMO
12/30/1976	F	CA	92672	CIGNA Health Plan HMO
02/26/1972	F	CA	92804	CIGNA Health Plan HMO
06/02/1980	F	CA	92706	CIGNA Health Plan HMO
12/23/1965	F	CA	92602	CIGNA Health Plan HMO
05/27/1971	F	CA	90620	CIGNA Health Plan HMO
01/07/1954	M	CA	92801	CIGNA Health Plan HMO
10/04/1954	F	CA	90630	CIGNA Health Plan HMO
01/09/1969	F	CA	92880	CIGNA Health Plan HMO
01/23/1961	M	CA	92844	CIGNA Health Plan HMO
03/03/1973	F	CA	92623	CIGNA Health Plan HMO
01/03/1978	M	CA	90018	CIGNA Health Plan HMO
04/26/1964	M	CA	92691	CIGNA Health Plan HMO
01/18/1949	M	CA	92604	CIGNA Health Plan HMO
05/29/1983	F	CA	92646	CIGNA Health Plan HMO
09/20/1961	F	CA	92805	CIGNA Health Plan HMO
10/15/1963	F	CA	90023	CIGNA Health Plan HMO
08/21/1979	F	CA	92707	CIGNA Health Plan HMO
06/07/1977	F	CA	92869	CIGNA Health Plan HMO
08/23/1955	F	CA	92056	CIGNA Health Plan HMO
11/07/1955	F	CA	92869	CIGNA Health Plan HMO
04/21/1975	M	CA	92704	CIGNA Health Plan HMO
06/11/1953	F	CA	926536014	CIGNA Health Plan HMO
01/06/1954	M	CA	92610	CIGNA Health Plan HMO
09/11/1961	F	CA	92604	CIGNA Health Plan HMO
05/01/1951	F	CA	92604	CIGNA Health Plan HMO
09/30/1959	F	CA	92614	CIGNA Health Plan HMO
06/19/1973	F	CA	92704	CIGNA Health Plan HMO
09/20/1964	F	CA	92684	CIGNA Health Plan HMO
09/05/1959	F	CA	92869	CIGNA Health Plan HMO
10/20/1985	F	CA	90249	CIGNA Health Plan HMO
09/03/1970	M	CA	90804	CIGNA Health Plan HMO
11/16/1967	F	CA	92592	CIGNA Health Plan HMO
08/30/1963	M	CA	92804	CIGNA Health Plan HMO
08/05/1981	M	CA	92843	CIGNA Health Plan HMO
01/05/1964	F	CA	92701	CIGNA Health Plan HMO
01/08/1973	F	CA	90680	CIGNA Health Plan HMO
11/17/1970	M	CA	92780	CIGNA Health Plan HMO
12/17/1956	F	CA	92802	CIGNA Health Plan HMO
02/12/1984	F	CA	91731	CIGNA Health Plan HMO
12/07/1973	F	CA	92866	CIGNA Health Plan HMO

03/02/1978	M	CA	92782	CIGNA Health Plan HMO
10/21/1982	F	CA	90803	CIGNA Health Plan HMO
05/20/1975	F	CA	92868	CIGNA Health Plan HMO
05/31/1978	F	CA	92624	CIGNA Health Plan HMO
12/03/1981	M	CA	92646	CIGNA Health Plan HMO
02/18/1971	F	CA	91706	CIGNA Health Plan HMO
09/07/1966	F	CA	92604	CIGNA Health Plan HMO
03/22/1971	F	CA	92807	CIGNA Health Plan HMO
04/02/1974	F	CA	92602	CIGNA Health Plan HMO
11/25/1961	F	CA	92651	CIGNA Health Plan HMO
04/10/1978	M	CA	90680	CIGNA Health Plan HMO
06/30/1980	F	CA	90680	CIGNA Health Plan HMO
10/23/1990	F	CA	92843	CIGNA Health Plan HMO
06/26/1973	F	CA	92869	CIGNA Health Plan HMO
03/16/1970	M	CA	92808	CIGNA Health Plan HMO
08/28/1978	F	CA	92683	CIGNA Health Plan HMO
05/03/1980	M	CA	92844	CIGNA Health Plan HMO
12/03/1948	F	CA	92503	CIGNA Health Plan HMO
05/27/1983	F	CA	92646	CIGNA Health Plan HMO
05/21/1984	F	CA	92646	CIGNA Health Plan HMO
09/08/1989	F	CA	92656	CIGNA Health Plan HMO
10/18/1972	F	CA	92841	CIGNA Health Plan HMO
04/24/1974	M	CA	92591	CIGNA Health Plan HMO
05/14/1977	F	CA	92610	CIGNA Health Plan HMO
10/23/1970	M	CA	92882	CIGNA Health Plan HMO
08/02/1982	F	CA	92630	CIGNA Health Plan HMO
09/21/1983	F	CA	92707	CIGNA Health Plan HMO
07/19/1985	F	CA	90631	CIGNA Health Plan HMO
09/28/1981	F	CA	92831	CIGNA Health Plan HMO
07/06/1973	F	CA	90740	CIGNA Health Plan HMO
09/09/1973	F	CA	92706	CIGNA Health Plan HMO
11/20/1979	F	CA	92606	CIGNA Health Plan HMO
10/26/1980	M	CA	92706	CIGNA Health Plan HMO
12/27/1973	M	CA	92804	CIGNA Health Plan HMO
09/02/1973	F	CA	92616	CIGNA Health Plan HMO
10/09/1977	M	CA	92842	CIGNA Health Plan HMO
03/03/1982	M	CA	92867	CIGNA Health Plan HMO
06/13/1973	M	CA	92707	CIGNA Health Plan HMO
07/14/1975	F	CA	92880	CIGNA Health Plan HMO
09/11/1979	F	CA	92660	CIGNA Health Plan HMO
07/11/1979	F	CA	92868	CIGNA Health Plan HMO
11/17/1966	F	CA	92606	CIGNA Health Plan HMO
09/16/1969	F	CA	90623	CIGNA Health Plan HMO
09/17/1965	F	CA	92865	CIGNA Health Plan HMO
01/03/1971	F	CA	92675	CIGNA Health Plan HMO
06/02/1984	F	CA	92563	CIGNA Health Plan HMO
09/30/1982	F	CA	92869	CIGNA Health Plan HMO
04/02/1952	F	CA	92707	CIGNA Health Plan HMO
09/16/1977	F	CA	92880	CIGNA Health Plan HMO
07/31/1971	M	CA	92703	CIGNA Health Plan HMO
06/02/1973	F	CA	92503	CIGNA Health Plan HMO

07/13/1976	M	CA	92618	CIGNA Health Plan HMO
03/09/1980	M	CA	92780	CIGNA Health Plan HMO
01/14/1970	F	CA	92708	CIGNA Health Plan HMO
04/16/1975	M	CA	92865	CIGNA Health Plan HMO
11/23/1961	M	CA	92602	CIGNA Health Plan HMO
03/15/1974	M	CA	92703	CIGNA Health Plan HMO
10/14/1981	F	CA	91744	CIGNA Health Plan HMO
11/15/1981	F	CA	92683	CIGNA Health Plan HMO
04/11/1983	F	CA	90631	CIGNA Health Plan HMO
03/29/1976	F	CA	91710	CIGNA Health Plan HMO
06/15/1974	F	CA	91745	CIGNA Health Plan HMO
07/02/1973	F	CA	92707	CIGNA Health Plan HMO
07/26/1972	F	CA	92626	CIGNA Health Plan HMO
02/15/1970	F	CA	92683	CIGNA Health Plan HMO
09/20/1972	F	CA	92806	CIGNA Health Plan HMO
04/11/1983	M	CA	92704	CIGNA Health Plan HMO
05/09/1971	M	CA	92843	CIGNA Health Plan HMO
04/19/1980	M	CA	92704	CIGNA Health Plan HMO
09/29/1979	M	CA	92373	CIGNA Health Plan HMO
06/17/1976	F	CA	92807	CIGNA Health Plan HMO
03/06/1986	F	CA	92649	CIGNA Health Plan HMO
08/28/1978	F	CA	92843	CIGNA Health Plan HMO
01/24/1978	F	CA	92707	CIGNA Health Plan HMO
07/07/1960	M	CA	92840	CIGNA Health Plan HMO
06/11/1981	F	CA	92704	CIGNA Health Plan HMO
10/25/1959	F	CA	92835	CIGNA Health Plan HMO
07/26/1964	F	CA	92707	CIGNA Health Plan HMO
11/27/1975	M	CA	92706	CIGNA Health Plan HMO
07/11/1975	F	CA	91761	CIGNA Health Plan HMO
05/08/1972	F	CA	92647	CIGNA Health Plan HMO
02/13/1959	M	CA	92602	CIGNA Health Plan HMO
10/31/1974	F	CA	92660	CIGNA Health Plan HMO
02/08/1970	M	CA	92706	CIGNA Health Plan HMO
11/10/1955	F	CA	92869	CIGNA Health Plan HMO
08/13/1982	M	CA	92706	CIGNA Health Plan HMO
04/03/1974	F	CA	92706	CIGNA Health Plan HMO
05/02/1984	F	CA	91709	CIGNA Health Plan HMO
04/23/1975	M	CA	90262	CIGNA Health Plan HMO
02/24/1982	F	CA	92804	CIGNA Health Plan HMO
09/12/1947	M	CA	92801	CIGNA Health Plan HMO
10/03/1975	F	CA	92683	CIGNA Health Plan HMO
02/13/1985	F	CA	92708	CIGNA Health Plan HMO
01/25/1984	M	CA	92656	CIGNA Health Plan HMO
09/08/1959	M	CA	92803	CIGNA Health Plan HMO
10/22/1978	M	CA	92843	CIGNA Health Plan HMO
12/15/1968	M	CA	92780	CIGNA Health Plan HMO
04/28/1964	F	CA	92835	CIGNA Health Plan HMO
10/05/1963	F	CA	90808	CIGNA Health Plan HMO
09/22/1958	M	CA	90034	CIGNA Health Plan HMO
08/03/1960	F	CA	92677	CIGNA Health Plan HMO
04/09/1947	F	CA	92708	CIGNA Health Plan HMO

09/05/1971	F	CA	92630	CIGNA Health Plan HMO
08/21/1956	M	CA	92508	CIGNA Health Plan HMO
05/12/1962	F	CA	92626	CIGNA Health Plan HMO
08/28/1972	F	CA	90808	CIGNA Health Plan HMO
07/18/1946	F	CA	92886	CIGNA Health Plan HMO
11/13/1971	F	CA	92694	CIGNA Health Plan HMO
07/23/1950	F	CA	92677	CIGNA Health Plan HMO
08/01/1965	F	CA	927081118	CIGNA Health Plan HMO
03/22/1952	F	CA	92647	CIGNA Health Plan HMO
02/19/1950	F	CA	92831	CIGNA Health Plan HMO
02/11/1966	F	CA	92630	CIGNA Health Plan HMO
10/20/1962	F	CA	92844	CIGNA Health Plan HMO
11/15/1945	F	CA	92691	CIGNA Health Plan HMO
12/25/1970	F	CA	92780	CIGNA Health Plan HMO
02/18/1956	F	CA	92841	CIGNA Health Plan HMO
01/07/1958	F	CA	92656	CIGNA Health Plan HMO
12/27/1951	F	CA	92866	CIGNA Health Plan HMO
11/12/1979	F	CA	91731	CIGNA Health Plan HMO
06/25/1974	F	CA	92692	CIGNA Health Plan HMO
11/12/1952	F	CA	90703	CIGNA Health Plan HMO
07/09/1952	M	CA	92804	CIGNA Health Plan HMO
02/27/1960	F	CA	92683	CIGNA Health Plan HMO
08/05/1974	F	CA	92627	CIGNA Health Plan HMO
04/13/1954	F	CA	92675	CIGNA Health Plan HMO
09/12/1952	F	CA	92821	CIGNA Health Plan HMO
03/26/1949	F	CA	92780	CIGNA Health Plan HMO
10/27/1970	F	CA	92821	CIGNA Health Plan HMO
11/19/1968	F	CA	92610	CIGNA Health Plan HMO
08/06/1977	F	CA	92630	CIGNA Health Plan HMO
03/14/1944	F	CA	92612	CIGNA Health Plan HMO
11/06/1982	F	CA	92627	CIGNA Health Plan HMO
08/06/1979	M	CA	92831	CIGNA Health Plan HMO
10/05/1980	F	CA	92882	CIGNA Health Plan HMO
12/02/1970	M	CA	92707	CIGNA Health Plan HMO
08/22/1954	F	CA	92869	CIGNA Health Plan HMO
11/11/1944	F	CA	92663	CIGNA Health Plan HMO
06/06/1978	F	CA	92869	CIGNA Health Plan HMO
06/09/1978	M	CA	90807	CIGNA Health Plan HMO
07/17/1968	F	CA	92647	CIGNA Health Plan HMO
01/13/1978	F	CA	92627	CIGNA Health Plan HMO
11/13/1965	F	CA	92596	CIGNA Health Plan HMO
02/01/1953	M	CA	92821	CIGNA Health Plan HMO
11/11/1969	M	CA	92843	CIGNA Health Plan HMO
05/31/1969	F	CA	90706	CIGNA Health Plan HMO
05/21/1969	F	CA	902494113	CIGNA Health Plan HMO
01/25/1976	F	CA	92532	CIGNA Health Plan HMO
11/25/1951	F	CA	92629	CIGNA Health Plan HMO
07/05/1978	F	CA	92679	CIGNA Health Plan HMO
12/06/1979	F	CA	90402	CIGNA Health Plan HMO
06/20/1965	F	CA	92804	CIGNA Health Plan HMO
10/09/1958	F	CA	92082	CIGNA Health Plan HMO

01/12/1969	F	CA	90601	CIGNA Health Plan HMO
10/05/1975	F	CA	92606	CIGNA Health Plan HMO
08/07/1956	F	CA	928414927	CIGNA Health Plan HMO
12/12/1953	F	CA	92683	CIGNA Health Plan HMO
11/27/1965	F	CA	92651	CIGNA Health Plan HMO
09/25/1948	F	CA	92675	CIGNA Health Plan HMO
05/04/1969	F	CA	92057	CIGNA Health Plan HMO
01/24/1973	F	CA	92802	CIGNA Health Plan HMO
01/18/1969	M	CA	92646	CIGNA Health Plan HMO
11/13/1981	F	CA	90301	CIGNA Health Plan HMO
11/14/1963	M	CA	92705	CIGNA Health Plan HMO
04/10/1976	F	CA	90713	CIGNA Health Plan HMO
11/03/1967	F	CA	92870	CIGNA Health Plan HMO
07/10/1972	F	CA	92694	CIGNA Health Plan HMO
06/23/1962	F	CA	92707	CIGNA Health Plan HMO
07/04/1945	M	CA	926124051	CIGNA Health Plan HMO
01/01/1973	F	CA	92868	CIGNA Health Plan HMO
07/13/1950	M	CA	92821	CIGNA Health Plan HMO
02/10/1966	F	CA	90808	CIGNA Health Plan HMO
12/20/1975	F	CA	92832	CIGNA Health Plan HMO
01/06/1968	F	CA	92685	CIGNA Health Plan HMO
10/12/1962	F	CA	92869	CIGNA Health Plan HMO
05/03/1970	F	CA	92612	CIGNA Health Plan HMO
03/16/1947	F	CA	92637	CIGNA Health Plan HMO
01/11/1963	F	CA	92870	CIGNA Health Plan HMO
11/12/1971	F	CA	92780	CIGNA Health Plan HMO
08/06/1954	F	CA	90703	CIGNA Health Plan HMO
11/04/1952	F	CA	92870	CIGNA Health Plan HMO
10/08/1981	F	CA	92704	CIGNA Health Plan HMO
04/12/1963	F	CA	92707	CIGNA Health Plan HMO
11/18/1957	F	CA	92612	CIGNA Health Plan HMO
04/30/1965	F	CA	90755	CIGNA Health Plan HMO
03/08/1960	F	CA	92870	CIGNA Health Plan HMO
07/29/1979	F	CA	92835	CIGNA Health Plan HMO
01/23/1954	F	CA	92707	CIGNA Health Plan HMO
03/14/1960	F	CA	90620	CIGNA Health Plan HMO
03/07/1964	F	CA	92808	CIGNA Health Plan HMO
09/10/1960	F	CA	92626	CIGNA Health Plan HMO
02/07/1959	F	CA	92028	CIGNA Health Plan HMO
06/19/1970	F	CA	92691	CIGNA Health Plan HMO
01/29/1956	F	CA	92630	CIGNA Health Plan HMO
06/13/1946	F	CA	92688	CIGNA Health Plan HMO
12/07/1982	F	CA	92803	CIGNA Health Plan HMO
10/15/1976	F	CA	90701	CIGNA Health Plan HMO
04/04/1965	F	CA	90805	CIGNA Health Plan HMO
08/06/1972	F	CA	92780	CIGNA Health Plan HMO
06/04/1960	F	CA	92869	CIGNA Health Plan HMO
10/24/1978	F	CA	90703	CIGNA Health Plan HMO
09/07/1981	F	CA	92870	CIGNA Health Plan HMO
08/10/1961	F	CA	92780	CIGNA Health Plan HMO
09/16/1961	F	CA	90630	CIGNA Health Plan HMO

02/12/1984	F	CA	91765	CIGNA Health Plan HMO
05/26/1970	M	CA	927020081	CIGNA Health Plan HMO
12/28/1966	M	CA	92844	CIGNA Health Plan HMO
08/13/1968	M	CA	92866	CIGNA Health Plan HMO
12/23/1957	F	CA	92708	CIGNA Health Plan HMO
09/28/1960	F	CA	90803	CIGNA Health Plan HMO
03/16/1958	F	CA	91709	CIGNA Health Plan HMO
06/17/1958	F	CA	92614	CIGNA Health Plan HMO
02/26/1955	F	CA	928045074	CIGNA Health Plan HMO
02/22/1955	F	CA	92677	CIGNA Health Plan HMO
05/23/1984	F	CA	92883	CIGNA Health Plan HMO
08/25/1972	F	CA	90638	CIGNA Health Plan HMO
03/18/1958	F	CA	91762	CIGNA Health Plan HMO
12/28/1965	F	CA	92677	CIGNA Health Plan HMO
01/04/1960	M	CA	90815	CIGNA Health Plan HMO
09/10/1968	F	CA	92610	CIGNA Health Plan HMO
09/17/1963	F	CA	92584	CIGNA Health Plan HMO
04/25/1981	M	CA	92879	CIGNA Health Plan HMO
04/08/1977	F	CA	90703	CIGNA Health Plan HMO
05/02/1976	F	CA	92649	CIGNA Health Plan HMO
12/10/1975	F	CA	92653	CIGNA Health Plan HMO
04/24/1984	F	CA	92861	CIGNA Health Plan HMO
03/28/1974	F	CA	92646	CIGNA Health Plan HMO
09/13/1983	F	CA	92679	CIGNA Health Plan HMO
12/20/1959	F	CA	92844	CIGNA Health Plan HMO
12/21/1975	F	CA	92881	CIGNA Health Plan HMO
01/01/1951	F	CA	92843	CIGNA Health Plan HMO
10/13/1978	F	CA	91709	CIGNA Health Plan HMO
04/23/1974	F	CA	92805	CIGNA Health Plan HMO
08/30/1982	F	CA	92602	CIGNA Health Plan HMO
03/12/1980	M	CA	92691	CIGNA Health Plan HMO
12/16/1975	F	CA	90712	CIGNA Health Plan HMO
11/08/1973	M	CA	92694	CIGNA Health Plan HMO
02/21/1979	F	CA	92833	CIGNA Health Plan HMO
05/13/1983	F	CA	92614	CIGNA Health Plan HMO
08/15/1952	M	CA	92647	CIGNA Health Plan HMO
11/07/1981	F	CA	92675	CIGNA Health Plan HMO
01/10/1966	F	CA	92706	CIGNA Health Plan HMO
06/16/1970	F	CA	92870	CIGNA Health Plan HMO
11/01/1953	F	CA	92704	CIGNA Health Plan HMO
10/01/1985	F	CA	92503	CIGNA Health Plan HMO
07/24/1983	F	CA	92704	CIGNA Health Plan HMO
04/17/1966	F	CA	92780	CIGNA Health Plan HMO
02/08/1984	F	CA	92706	CIGNA Health Plan HMO
10/03/1982	F	CA	90810	CIGNA Health Plan HMO
07/17/1980	F	CA	92627	CIGNA Health Plan HMO
12/10/1973	M	CA	92703	CIGNA Health Plan HMO
09/09/1973	F	CA	92704	CIGNA Health Plan HMO
10/11/1974	F	CA	92630	CIGNA Health Plan HMO
09/20/1979	M	CA	92703	CIGNA Health Plan HMO
05/08/1968	F	CA	92804	CIGNA Health Plan HMO

12/26/1955	F	CA	92780	CIGNA Health Plan HMO
03/25/1964	F	CA	92675	CIGNA Health Plan HMO
01/04/1983	F	CA	92663	CIGNA Health Plan HMO
08/12/1962	M	CA	92677	CIGNA Health Plan HMO
12/31/1954	F	CA	92653	CIGNA Health Plan HMO
12/15/1954	F	CA	92841	CIGNA Health Plan HMO
01/15/1949	F	CA	92701	CIGNA Health Plan HMO
10/24/1962	F	CA	90630	CIGNA Health Plan HMO
06/27/1961	F	CA	92704	CIGNA Health Plan HMO
05/14/1959	F	CA	92677	CIGNA Health Plan HMO
09/29/1962	F	CA	92630	CIGNA Health Plan HMO
03/20/1967	F	CA	92845	CIGNA Health Plan HMO
09/30/1977	M	CA	92883	CIGNA Health Plan HMO
06/07/1956	F	CA	92692	CIGNA Health Plan HMO
04/12/1980	F	CA	92630	CIGNA Health Plan HMO
01/11/1959	M	CA	90808	CIGNA Health Plan HMO
04/21/1963	M	CA	92887	CIGNA Health Plan HMO
07/03/1965	F	CA	92882	CIGNA Health Plan HMO
04/15/1946	F	CA	92870	CIGNA Health Plan HMO
10/24/1981	M	CA	92679	CIGNA Health Plan HMO
09/14/1963	F	CA	92831	CIGNA Health Plan HMO
12/07/1953	F	CA	92677	CIGNA Health Plan HMO
09/27/1953	F	CA	92843	CIGNA Health Plan HMO
01/18/1968	M	CA	91765	CIGNA Health Plan HMO
06/23/1952	F	CA	92870	CIGNA Health Plan HMO
03/05/1965	F	CA	92886	CIGNA Health Plan HMO
11/26/1951	F	CA	92808	CIGNA Health Plan HMO
05/16/1968	M	CA	92843	CIGNA Health Plan HMO
06/19/1958	M	CA	92881	CIGNA Health Plan HMO
10/15/1960	F	CA	92647	CIGNA Health Plan HMO
03/13/1963	F	CA	90706	CIGNA Health Plan HMO
08/27/1948	F	CA	92683	CIGNA Health Plan HMO
07/15/1956	F	CA	90620	CIGNA Health Plan HMO
11/30/1965	F	CA	926102330	CIGNA Health Plan HMO
09/26/1970	F	CA	91765	CIGNA Health Plan HMO
08/30/1958	F	CA	92626	CIGNA Health Plan HMO
12/21/1955	M	CA	92677	CIGNA Health Plan HMO
04/19/1962	M	CA	92620	CIGNA Health Plan HMO
02/27/1974	F	CA	92612	CIGNA Health Plan HMO
03/29/1968	F	CA	928452144	CIGNA Health Plan HMO
08/30/1960	F	CA	92620	CIGNA Health Plan HMO
05/14/1952	F	CA	90680	CIGNA Health Plan HMO
05/26/1970	F	CA	92656	CIGNA Health Plan HMO
11/22/1959	F	CA	91761	CIGNA Health Plan HMO
10/03/1967	F	CA	92653	CIGNA Health Plan HMO
02/10/1971	M	CA	92646	CIGNA Health Plan HMO
01/29/1942	M	CA	92807	CIGNA Health Plan HMO
09/27/1951	M	CA	90266	CIGNA Health Plan HMO
07/18/1954	F	CA	90059	CIGNA Health Plan HMO
08/17/1963	M	CA	92604	CIGNA Health Plan HMO
08/10/1955	F	CA	92866	CIGNA Health Plan HMO

12/26/1955	F	CA	92870	CIGNA Health Plan HMO
12/02/1966	M	CA	92612	CIGNA Health Plan HMO
07/14/1968	M	CA	90814	CIGNA Health Plan HMO
01/03/1963	F	CA	90807	CIGNA Health Plan HMO
03/18/1974	F	CA	91724	CIGNA Health Plan HMO
09/25/1966	F	CA	92692	CIGNA Health Plan HMO
01/26/1951	F	CA	92705	CIGNA Health Plan HMO
09/24/1969	F	CA	92845	CIGNA Health Plan HMO
07/01/1953	M	CA	92706	CIGNA Health Plan HMO
12/23/1960	F	CA	92626	CIGNA Health Plan HMO
11/04/1946	F	CA	92648	CIGNA Health Plan HMO
07/11/1954	M	CA	92807	CIGNA Health Plan HMO
12/19/1964	F	CA	928661052	CIGNA Health Plan HMO
12/17/1959	F	CA	90803	CIGNA Health Plan HMO
10/03/1958	M	CA	92833	CIGNA Health Plan HMO
10/21/1964	F	CA	92656	CIGNA Health Plan HMO
04/14/1963	F	CA	92807	CIGNA Health Plan HMO
04/30/1977	M	CA	90715	CIGNA Health Plan HMO
09/13/1957	M	CA	92620	CIGNA Health Plan HMO
09/12/1977	M	CA	92626	CIGNA Health Plan HMO
12/13/1956	F	CA	92831	CIGNA Health Plan HMO
10/15/1960	F	CA	92869	CIGNA Health Plan HMO
12/05/1962	M	CA	90638	CIGNA Health Plan HMO
12/19/1947	M	CA	92704	CIGNA Health Plan HMO
07/06/1959	M	CA	92840	CIGNA Health Plan HMO
08/27/1972	F	CA	92704	CIGNA Health Plan HMO
04/21/1969	M	CA	92706	CIGNA Health Plan HMO
10/29/1968	F	CA	92881	CIGNA Health Plan HMO
10/05/1962	F	CA	92804	CIGNA Health Plan HMO
06/09/1949	F	CA	92646	CIGNA Health Plan HMO
04/10/1954	F	CA	92868	CIGNA Health Plan HMO
04/17/1955	F	CA	92841	CIGNA Health Plan HMO
01/09/1956	M	CA	92624	CIGNA Health Plan HMO
05/16/1963	M	CA	92610	CIGNA Health Plan HMO
11/21/1956	M	CA	92610	CIGNA Health Plan HMO
05/03/1965	M	CA	92651	CIGNA Health Plan HMO
07/01/1972	M	CA	92805	CIGNA Health Plan HMO
10/29/1954	F	CA	92883	CIGNA Health Plan HMO
09/03/1973	F	CA	92869	CIGNA Health Plan HMO
08/22/1968	M	CA	92868	CIGNA Health Plan HMO
05/19/1951	F	CA	92706	CIGNA Health Plan HMO
12/16/1968	F	CA	92801	CIGNA Health Plan HMO
11/29/1956	F	CA	92867	CIGNA Health Plan HMO
09/28/1981	F	CA	92707	CIGNA Health Plan HMO
09/12/1956	M	CA	92690	CIGNA Health Plan HMO
10/16/1969	F	CA	92879	CIGNA Health Plan HMO
05/07/1972	F	CA	92821	CIGNA Health Plan HMO
06/23/1968	F	CA	92602	CIGNA Health Plan HMO
10/18/1961	F	CA	92707	CIGNA Health Plan HMO
08/01/1979	F	CA	90638	CIGNA Health Plan HMO
03/21/1961	M	CA	90640	CIGNA Health Plan HMO

07/23/1970	M	CA	92688	CIGNA Health Plan HMO
01/10/1958	F	CA	92653	CIGNA Health Plan HMO
08/21/1954	F	CA	92626	CIGNA Health Plan HMO
11/30/1954	M	CA	92886	CIGNA Health Plan HMO
01/30/1950	F	CA	92806	CIGNA Health Plan HMO
04/30/1972	M	CA	92707	CIGNA Health Plan HMO
03/30/1942	M	CA	91709	CIGNA Health Plan HMO
05/26/1982	F	CA	92882	CIGNA Health Plan HMO
09/07/1960	F	CA	92865	CIGNA Health Plan HMO
05/18/1968	F	CA	92603	CIGNA Health Plan HMO
07/18/1977	F	CA	92509	CIGNA Health Plan HMO
01/01/1964	F	CA	92688	CIGNA Health Plan HMO
07/04/1974	F	CA	90638	CIGNA Health Plan HMO
03/06/1976	F	CA	90620	CIGNA Health Plan HMO
10/30/1979	F	CA	92870	CIGNA Health Plan HMO
08/04/1977	F	CA	90602	CIGNA Health Plan HMO
04/19/1966	F	CA	92868	CIGNA Health Plan HMO
06/20/1960	M	CA	92653	CIGNA Health Plan HMO
02/16/1984	F	CA	92653	CIGNA Health Plan HMO
08/19/1986	F	CA	90620	CIGNA Health Plan HMO
09/03/1955	F	CA	92880	CIGNA Health Plan HMO
07/14/1963	F	CA	92688	CIGNA Health Plan HMO
04/22/1948	F	CA	92802	CIGNA Health Plan HMO
05/24/1973	F	CA	92679	CIGNA Health Plan HMO
12/30/1952	M	CA	92629	CIGNA Health Plan HMO
11/27/1960	F	CA	92705	CIGNA Health Plan HMO
11/13/1962	F	CA	92625	CIGNA Health Plan HMO
06/25/1959	M	CA	92833	CIGNA Health Plan HMO
05/10/1946	F	CA	92802	CIGNA Health Plan HMO
09/12/1961	M	CA	92705	CIGNA Health Plan HMO
10/26/1956	M	CA	92501	CIGNA Health Plan HMO
12/07/1981	M	CA	90805	CIGNA Health Plan HMO
01/27/1956	M	CA	92802	CIGNA Health Plan HMO
04/20/1989	M	CA	92802	CIGNA Health Plan HMO
01/11/1960	M	CA	90680	CIGNA Health Plan HMO
10/19/1969	M	CA	92691	CIGNA Health Plan HMO
02/05/1983	M	CA	91786	CIGNA Health Plan HMO
09/16/1976	M	CA	92626	CIGNA Health Plan HMO
09/07/1959	M	CA	92869	CIGNA Health Plan HMO
07/12/1972	M	CA	90620	CIGNA Health Plan HMO
11/09/1959	M	CA	92840	CIGNA Health Plan HMO
08/30/1977	M	CA	92840	CIGNA Health Plan HMO
09/21/1980	M	CA	92869	CIGNA Health Plan HMO
11/11/1971	M	CA	92868	CIGNA Health Plan HMO
11/09/1953	F	CA	90630	CIGNA Health Plan HMO
02/28/1968	M	CA	92705	CIGNA Health Plan HMO
08/05/1951	M	CA	92869	CIGNA Health Plan HMO
06/01/1986	M	CA	92780	CIGNA Health Plan HMO
09/06/1956	F	CA	92703	CIGNA Health Plan HMO
10/16/1958	M	CA	92870	CIGNA Health Plan HMO
12/03/1976	M	CA	90808	CIGNA Health Plan HMO

05/17/1979	M	CA	92705	CIGNA Health Plan HMO
09/06/1977	M	CA	92879	CIGNA Health Plan HMO
12/22/1968	M	CA	92821	CIGNA Health Plan HMO
11/05/1958	M	CA	92688	CIGNA Health Plan HMO
03/15/1966	M	CA	92867	CIGNA Health Plan HMO
03/13/1948	M	CA	92871	CIGNA Health Plan HMO
03/10/1948	F	CA	92868	CIGNA Health Plan HMO
10/22/1982	M	CA	92701	CIGNA Health Plan HMO
02/19/1986	M	CA	92701	CIGNA Health Plan HMO
02/21/1955	M	CA	92706	CIGNA Health Plan HMO
07/22/1960	M	CA	90630	CIGNA Health Plan HMO
07/28/1954	M	CA	92801	CIGNA Health Plan HMO
11/01/1959	M	CA	90650	CIGNA Health Plan HMO
10/30/1958	M	CA	92887	CIGNA Health Plan HMO
10/17/1954	M	CA	91761	CIGNA Health Plan HMO
05/20/1963	M	CA	92707	CIGNA Health Plan HMO
12/13/1958	M	CA	92708	CIGNA Health Plan HMO
02/11/1959	M	CA	92843	CIGNA Health Plan HMO
02/07/1967	M	CA	92675	CIGNA Health Plan HMO
06/15/1953	M	CA	92676	CIGNA Health Plan HMO
11/19/1963	M	CA	92867	CIGNA Health Plan HMO
05/22/1955	M	CA	92707	CIGNA Health Plan HMO
08/23/1948	M	CA	92780	CIGNA Health Plan HMO
06/24/1983	F	CA	92704	CIGNA Health Plan HMO
04/07/1957	F	CA	92688	CIGNA Health Plan HMO
07/15/1964	M	CA	92883	CIGNA Health Plan HMO
06/29/1976	M	CA	92683	CIGNA Health Plan HMO
07/19/1978	M	CA	92683	CIGNA Health Plan HMO
02/09/1957	M	CA	92701	CIGNA Health Plan HMO
10/02/1970	M	CA	92840	CIGNA Health Plan HMO
02/16/1981	M	CA	92704	CIGNA Health Plan HMO
07/17/1964	M	CA	92882	CIGNA Health Plan HMO
12/22/1949	F	CA	92672	CIGNA Health Plan HMO
03/18/1955	M	CA	92780	CIGNA Health Plan HMO
01/29/1974	M	CA	92868	CIGNA Health Plan HMO
10/12/1959	M	CA	92672	CIGNA Health Plan HMO
11/18/1939	F	CA	92845	CIGNA Health Plan HMO
01/12/1984	M	CA	92840	CIGNA Health Plan HMO
10/30/1986	M	CA	92865	CIGNA Health Plan HMO
07/24/1942	F	CA	92865	CIGNA Health Plan HMO
08/07/1978	M	CA	92508	CIGNA Health Plan HMO
12/27/1983	M	CA	90680	CIGNA Health Plan HMO
07/03/1984	M	CA	91761	CIGNA Health Plan HMO
09/24/1984	M	CA	92882	CIGNA Health Plan HMO
06/29/1984	M	CA	92868	CIGNA Health Plan HMO
08/03/1978	M	CA	92677	CIGNA Health Plan HMO
06/19/1984	M	CA	92707	CIGNA Health Plan HMO
07/13/1967	M	CA	92703	CIGNA Health Plan HMO
05/05/1987	M	CA	92691	CIGNA Health Plan HMO
02/10/1965	M	CA	902801435	CIGNA Health Plan HMO
11/17/1986	F	CA	90680	CIGNA Health Plan HMO

05/14/1975	F	CA	90640	CIGNA Health Plan HMO
12/21/1970	F	CA	926091525	CIGNA Health Plan HMO
09/08/1962	F	CA	92582	CIGNA Health Plan HMO
04/05/1973	M	CA	92688	CIGNA Health Plan HMO
10/28/1973	M	CA	92869	CIGNA Health Plan HMO
09/04/1957	M	CA	92869	CIGNA Health Plan HMO
08/05/1963	F	CA	90712	CIGNA Health Plan HMO
11/22/1963	F	CA	90815	CIGNA Health Plan HMO
05/16/1957	F	CA	92869	CIGNA Health Plan HMO
08/10/1946	M	CA	92649	CIGNA Health Plan HMO
07/09/1970	F	CA	92860	CIGNA Health Plan HMO
03/29/1963	F	CA	92672	CIGNA Health Plan HMO
12/05/1946	M	CA	90808	CIGNA Health Plan HMO
03/07/1955	F	CA	92624	CIGNA Health Plan HMO
07/31/1971	F	CA	92688	CIGNA Health Plan HMO
09/02/1976	F	CA	92870	CIGNA Health Plan HMO
11/28/1978	M	CA	92867	CIGNA Health Plan HMO
10/04/1983	F	CA	92882	CIGNA Health Plan HMO
09/15/1971	M	CA	92503	CIGNA Health Plan HMO
11/03/1958	F	CA	92629	CIGNA Health Plan HMO
06/15/1969	M	CA	91710	CIGNA Health Plan HMO
02/24/1976	F	CA	92807	CIGNA Health Plan HMO
04/16/1959	M	CA	92656	CIGNA Health Plan HMO
06/05/1975	M	CA	92870	CIGNA Health Plan HMO
04/03/1958	M	CA	92630	CIGNA Health Plan HMO
06/24/1979	F	CA	92694	CIGNA Health Plan HMO
09/01/1981	F	CA	92647	CIGNA Health Plan HMO
03/17/1972	M	CA	90277	CIGNA Health Plan HMO
06/26/1955	M	CA	92807	CIGNA Health Plan HMO
04/24/1963	F	CA	92865	CIGNA Health Plan HMO
08/24/1974	F	CA	90631	CIGNA Health Plan HMO
10/01/1978	M	CA	92865	CIGNA Health Plan HMO
03/05/1965	F	CA	92807	CIGNA Health Plan HMO
06/15/1967	F	CA	92780	CIGNA Health Plan HMO
03/09/1980	F	CA	92842	CIGNA Health Plan HMO
04/07/1983	F	CA	92801	CIGNA Health Plan HMO
08/05/1953	M	CA	92626	CIGNA Health Plan HMO
12/19/1955	M	CA	90606	CIGNA Health Plan HMO
02/10/1976	F	CA	90650	CIGNA Health Plan HMO
01/25/1976	F	CA	92551	CIGNA Health Plan HMO
12/31/1973	F	CA	91784	CIGNA Health Plan HMO
12/15/1959	M	CA	92844	CIGNA Health Plan HMO
10/15/1966	F	CA	92630	CIGNA Health Plan HMO
03/26/1973	F	CA	90740	CIGNA Health Plan HMO
06/12/1982	M	CA	92886	CIGNA Health Plan HMO
04/05/1949	F	CA	92704	CIGNA Health Plan HMO
12/20/1968	F	CA	92553	CIGNA Health Plan HMO
07/11/1973	M	CA	90603	CIGNA Health Plan HMO
04/19/1983	M	CA	90623	CIGNA Health Plan HMO
09/08/1968	F	CA	92683	CIGNA Health Plan HMO
02/24/1976	F	CA	90605	CIGNA Health Plan HMO

01/12/1967	F	CA	90807	CIGNA Health Plan HMO
04/06/1979	F	CA	91768	CIGNA Health Plan HMO
08/08/1979	F	CA	92840	CIGNA Health Plan HMO
11/17/1976	F	CA	92841	CIGNA Health Plan HMO
02/10/1977	F	CA	92880	CIGNA Health Plan HMO
04/06/1983	M	CA	92704	CIGNA Health Plan HMO
04/17/1983	M	CA	90804	CIGNA Health Plan HMO
04/10/1951	M	CA	92704	CIGNA Health Plan HMO
12/28/1952	M	CA	92807	CIGNA Health Plan HMO
09/10/1974	M	CA	92627	CIGNA Health Plan HMO
02/06/1972	M	CA	92507	CIGNA Health Plan HMO
03/02/1978	F	CA	90631	CIGNA Health Plan HMO
12/18/1979	F	CA	90061	CIGNA Health Plan HMO
11/21/1951	F	CA	90804	CIGNA Health Plan HMO
10/23/1964	M	CA	92883	CIGNA Health Plan HMO
10/20/1983	M	CA	92880	CIGNA Health Plan HMO
02/15/1956	F	CA	92805	CIGNA Health Plan HMO
01/08/1956	M	CA	926882679	CIGNA Health Plan HMO
01/17/1964	F	CA	92866	CIGNA Health Plan HMO
03/05/1974	M	CA	92882	CIGNA Health Plan HMO
04/27/1980	F	CA	90712	CIGNA Health Plan HMO
01/06/1979	F	CA	91708	CIGNA Health Plan HMO
05/09/1981	F	CA	91786	CIGNA Health Plan HMO
12/28/1965	F	CA	92595	CIGNA Health Plan HMO
02/05/1981	M	CA	92802	CIGNA Health Plan HMO
07/20/1969	M	CA	92887	CIGNA Health Plan HMO
06/23/1969	F	CA	91765	CIGNA Health Plan HMO
05/12/1965	M	CA	92648	CIGNA Health Plan HMO
03/04/1967	M	CA	92880	CIGNA Health Plan HMO
04/21/1967	F	CA	92821	CIGNA Health Plan HMO
08/30/1970	M	CA	92509	CIGNA Health Plan HMO
08/22/1972	F	CA	92808	CIGNA Health Plan HMO
02/02/1972	F	CA	90813	CIGNA Health Plan HMO
02/23/1977	F	CA	92801	CIGNA Health Plan HMO
02/19/1975	M	CA	92886	CIGNA Health Plan HMO
10/08/1962	M	CA	92530	CIGNA Health Plan HMO
05/09/1978	F	CA	92703	CIGNA Health Plan HMO
09/14/1973	F	CA	92883	CIGNA Health Plan HMO
06/15/1973	M	CA	92647	CIGNA Health Plan HMO
09/15/1977	F	CA	91202	CIGNA Health Plan HMO
03/07/1964	F	CA	92620	CIGNA Health Plan HMO
08/30/1974	M	CA	91768	CIGNA Health Plan HMO
06/11/1954	F	CA	92866	CIGNA Health Plan HMO
12/27/1971	F	CA	91730	CIGNA Health Plan HMO
04/06/1976	F	CA	92647	CIGNA Health Plan HMO
11/02/1962	F	CA	90755	CIGNA Health Plan HMO
11/23/1970	F	CA	90502	CIGNA Health Plan HMO
09/18/1950	F	CA	92629	CIGNA Health Plan HMO
05/12/1973	M	CA	92610	CIGNA Health Plan HMO
08/18/1968	M	CA	92882	CIGNA Health Plan HMO
12/28/1971	M	CA	90703	CIGNA Health Plan HMO

03/22/1979	F	CA	92868	CIGNA Health Plan HMO
10/26/1971	M	CA	92703	CIGNA Health Plan HMO
11/14/1967	M	CA	92867	CIGNA Health Plan HMO
10/31/1983	F	CA	92571	CIGNA Health Plan HMO
03/05/1973	F	CA	92673	CIGNA Health Plan HMO
09/28/1979	F	CA	92701	CIGNA Health Plan HMO
11/13/1973	F	CA	92807	CIGNA Health Plan HMO
02/18/1961	F	CA	90638	CIGNA Health Plan HMO
12/03/1971	M	CA	92870	CIGNA Health Plan HMO
12/20/1971	F	CA	92614	CIGNA Health Plan HMO
03/16/1974	F	CA	92867	CIGNA Health Plan HMO
07/07/1967	F	CA	92886	CIGNA Health Plan HMO
07/12/1955	F	CA	92648	CIGNA Health Plan HMO
12/05/1955	M	CA	92887	CIGNA Health Plan HMO
06/18/1961	F	CA	90755	CIGNA Health Plan HMO
05/29/1973	M	CA	92649	CIGNA Health Plan HMO
04/25/1973	M	CA	92629	CIGNA Health Plan HMO
01/03/1981	F	CA	90715	CIGNA Health Plan HMO
12/08/1977	F	CA	90717	CIGNA Health Plan HMO
07/07/1977	F	CA	92562	CIGNA Health Plan HMO
08/13/1979	F	CA	90503	CIGNA Health Plan HMO
07/29/1974	F	CA	92868	CIGNA Health Plan HMO
05/28/1977	F	CA	90744	CIGNA Health Plan HMO
11/06/1980	F	CA	90057	CIGNA Health Plan HMO
06/26/1972	F	CA	92835	CIGNA Health Plan HMO
02/21/1981	F	CA	90620	CIGNA Health Plan HMO
09/01/1982	F	CA	92866	CIGNA Health Plan HMO
12/24/1975	M	CA	92870	CIGNA Health Plan HMO
02/10/1978	F	CA	90293	CIGNA Health Plan HMO
11/20/1983	F	CA	91744	CIGNA Health Plan HMO
03/26/1987	M	CA	92870	CIGNA Health Plan HMO
12/30/1978	F	CA	90262	CIGNA Health Plan HMO
08/27/1975	F	CA	92879	CIGNA Health Plan HMO
11/19/1978	M	CA	90803	CIGNA Health Plan HMO
04/01/1983	F	CA	92868	CIGNA Health Plan HMO
07/18/1983	F	CA	91745	CIGNA Health Plan HMO
09/13/1977	M	CA	92220	CIGNA Health Plan HMO
08/21/1984	F	CA	92886	CIGNA Health Plan HMO
02/09/1974	M	CA	90815	CIGNA Health Plan HMO
05/30/1978	F	CA	90803	CIGNA Health Plan HMO
04/05/1979	M	CA	90713	CIGNA Health Plan HMO
11/01/1978	F	CA	92867	CIGNA Health Plan HMO
10/28/1945	F	CA	92805	CIGNA Health Plan HMO
05/29/1941	F	CA	92707	CIGNA Health Plan HMO
09/07/1967	F	CA	90621	CIGNA Health Plan HMO
06/10/1970	F	CA	92708	CIGNA Health Plan HMO
08/02/1975	F	CA	92647	CIGNA Health Plan HMO
04/22/1958	M	CA	92656	CIGNA Health Plan HMO
10/04/1982	F	CA	92625	CIGNA Health Plan HMO
01/02/1969	F	CA	92646	CIGNA Health Plan HMO
12/27/1962	F	CA	92649	CIGNA Health Plan HMO

06/10/1970	M	CA	92648	CIGNA Health Plan HMO
05/18/1956	F	CA	92838	CIGNA Health Plan HMO
09/14/1946	F	CA	92780	CIGNA Health Plan HMO
05/17/1950	M	CA	92780	CIGNA Health Plan HMO
08/09/1940	M	CA	928823051	CIGNA Health Plan HMO
08/04/1978	F	CA	90806	CIGNA Health Plan HMO
12/26/1953	F	CA	92869	CIGNA Health Plan HMO
02/03/1951	M	CA	92869	CIGNA Health Plan HMO
08/12/1937	F	CA	92780	CIGNA Health Plan HMO
07/06/1980	M	CA	92831	CIGNA Health Plan HMO
10/17/1984	M	CA	92843	CIGNA Health Plan HMO
06/22/1958	F	CA	90604	CIGNA Health Plan HMO
10/26/1970	F	CA	92882	CIGNA Health Plan HMO
07/15/1951	F	CA	92683	CIGNA Health Plan HMO
03/25/1964	F	CA	92880	CIGNA Health Plan HMO
07/04/1959	F	CA	92703	CIGNA Health Plan HMO
05/04/1954	F	CA	92708	CIGNA Health Plan HMO
06/01/1954	M	CA	91748	CIGNA Health Plan HMO
12/14/1969	F	CA	92705	CIGNA Health Plan HMO
10/17/1959	F	CA	92705	CIGNA Health Plan HMO
12/14/1975	F	CA	92703	CIGNA Health Plan HMO
11/30/1973	M	CA	92735	CIGNA Health Plan HMO
04/09/1962	F	CA	92703	CIGNA Health Plan HMO
10/19/1978	F	CA	92707	CIGNA Health Plan HMO
10/28/1968	F	CA	92804	CIGNA Health Plan HMO
07/11/1986	F	CA	92708	CIGNA Health Plan HMO
12/10/1963	M	CA	92688	CIGNA Health Plan HMO
08/04/1954	F	CA	92649	CIGNA Health Plan HMO
11/01/1957	F	CA	90621	CIGNA Health Plan HMO
11/27/1973	F	CA	90640	CIGNA Health Plan HMO
09/09/1953	F	CA	92708	CIGNA Health Plan HMO
03/07/1949	F	CA	92840	CIGNA Health Plan HMO
11/13/1968	F	CA	92799	CIGNA Health Plan HMO
10/10/1963	F	CA	92679	CIGNA Health Plan HMO
08/23/1954	M	CA	92868	CIGNA Health Plan HMO
08/01/1981	F	CA	92627	CIGNA Health Plan HMO
01/21/1982	F	CA	92706	CIGNA Health Plan HMO
01/19/1967	M	CA	92805	CIGNA Health Plan HMO
01/18/1959	F	CA	92869	CIGNA Health Plan HMO
06/29/1971	F	CA	92880	CIGNA Health Plan HMO
04/15/1965	F	CA	92683	CIGNA Health Plan HMO
07/17/1970	F	CA	92806	CIGNA Health Plan HMO
04/05/1958	F	CA	92656	CIGNA Health Plan HMO
11/16/1957	F	CA	92677	CIGNA Health Plan HMO
04/16/1961	F	CA	92821	CIGNA Health Plan HMO
01/26/1945	F	CA	92845	CIGNA Health Plan HMO
10/08/1985	F	CA	92833	CIGNA Health Plan HMO
02/22/1952	F	CA	92647	CIGNA Health Plan HMO
12/26/1957	F	CA	92805	CIGNA Health Plan HMO
09/15/1975	F	CA	92704	CIGNA Health Plan HMO
12/21/1945	F	CA	92705	CIGNA Health Plan HMO

12/25/1955	F	CA	92707	CIGNA Health Plan HMO
07/29/1954	F	CA	92612	CIGNA Health Plan HMO
05/30/1964	F	CA	92840	CIGNA Health Plan HMO
05/12/1962	F	CA	92618	CIGNA Health Plan HMO
04/17/1982	F	CA	92707	CIGNA Health Plan HMO
06/16/1981	M	CA	92705	CIGNA Health Plan HMO
05/17/1978	F	CA	92701	CIGNA Health Plan HMO
03/07/1971	F	CA	92867	CIGNA Health Plan HMO
10/04/1969	F	CA	92706	CIGNA Health Plan HMO
09/09/1956	F	CA	92869	CIGNA Health Plan HMO
11/04/1975	F	CA	92704	CIGNA Health Plan HMO
08/06/1983	F	CA	92618	CIGNA Health Plan HMO
07/11/1953	F	CA	90631	CIGNA Health Plan HMO
05/30/1961	F	CA	92780	CIGNA Health Plan HMO
04/24/1983	F	CA	90604	CIGNA Health Plan HMO
05/10/1958	F	CA	92704	CIGNA Health Plan HMO
04/26/1957	F	CA	92708	CIGNA Health Plan HMO
10/08/1944	F	CA	92683	CIGNA Health Plan HMO
04/28/1947	M	CA	92868	CIGNA Health Plan HMO
11/14/1951	F	CA	92843	CIGNA Health Plan HMO
11/06/1985	F	CA	92704	CIGNA Health Plan HMO
06/22/1954	F	CA	92835	CIGNA Health Plan HMO
07/21/1972	M	CA	91748	CIGNA Health Plan HMO
06/01/1979	M	CA	92683	CIGNA Health Plan HMO
07/19/1981	F	CA	92704	CIGNA Health Plan HMO
05/05/1968	M	CA	90713	CIGNA Health Plan HMO
10/16/1953	F	CA	928412650	CIGNA Health Plan HMO
03/16/1952	F	CA	92804	CIGNA Health Plan HMO
11/15/1958	F	CA	90631	CIGNA Health Plan HMO
09/02/1958	F	CA	92866	CIGNA Health Plan HMO
10/17/1982	F	CA	92602	CIGNA Health Plan HMO
08/12/1972	M	CA	92780	CIGNA Health Plan HMO
09/07/1957	F	CA	92604	CIGNA Health Plan HMO
06/12/1977	F	CA	92805	CIGNA Health Plan HMO
04/19/1982	F	CA	92704	CIGNA Health Plan HMO
01/12/1978	F	CA	92707	CIGNA Health Plan HMO
07/28/1960	F	CA	92692	CIGNA Health Plan HMO
02/03/1941	F	CA	92843	CIGNA Health Plan HMO
11/08/1972	F	CA	90620	CIGNA Health Plan HMO
09/20/1952	F	CA	92708	CIGNA Health Plan HMO
04/15/1971	F	CA	92832	CIGNA Health Plan HMO
09/08/1969	F	CA	92865	CIGNA Health Plan HMO
10/21/1976	M	CA	92705	CIGNA Health Plan HMO
06/13/1984	M	CA	92869	CIGNA Health Plan HMO
08/30/1971	F	CA	92806	CIGNA Health Plan HMO
03/07/1959	M	CA	92649	CIGNA Health Plan HMO
05/25/1977	F	CA	92780	CIGNA Health Plan HMO
09/27/1967	M	CA	92804	CIGNA Health Plan HMO
09/24/1979	M	CA	927024241	CIGNA Health Plan HMO
09/20/1982	F	CA	92705	CIGNA Health Plan HMO
05/07/1951	F	CA	92807	CIGNA Health Plan HMO

10/20/1967	M	CA	92626	CIGNA Health Plan HMO
07/01/1973	F	CA	92833	CIGNA Health Plan HMO
01/18/1958	F	CA	92867	CIGNA Health Plan HMO
07/23/1961	F	CA	92841	CIGNA Health Plan HMO
09/03/1948	F	CA	92867	CIGNA Health Plan HMO
12/22/1968	F	CA	92840	CIGNA Health Plan HMO
08/29/1982	M	CA	92701	CIGNA Health Plan HMO
11/24/1953	F	CA	92703	CIGNA Health Plan HMO
02/19/1953	F	CA	92821	CIGNA Health Plan HMO
08/14/1972	M	CA	92704	CIGNA Health Plan HMO
05/05/1964	F	CA	92805	CIGNA Health Plan HMO
05/06/1968	F	CA	92623	CIGNA Health Plan HMO
01/15/1960	M	CA	92869	CIGNA Health Plan HMO
01/15/1960	F	CA	92833	CIGNA Health Plan HMO
01/24/1962	F	CA	92708	CIGNA Health Plan HMO
08/17/1970	F	CA	92806	CIGNA Health Plan HMO
07/05/1981	F	CA	92704	CIGNA Health Plan HMO
05/26/1947	F	CA	92868	CIGNA Health Plan HMO
04/25/1967	F	CA	90631	CIGNA Health Plan HMO
03/08/1947	F	CA	92708	CIGNA Health Plan HMO
03/23/1954	F	CA	92780	CIGNA Health Plan HMO
01/07/1972	F	CA	92801	CIGNA Health Plan HMO
05/02/1961	F	CA	92867	CIGNA Health Plan HMO
04/11/1984	M	CA	92802	CIGNA Health Plan HMO
05/11/1970	M	CA	92832	CIGNA Health Plan HMO
07/28/1959	M	CA	92801	CIGNA Health Plan HMO
12/02/1971	F	CA	92840	CIGNA Health Plan HMO
09/16/1978	F	CA	92801	CIGNA Health Plan HMO
10/12/1954	F	CA	92840	CIGNA Health Plan HMO
07/22/1953	M	CA	92626	CIGNA Health Plan HMO
11/04/1960	F	CA	92886	CIGNA Health Plan HMO
08/08/1942	F	CA	92703	CIGNA Health Plan HMO
04/09/1943	F	CA	92801	CIGNA Health Plan HMO
02/18/1975	M	CA	92649	CIGNA Health Plan HMO
03/28/1968	M	CA	90703	CIGNA Health Plan HMO
12/21/1978	F	CA	90606	CIGNA Health Plan HMO
07/09/1974	F	CA	92845	CIGNA Health Plan HMO
11/01/1983	F	CA	92704	CIGNA Health Plan HMO
12/06/1983	F	CA	91766	CIGNA Health Plan HMO
06/10/1961	F	CA	926122715	CIGNA Health Plan HMO
03/31/1946	F	CA	92647	CIGNA Health Plan HMO
06/03/1981	F	CA	92868	CIGNA Health Plan HMO
09/20/1982	F	CA	92887	CIGNA Health Plan HMO
07/02/1953	F	CA	92629	CIGNA Health Plan HMO
06/07/1980	F	CA	92707	CIGNA Health Plan HMO
05/05/1981	M	CA	90242	CIGNA Health Plan HMO
10/18/1958	F	CA	92602	CIGNA Health Plan HMO
07/04/1982	F	CA	92806	CIGNA Health Plan HMO
06/28/1967	F	CA	92805	CIGNA Health Plan HMO
04/27/1972	F	CA	91730	CIGNA Health Plan HMO
10/12/1953	F	CA	92649	CIGNA Health Plan HMO

05/19/1955	F	CA	90631	CIGNA Health Plan HMO
10/19/1971	M	CA	92620	CIGNA Health Plan HMO
03/08/1976	F	CA	92780	CIGNA Health Plan HMO
08/13/1966	F	CA	92708	CIGNA Health Plan HMO
02/03/1952	F	CA	92870	CIGNA Health Plan HMO
04/20/1965	F	CA	92604	CIGNA Health Plan HMO
03/02/1968	F	CA	926165074	CIGNA Health Plan HMO
10/02/1961	F	CA	92843	CIGNA Health Plan HMO
07/16/1952	F	CA	92653	CIGNA Health Plan HMO
06/15/1981	F	CA	90620	CIGNA Health Plan HMO
07/02/1982	F	CA	92840	CIGNA Health Plan HMO
05/10/1978	F	CA	92833	CIGNA Health Plan HMO
08/25/1980	M	CA	92865	CIGNA Health Plan HMO
11/06/1976	F	CA	92832	CIGNA Health Plan HMO
05/15/1958	F	CA	92647	CIGNA Health Plan HMO
06/01/1973	F	CA	92646	CIGNA Health Plan HMO
04/02/1984	F	CA	92627	CIGNA Health Plan HMO
06/11/1974	F	CA	92692	CIGNA Health Plan HMO
10/11/1981	M	CA	92704	CIGNA Health Plan HMO
08/08/1982	F	CA	92626	CIGNA Health Plan HMO
02/08/1986	F	CA	92806	CIGNA Health Plan HMO
01/12/1986	F	CA	92703	CIGNA Health Plan HMO
07/19/1984	F	CA	92704	CIGNA Health Plan HMO
05/16/1985	F	CA	92821	CIGNA Health Plan HMO
02/05/1975	F	CA	92802	CIGNA Health Plan HMO
07/29/1981	F	CA	92655	CIGNA Health Plan HMO
07/14/1983	F	CA	92704	CIGNA Health Plan HMO
05/26/1970	F	CA	92606	CIGNA Health Plan HMO
03/22/1984	F	CA	92835	CIGNA Health Plan HMO
10/19/1974	F	CA	92804	CIGNA Health Plan HMO
12/04/1973	F	CA	92843	CIGNA Health Plan HMO
12/31/1975	F	CA	92804	CIGNA Health Plan HMO
01/17/1978	F	CA	92801	CIGNA Health Plan HMO
03/10/1985	F	CA	92706	CIGNA Health Plan HMO
12/30/1978	F	CA	92870	CIGNA Health Plan HMO
06/23/1981	F	CA	92801	CIGNA Health Plan HMO
11/26/1976	M	CA	92683	CIGNA Health Plan HMO
12/25/1977	F	CA	92505	CIGNA Health Plan HMO
09/19/1986	F	CA	91748	CIGNA Health Plan HMO
12/25/1960	F	CA	92833	CIGNA Health Plan HMO
02/06/1955	M	CA	92879	CIGNA Health Plan HMO
02/25/1955	F	CA	92656	CIGNA Health Plan HMO
04/21/1961	M	CA	90802	CIGNA Health Plan HMO
01/18/1952	M	CA	92652	CIGNA Health Plan HMO
09/22/1947	F	CA	92618	CIGNA Health Plan HMO
01/17/1949	F	CA	928619484	CIGNA Health Plan HMO
10/07/1963	M	CA	91709	CIGNA Health Plan HMO
01/17/1986	M	CA	92679	CIGNA Health Plan HMO
11/06/1950	F	CA	92646	CIGNA Health Plan HMO
02/21/1961	M	CA	92630	CIGNA Health Plan HMO
03/03/1944	M	CA	92656	CIGNA Health Plan HMO

11/10/1952	F	CA	92553	CIGNA Health Plan HMO
06/15/1973	F	CA	92627	CIGNA Health Plan HMO
09/28/1935	F	CA	90680	CIGNA Health Plan HMO
08/26/1969	F	CA	92804	CIGNA Health Plan HMO
02/02/1959	F	CA	92870	CIGNA Health Plan HMO
02/07/1955	M	CA	92706	CIGNA Health Plan HMO
10/01/1945	F	CA	92860	CIGNA Health Plan HMO
07/09/1950	M	CA	92620	CIGNA Health Plan HMO
11/26/1934	F	CA	92802	CIGNA Health Plan HMO
09/21/1949	F	CA	92677	CIGNA Health Plan HMO
06/21/1945	F	CA	92649	CIGNA Health Plan HMO
01/19/1950	F	CA	92866	CIGNA Health Plan HMO
10/23/1976	F	CA	92630	CIGNA Health Plan HMO
12/17/1953	F	CA	92802	CIGNA Health Plan HMO
05/18/1951	F	CA	92867	CIGNA Health Plan HMO
09/22/1954	F	CA	92663	CIGNA Health Plan HMO
05/20/1952	M	CA	92806	CIGNA Health Plan HMO
04/24/1964	M	CA	90803	CIGNA Health Plan HMO
08/25/1958	F	CA	92801	CIGNA Health Plan HMO
07/03/1948	F	CA	90703	CIGNA Health Plan HMO
07/09/1962	F	CA	92708	CIGNA Health Plan HMO
09/11/1952	F	CA	90755	CIGNA Health Plan HMO
10/09/1975	M	CA	90680	CIGNA Health Plan HMO
12/13/1944	F	CA	92688	CIGNA Health Plan HMO
02/09/1968	M	CA	92653	CIGNA Health Plan HMO
04/25/1953	F	CA	92604	CIGNA Health Plan HMO
08/23/1970	F	CA	92683	CIGNA Health Plan HMO
06/07/1947	F	CA	92708	CIGNA Health Plan HMO
08/10/1954	M	CA	92691	CIGNA Health Plan HMO
11/26/1944	F	CA	92648	CIGNA Health Plan HMO
08/19/1968	M	CA	92604	CIGNA Health Plan HMO
02/25/1948	F	CA	92833	CIGNA Health Plan HMO
09/14/1932	F	CA	92867	CIGNA Health Plan HMO
11/22/1961	M	CA	90802	CIGNA Health Plan HMO
08/04/1970	M	CA	92870	CIGNA Health Plan HMO
11/19/1938	F	CA	90631	CIGNA Health Plan HMO
08/28/1979	F	CA	92688	CIGNA Health Plan HMO
05/29/1950	F	CA	92706	CIGNA Health Plan HMO
10/19/1972	F	CA	90712	CIGNA Health Plan HMO
06/18/1954	M	CA	92562	CIGNA Health Plan HMO
08/28/1965	M	CA	92660	CIGNA Health Plan HMO
09/30/1947	M	CA	92678	CIGNA Health Plan HMO
04/14/1959	F	CA	92649	CIGNA Health Plan HMO
11/21/1965	M	CA	92084	CIGNA Health Plan HMO
12/14/1961	F	CA	92882	CIGNA Health Plan HMO
10/21/1952	M	CA	92508	CIGNA Health Plan HMO
03/19/1948	F	CA	92845	CIGNA Health Plan HMO
12/03/1958	F	CA	92780	CIGNA Health Plan HMO
04/21/1964	M	CA	92703	CIGNA Health Plan HMO
10/14/1967	F	CA	92867	CIGNA Health Plan HMO
10/22/1966	F	CA	90277	CIGNA Health Plan HMO

02/10/1967	M	CA	92867	CIGNA Health Plan HMO
08/01/1962	F	CA	90755	CIGNA Health Plan HMO
07/26/1963	M	CA	92649	CIGNA Health Plan HMO
03/04/1955	M	CA	92868	CIGNA Health Plan HMO
10/17/1952	F	CA	92804	CIGNA Health Plan HMO
09/13/1957	F	CA	90621	CIGNA Health Plan HMO
10/17/1952	F	CA	92805	CIGNA Health Plan HMO
05/30/1954	M	CA	92679	CIGNA Health Plan HMO
01/08/1965	M	CA	92648	CIGNA Health Plan HMO
04/06/1953	F	CA	92869	CIGNA Health Plan HMO
05/28/1952	M	CA	92866	CIGNA Health Plan HMO
07/11/1959	F	CA	92845	CIGNA Health Plan HMO
12/06/1979	F	CA	92840	CIGNA Health Plan HMO
04/24/1958	F	CA	92503	CIGNA Health Plan HMO
05/01/1971	F	CA	92503	CIGNA Health Plan HMO
10/13/1974	F	CA	92707	CIGNA Health Plan HMO
05/05/1968	F	CA	92707	CIGNA Health Plan HMO
06/05/1956	M	CA	92807	CIGNA Health Plan HMO
04/27/1973	M	CA	92867	CIGNA Health Plan HMO
11/02/1961	M	CA	92879	CIGNA Health Plan HMO
01/12/1943	F	CA	92780	CIGNA Health Plan HMO
04/06/1973	M	CA	92656	CIGNA Health Plan HMO
05/31/1957	F	CA	92688	CIGNA Health Plan HMO
09/07/1968	F	CA	92683	CIGNA Health Plan HMO
02/13/1959	F	CA	90631	CIGNA Health Plan HMO
11/26/1959	F	CA	92879	CIGNA Health Plan HMO
04/11/1977	M	CA	92571	CIGNA Health Plan HMO
09/10/1967	M	CA	92821	CIGNA Health Plan HMO
04/22/1970	F	CA	90630	CIGNA Health Plan HMO
11/21/1952	M	CA	92868	CIGNA Health Plan HMO
05/16/1955	F	CA	92867	CIGNA Health Plan HMO
01/08/1956	F	CA	92707	CIGNA Health Plan HMO
07/05/1957	F	CA	92705	CIGNA Health Plan HMO
02/18/1958	F	CA	92677	CIGNA Health Plan HMO
10/19/1974	M	CA	92591	CIGNA Health Plan HMO
05/12/1960	F	CA	90605	CIGNA Health Plan HMO
09/26/1957	F	CA	92610	CIGNA Health Plan HMO
03/31/1942	F	CA	92863	CIGNA Health Plan HMO
09/13/1978	M	CA	92648	CIGNA Health Plan HMO
12/21/1950	M	CA	92703	CIGNA Health Plan HMO
06/22/1977	F	CA	92704	CIGNA Health Plan HMO
11/14/1951	M	CA	92805	CIGNA Health Plan HMO
12/09/1966	M	CA	92707	CIGNA Health Plan HMO
11/04/1969	F	CA	92503	CIGNA Health Plan HMO
01/07/1956	F	CA	90632	CIGNA Health Plan HMO
05/02/1960	F	CA	92844	CIGNA Health Plan HMO
02/08/1965	M	CA	92705	CIGNA Health Plan HMO
12/25/1965	F	CA	92706	CIGNA Health Plan HMO
05/22/1947	F	CA	92866	CIGNA Health Plan HMO
07/23/1949	F	CA	92629	CIGNA Health Plan HMO
08/29/1975	F	CA	92677	CIGNA Health Plan HMO

12/10/1948	F	CA	92804	CIGNA Health Plan HMO
10/27/1975	M	CA	91789	CIGNA Health Plan HMO
09/12/1956	F	CA	92886	CIGNA Health Plan HMO
10/18/1957	M	CA	92706	CIGNA Health Plan HMO
02/03/1955	F	CA	92679	CIGNA Health Plan HMO
03/23/1959	F	CA	92808	CIGNA Health Plan HMO
10/26/1960	M	CA	92703	CIGNA Health Plan HMO
01/10/1961	F	CA	92860	CIGNA Health Plan HMO
11/03/1964	F	CA	92886	CIGNA Health Plan HMO
06/28/1948	F	CA	90620	CIGNA Health Plan HMO
03/07/1950	F	CA	92503	CIGNA Health Plan HMO
12/22/1967	M	CA	92868	CIGNA Health Plan HMO
01/04/1952	F	CA	92804	CIGNA Health Plan HMO
09/24/1971	F	CA	92879	CIGNA Health Plan HMO
02/09/1957	F	CA	92883	CIGNA Health Plan HMO
02/01/1956	F	CA	92780	CIGNA Health Plan HMO
11/04/1961	F	CA	90631	CIGNA Health Plan HMO
03/20/1965	F	CA	92833	CIGNA Health Plan HMO
03/02/1956	F	CA	927062009	CIGNA Health Plan HMO
01/19/1961	M	CA	90731	CIGNA Health Plan HMO
08/28/1950	F	CA	92805	CIGNA Health Plan HMO
09/28/1978	M	CA	91709	CIGNA Health Plan HMO
09/29/1954	F	CA	92868	CIGNA Health Plan HMO
04/14/1956	F	CA	90630	CIGNA Health Plan HMO
07/24/1956	F	CA	92630	CIGNA Health Plan HMO
04/05/1959	M	CA	92801	CIGNA Health Plan HMO
08/30/1966	F	CA	90807	CIGNA Health Plan HMO
08/02/1963	M	CA	90807	CIGNA Health Plan HMO
06/30/1948	F	CA	92691	CIGNA Health Plan HMO
08/27/1961	F	CA	92805	CIGNA Health Plan HMO
05/20/1966	F	CA	92692	CIGNA Health Plan HMO
03/19/1964	M	CA	92647	CIGNA Health Plan HMO
05/14/1962	F	CA	92866	CIGNA Health Plan HMO
02/03/1964	F	CA	92806	CIGNA Health Plan HMO
03/19/1962	F	CA	92821	CIGNA Health Plan HMO
06/06/1951	F	CA	92867	CIGNA Health Plan HMO
08/09/1951	M	CA	92882	CIGNA Health Plan HMO
03/31/1960	M	CA	92707	CIGNA Health Plan HMO
07/31/1978	F	CA	91761	CIGNA Health Plan HMO
06/26/1965	M	CA	92677	CIGNA Health Plan HMO
11/18/1946	F	CA	92649	CIGNA Health Plan HMO
01/18/1950	F	CA	90650	CIGNA Health Plan HMO
04/04/1985	M	CA	90680	CIGNA Health Plan HMO
11/25/1952	F	CA	92703	CIGNA Health Plan HMO
11/30/1957	F	CA	92677	CIGNA Health Plan HMO
12/09/1954	F	CA	92530	CIGNA Health Plan HMO
09/13/1979	F	CA	92808	CIGNA Health Plan HMO
05/14/1962	F	CA	92708	CIGNA Health Plan HMO
11/20/1955	F	CA	92626	CIGNA Health Plan HMO
10/20/1962	F	CA	92866	CIGNA Health Plan HMO
10/28/1960	F	CA	92867	CIGNA Health Plan HMO

12/01/1956	F	CA	92865	CIGNA Health Plan HMO
11/15/1958	F	CA	92880	CIGNA Health Plan HMO
05/25/1963	M	CA	92630	CIGNA Health Plan HMO
06/18/1979	F	CA	92882	CIGNA Health Plan HMO
01/30/1967	F	CA	92835	CIGNA Health Plan HMO
03/18/1972	F	CA	92647	CIGNA Health Plan HMO
06/28/1949	F	CA	90630	CIGNA Health Plan HMO
04/02/1949	M	CA	92704	CIGNA Health Plan HMO
04/22/1953	F	CA	92648	CIGNA Health Plan HMO
07/29/1956	M	CA	92629	CIGNA Health Plan HMO
11/19/1958	F	CA	92627	CIGNA Health Plan HMO
11/22/1957	F	CA	92780	CIGNA Health Plan HMO
02/09/1976	F	CA	92780	CIGNA Health Plan HMO
07/26/1966	F	CA	90620	CIGNA Health Plan HMO
04/20/1982	F	CA	92672	CIGNA Health Plan HMO
03/13/1960	M	CA	92708	CIGNA Health Plan HMO
06/27/1960	M	CA	92627	CIGNA Health Plan HMO
08/02/1958	M	CA	92688	CIGNA Health Plan HMO
03/17/1959	M	CA	92704	CIGNA Health Plan HMO
04/09/1963	M	CA	92883	CIGNA Health Plan HMO
08/22/1967	F	CA	92708	CIGNA Health Plan HMO
03/03/1958	F	CA	92801	CIGNA Health Plan HMO
06/17/1960	M	CA	91709	CIGNA Health Plan HMO
01/01/1953	M	CA	92626	CIGNA Health Plan HMO
07/06/1959	F	CA	92806	CIGNA Health Plan HMO
02/29/1972	F	CA	90604	CIGNA Health Plan HMO
07/29/1959	F	CA	926561744	CIGNA Health Plan HMO
10/09/1963	F	CA	92705	CIGNA Health Plan HMO
01/21/1965	M	CA	92702	CIGNA Health Plan HMO
01/14/1961	F	CA	92808	CIGNA Health Plan HMO
02/28/1966	F	CA	92870	CIGNA Health Plan HMO
05/04/1961	M	CA	92653	CIGNA Health Plan HMO
01/03/1960	M	CA	92630	CIGNA Health Plan HMO
02/08/1948	F	CA	92679	CIGNA Health Plan HMO
03/28/1955	F	CA	90807	CIGNA Health Plan HMO
03/31/1953	M	CA	92840	CIGNA Health Plan HMO
10/13/1950	F	CA	92886	CIGNA Health Plan HMO
11/11/1962	F	CA	92656	CIGNA Health Plan HMO
06/27/1962	M	CA	92672	CIGNA Health Plan HMO
04/08/1979	F	CA	92805	CIGNA Health Plan HMO
12/16/1964	F	CA	92706	CIGNA Health Plan HMO
11/10/1958	F	CA	92620	CIGNA Health Plan HMO
12/04/1951	F	CA	91710	CIGNA Health Plan HMO
10/19/1955	F	CA	92602	CIGNA Health Plan HMO
09/08/1966	M	CA	92691	CIGNA Health Plan HMO
12/29/1962	M	CA	92704	CIGNA Health Plan HMO
12/11/1959	F	CA	92836	CIGNA Health Plan HMO
01/24/1940	F	CA	92651	CIGNA Health Plan HMO
04/16/1967	M	CA	92653	CIGNA Health Plan HMO
12/18/1952	F	CA	92882	CIGNA Health Plan HMO
04/24/1977	M	CA	92802	CIGNA Health Plan HMO

08/22/1957	M	CA	91786	CIGNA Health Plan HMO
09/20/1958	F	CA	90680	CIGNA Health Plan HMO
04/07/1967	M	CA	92647	CIGNA Health Plan HMO
08/06/1972	F	CA	90620	CIGNA Health Plan HMO
09/13/1971	F	CA	92840	CIGNA Health Plan HMO
07/16/1966	F	CA	92646	CIGNA Health Plan HMO
05/22/1947	F	CA	90680	CIGNA Health Plan HMO
03/14/1952	F	CA	92706	CIGNA Health Plan HMO
07/14/1946	F	CA	92870	CIGNA Health Plan HMO
06/14/1952	F	CA	92870	CIGNA Health Plan HMO
04/07/1984	F	CA	92707	CIGNA Health Plan HMO
06/01/1954	M	CA	92567	CIGNA Health Plan HMO
06/07/1983	M	CA	90805	CIGNA Health Plan HMO
07/22/1964	M	CA	92656	CIGNA Health Plan HMO
08/05/1966	M	CA	92706	CIGNA Health Plan HMO
06/27/1983	F	CA	92707	CIGNA Health Plan HMO
02/17/1971	M	CA	91766	CIGNA Health Plan HMO
05/31/1977	F	CA	92679	CIGNA Health Plan HMO
05/20/1974	F	CA	92603	CIGNA Health Plan HMO
10/22/1943	F	CA	92845	CIGNA Health Plan HMO
10/04/1949	F	CA	92882	CIGNA Health Plan HMO
03/25/1972	M	CA	92883	CIGNA Health Plan HMO
07/15/1962	F	CA	91766	CIGNA Health Plan HMO
08/25/1962	F	CA	92841	CIGNA Health Plan HMO
01/28/1966	M	CA	90703	CIGNA Health Plan HMO
07/16/1967	M	CA	91748	CIGNA Health Plan HMO
02/02/1966	F	CA	92691	CIGNA Health Plan HMO
12/02/1954	M	CA	92688	CIGNA Health Plan HMO
11/29/1959	F	CA	92620	CIGNA Health Plan HMO
08/15/1962	F	CA	92707	CIGNA Health Plan HMO
09/11/1961	F	CA	92703	CIGNA Health Plan HMO
04/16/1948	M	CA	92630	CIGNA Health Plan HMO
11/30/1955	M	CA	92553	CIGNA Health Plan HMO
08/16/1955	F	CA	92870	CIGNA Health Plan HMO
07/16/1954	F	CA	92626	CIGNA Health Plan HMO
12/28/1954	F	CA	92692	CIGNA Health Plan HMO
06/30/1961	F	CA	92630	CIGNA Health Plan HMO
10/07/1971	M	CA	92831	CIGNA Health Plan HMO
08/27/1936	F	CA	92705	CIGNA Health Plan HMO
10/17/1966	M	CA	92801	CIGNA Health Plan HMO
04/05/1949	M	CA	90604	CIGNA Health Plan HMO
01/09/1950	F	CA	92626	CIGNA Health Plan HMO
10/01/1967	F	CA	92805	CIGNA Health Plan HMO
07/13/1951	F	CA	92630	CIGNA Health Plan HMO
08/14/1953	F	CA	92692	CIGNA Health Plan HMO
03/27/1957	F	CA	90630	CIGNA Health Plan HMO
11/05/1954	F	CA	92868	CIGNA Health Plan HMO
12/07/1955	F	CA	92866	CIGNA Health Plan HMO
11/13/1978	F	CA	92704	CIGNA Health Plan HMO
09/02/1973	F	CA	92630	CIGNA Health Plan HMO
03/30/1947	F	CA	90815	CIGNA Health Plan HMO

08/09/1950	M	CA	92704	CIGNA Health Plan HMO
07/02/1951	F	CA	92869	CIGNA Health Plan HMO
02/19/1953	M	CA	92780	CIGNA Health Plan HMO
09/03/1953	F	CA	92782	CIGNA Health Plan HMO
12/20/1951	F	CA	92604	CIGNA Health Plan HMO
11/08/1955	F	CA	92708	CIGNA Health Plan HMO
03/01/1961	F	CA	92683	CIGNA Health Plan HMO
09/28/1960	F	CA	92614	CIGNA Health Plan HMO
08/05/1979	F	CA	92867	CIGNA Health Plan HMO
08/19/1972	F	CA	92808	CIGNA Health Plan HMO
05/13/1969	F	CA	92840	CIGNA Health Plan HMO
03/31/1951	F	CA	92871	CIGNA Health Plan HMO
01/21/1967	F	CA	92683	CIGNA Health Plan HMO
06/05/1972	F	CA	92821	CIGNA Health Plan HMO
11/17/1979	M	CA	92683	CIGNA Health Plan HMO
11/01/1956	F	CA	92806	CIGNA Health Plan HMO
02/13/1969	F	CA	92626	CIGNA Health Plan HMO
01/28/1952	F	CA	92780	CIGNA Health Plan HMO
11/10/1969	M	CA	91740	CIGNA Health Plan HMO
05/20/1951	F	CA	92804	CIGNA Health Plan HMO
03/28/1977	M	CA	92552	CIGNA Health Plan HMO
09/13/1977	F	CA	92782	CIGNA Health Plan HMO
06/30/1987	M	CA	92532	CIGNA Health Plan HMO
04/14/1954	F	CA	92570	CIGNA Health Plan HMO
11/01/1967	M	CA	92844	CIGNA Health Plan HMO
12/21/1972	F	CA	92868	CIGNA Health Plan HMO
11/09/1980	M	CA	92705	CIGNA Health Plan HMO
12/01/1981	M	CA	92707	CIGNA Health Plan HMO
04/23/1956	F	CA	92604	CIGNA Health Plan HMO
07/03/1972	F	CA	92886	CIGNA Health Plan HMO
04/17/1961	F	CA	92840	CIGNA Health Plan HMO
10/22/1971	M	CA	92626	CIGNA Health Plan HMO
05/10/1969	M	CA	92503	CIGNA Health Plan HMO
08/20/1984	M	CA	92653	CIGNA Health Plan HMO
12/09/1953	M	CA	92688	CIGNA Health Plan HMO
12/31/1963	M	CA	92688	CIGNA Health Plan HMO
05/13/1958	M	CA	92879	CIGNA Health Plan HMO
09/15/1981	F	CA	92866	CIGNA Health Plan HMO
08/19/1967	F	CA	90746	CIGNA Health Plan HMO
09/11/1976	F	CA	92571	CIGNA Health Plan HMO
12/15/1976	M	CA	92780	CIGNA Health Plan HMO
03/19/1969	M	CA	92703	CIGNA Health Plan HMO
09/01/1962	M	CA	92675	CIGNA Health Plan HMO
03/16/1973	M	CA	92835	CIGNA Health Plan HMO
03/01/1965	F	CA	90638	CIGNA Health Plan HMO
10/06/1975	M	CA	92630	CIGNA Health Plan HMO
12/13/1981	M	CA	92870	CIGNA Health Plan HMO
02/12/1972	F	CA	92833	CIGNA Health Plan HMO
06/12/1963	F	CA	92805	CIGNA Health Plan HMO
04/28/1970	M	CA	92802	CIGNA Health Plan HMO
09/14/1965	M	CA	92626	CIGNA Health Plan HMO

03/17/1961	F	CA	92870	CIGNA Health Plan HMO
08/24/1963	F	CA	92614	CIGNA Health Plan HMO
12/29/1966	M	CA	92887	CIGNA Health Plan HMO
05/03/1949	M	CA	92532	CIGNA Health Plan HMO
09/18/1945	M	CA	92610	CIGNA Health Plan HMO
03/20/1971	M	CA	92703	CIGNA Health Plan HMO
10/09/1955	M	CA	92711	CIGNA Health Plan HMO
02/21/1976	F	CA	92704	CIGNA Health Plan HMO
11/03/1948	M	CA	92649	CIGNA Health Plan HMO
12/29/1961	F	CA	92505	CIGNA Health Plan HMO
06/24/1972	M	CA	92832	CIGNA Health Plan HMO
12/31/1969	F	CA	92882	CIGNA Health Plan HMO
08/15/1969	F	CA	92603	CIGNA Health Plan HMO
09/04/1984	M	CA	92879	CIGNA Health Plan HMO
03/26/1976	F	CA	92503	CIGNA Health Plan HMO
11/17/1981	M	CA	92691	CIGNA Health Plan HMO
08/27/1971	M	CA	92672	CIGNA Health Plan HMO
10/20/1977	M	CA	90720	CIGNA Health Plan HMO
01/24/1986	M	CA	90808	CIGNA Health Plan HMO
11/16/1984	M	CA	92630	CIGNA Health Plan HMO
10/11/1976	F	CA	92620	CIGNA Health Plan HMO
09/18/1962	F	CA	92691	CIGNA Health Plan HMO
10/09/1973	F	CA	92701	CIGNA Health Plan HMO
11/28/1951	F	CA	92602	CIGNA Health Plan HMO
09/15/1956	F	CA	92683	CIGNA Health Plan HMO
04/07/1966	F	CA	92801	CIGNA Health Plan HMO
09/27/1957	F	CA	91748	CIGNA Health Plan HMO
04/02/1977	F	CA	90623	CIGNA Health Plan HMO
09/06/1959	F	CA	92867	CIGNA Health Plan HMO
02/10/1971	F	CA	92705	CIGNA Health Plan HMO
11/11/1945	F	CA	90803	CIGNA Health Plan HMO
07/14/1980	F	CA	92708	CIGNA Health Plan HMO
09/06/1962	F	CA	92703	CIGNA Health Plan HMO
09/07/1954	M	CA	92821	CIGNA Health Plan HMO
12/31/1956	F	CA	92630	CIGNA Health Plan HMO
12/28/1957	F	CA	92630	CIGNA Health Plan HMO
07/25/1967	F	CA	92869	CIGNA Health Plan HMO
12/27/1980	F	CA	92707	CIGNA Health Plan HMO
04/06/1963	F	CA	92840	CIGNA Health Plan HMO
10/21/1975	M	CA	92703	CIGNA Health Plan HMO
03/21/1966	M	CA	92870	CIGNA Health Plan HMO
04/11/1954	F	CA	92843	CIGNA Health Plan HMO
08/23/1960	F	CA	90804	CIGNA Health Plan HMO
01/18/1982	F	CA	92683	CIGNA Health Plan HMO
04/14/1982	M	CA	92840	CIGNA Health Plan HMO
11/24/1956	M	CA	92868	CIGNA Health Plan HMO
11/11/1954	M	CA	92626	CIGNA Health Plan HMO
11/16/1946	F	CA	92658	CIGNA Health Plan HMO
12/30/1953	F	CA	92865	CIGNA Health Plan HMO
05/20/1961	M	CA	92648	CIGNA Health Plan HMO
10/21/1952	F	CA	90740	CIGNA Health Plan HMO

Medical Coverage Tier
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Kaiser

Date Of Birth	Gender	State	ZipCode	Medical Option	Medical Coverage Tier
01/29/1966	M	CA	91761	Kaiser Health Plan HMO	EME-Yourself & 1
08/11/1955	F	CA	92705	Kaiser Health Plan HMO	EME-Yourself & 1
10/11/1972	M	CA	92602	Kaiser Health Plan HMO	EME-Yourself & 1
01/19/1967	M	CA	92780	Kaiser Health Plan HMO	EME-Yourself & 1
12/04/1946	F	CA	90620	Kaiser Health Plan HMO	EME-Yourself & 1
11/29/1970	F	CA	92505	Kaiser Health Plan HMO	EME-Yourself & 1
09/09/1952	F	CA	92804	Kaiser Health Plan HMO	EME-Yourself & 1
05/22/1950	F	CA	92691	Kaiser Health Plan HMO	EME-Yourself & 1
03/01/1953	F	CA	92807	Kaiser Health Plan HMO	EME-Yourself & 1
07/18/1943	M	CA	92780	Kaiser Health Plan HMO	EME-Yourself & 1
09/26/1969	M	CA	92602	Kaiser Health Plan HMO	EME-Yourself & 1
05/13/1949	M	CA	92821	Kaiser Health Plan HMO	EME-Yourself & 1
07/29/1981	F	CA	90022	Kaiser Health Plan HMO	EME-Yourself & 1
08/20/1983	F	CA	92879	Kaiser Health Plan HMO	EME-Yourself & 1
01/23/1982	M	CA	92841	Kaiser Health Plan HMO	EME-Yourself & 1
04/17/1982	F	CA	92653	Kaiser Health Plan HMO	EME-Yourself & 1
08/11/1975	F	CA	92869	Kaiser Health Plan HMO	EME-Yourself & 1
04/11/1955	F	CA	90703	Kaiser Health Plan HMO	EME-Yourself & 1
04/17/1971	M	CA	92880	Kaiser Health Plan HMO	EME-Yourself & 1
10/22/1976	F	CA	92883	Kaiser Health Plan HMO	EME-Yourself & 1
03/26/1958	M	CA	92879	Kaiser Health Plan HMO	EME-Yourself & 1
06/06/1983	M	CA	92843	Kaiser Health Plan HMO	EME-Yourself & 1
04/09/1940	M	CA	92867	Kaiser Health Plan HMO	EME-Yourself & 1
12/07/1959	M	CA	92801	Kaiser Health Plan HMO	EME-Yourself & 1
06/05/1976	F	CA	92880	Kaiser Health Plan HMO	EME-Yourself & 1
05/18/1962	F	CA	92530	Kaiser Health Plan HMO	EME-Yourself & 1
10/26/1950	M	CA	92688	Kaiser Health Plan HMO	EME-Yourself & 1
06/09/1953	M	CA	92835	Kaiser Health Plan HMO	EME-Yourself & 1
09/06/1951	M	CA	92706	Kaiser Health Plan HMO	EME-Yourself & 1
02/05/1943	M	CA	92660	Kaiser Health Plan HMO	EME-Yourself & 1
10/20/1950	F	CA	92692	Kaiser Health Plan HMO	EME-Yourself & 1
03/24/1957	F	CA	92692	Kaiser Health Plan HMO	EME-Yourself & 1
05/25/1952	M	CA	92656	Kaiser Health Plan HMO	EME-Yourself & 1
05/26/1961	F	CA	92841	Kaiser Health Plan HMO	EME-Yourself & 1
09/11/1975	M	CA	92610	Kaiser Health Plan HMO	EME-Yourself & 1
01/28/1972	M	CA	92868	Kaiser Health Plan HMO	EME-Yourself & 1
11/21/1973	F	CA	92610	Kaiser Health Plan HMO	EME-Yourself & 1
09/30/1957	M	CA	90680	Kaiser Health Plan HMO	EME-Yourself & 1
05/13/1965	M	CA	92557	Kaiser Health Plan HMO	EME-Yourself & 1
05/14/1952	M	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 1
08/15/1959	M	CA	92504	Kaiser Health Plan HMO	EME-Yourself & 1
11/08/1970	F	CA	92868	Kaiser Health Plan HMO	EME-Yourself & 1
06/25/1954	M	CA	92867	Kaiser Health Plan HMO	EME-Yourself & 1
08/10/1980	M	CA	90623	Kaiser Health Plan HMO	EME-Yourself & 1
05/22/1981	F	CA	92867	Kaiser Health Plan HMO	EME-Yourself & 1

01/04/1978	F	CA	92683	Kaiser Health Plan HMO	EME-Yourself & 1
05/23/1955	M	CA	92867	Kaiser Health Plan HMO	EME-Yourself & 1
03/13/1956	M	CA	92708	Kaiser Health Plan HMO	EME-Yourself & 1
06/20/1981	M	CA	92821	Kaiser Health Plan HMO	EME-Yourself & 1
11/08/1946	M	CA	92804	Kaiser Health Plan HMO	EME-Yourself & 1
10/30/1976	M	CA	90802	Kaiser Health Plan HMO	EME-Yourself & 1
03/27/1970	M	CA	92706	Kaiser Health Plan HMO	EME-Yourself & 2+
05/20/1971	M	CA	92704	Kaiser Health Plan HMO	EME-Yourself & 2+
02/06/1957	F	CA	92780	Kaiser Health Plan HMO	EME-Yourself & 2+
12/12/1973	F	CA	92782	Kaiser Health Plan HMO	EME-Yourself & 2+
09/21/1971	F	CA	90620	Kaiser Health Plan HMO	EME-Yourself & 2+
06/23/1976	F	CA	92646	Kaiser Health Plan HMO	EME-Yourself & 2+
11/29/1964	F	CA	91765	Kaiser Health Plan HMO	EME-Yourself & 2+
09/14/1973	F	CA	92865	Kaiser Health Plan HMO	EME-Yourself & 2+
03/28/1950	M	CA	92653	Kaiser Health Plan HMO	EME-Yourself & 2+
03/15/1975	M	CA	92780	Kaiser Health Plan HMO	EME-Yourself & 2+
01/13/1957	F	CA	92821	Kaiser Health Plan HMO	EME-Yourself & 2+
10/13/1966	F	CA	92882	Kaiser Health Plan HMO	EME-Yourself & 2+
10/13/1971	F	CA	90604	Kaiser Health Plan HMO	EME-Yourself & 2+
08/03/1970	F	CA	92603	Kaiser Health Plan HMO	EME-Yourself & 2+
04/05/1970	F	CA	92869	Kaiser Health Plan HMO	EME-Yourself & 2+
06/18/1972	M	CA	92804	Kaiser Health Plan HMO	EME-Yourself & 2+
08/26/1973	M	CA	92844	Kaiser Health Plan HMO	EME-Yourself & 2+
04/01/1968	F	CA	92708	Kaiser Health Plan HMO	EME-Yourself & 2+
01/31/1975	M	CA	92840	Kaiser Health Plan HMO	EME-Yourself & 2+
07/19/1974	M	CA	90620	Kaiser Health Plan HMO	EME-Yourself & 2+
03/22/1956	F	CA	91709	Kaiser Health Plan HMO	EME-Yourself & 2+
03/05/1963	M	CA	90620	Kaiser Health Plan HMO	EME-Yourself & 2+
11/12/1969	M	CA	92807	Kaiser Health Plan HMO	EME-Yourself & 2+
12/22/1969	F	CA	92881	Kaiser Health Plan HMO	EME-Yourself & 2+
11/04/1954	M	CA	91709	Kaiser Health Plan HMO	EME-Yourself & 2+
09/15/1962	F	CA	92840	Kaiser Health Plan HMO	EME-Yourself & 2+
10/13/1972	M	CA	92703	Kaiser Health Plan HMO	EME-Yourself & 2+
09/06/1955	F	CA	92647	Kaiser Health Plan HMO	EME-Yourself & 2+
09/26/1959	M	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
01/01/1972	F	CA	92620	Kaiser Health Plan HMO	EME-Yourself & 2+
01/16/1961	M	CA	90706	Kaiser Health Plan HMO	EME-Yourself & 2+
10/26/1975	M	CA	92780	Kaiser Health Plan HMO	EME-Yourself & 2+
02/01/1982	M	CA	92802	Kaiser Health Plan HMO	EME-Yourself & 2+
06/23/1955	M	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
03/14/1964	F	CA	92705	Kaiser Health Plan HMO	EME-Yourself & 2+
09/08/1956	M	CA	90621	Kaiser Health Plan HMO	EME-Yourself & 2+
09/27/1982	M	CA	92840	Kaiser Health Plan HMO	EME-Yourself & 2+
11/12/1972	F	CA	92869	Kaiser Health Plan HMO	EME-Yourself & 2+
02/25/1956	M	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
04/01/1973	M	CA	92882	Kaiser Health Plan HMO	EME-Yourself & 2+
12/15/1975	F	CA	92833	Kaiser Health Plan HMO	EME-Yourself & 2+
08/23/1971	F	CA	92503	Kaiser Health Plan HMO	EME-Yourself & 2+
05/12/1966	F	CA	92509	Kaiser Health Plan HMO	EME-Yourself & 2+
04/18/1976	F	CA	92868	Kaiser Health Plan HMO	EME-Yourself & 2+
04/05/1966	F	CA	92706	Kaiser Health Plan HMO	EME-Yourself & 2+

03/09/1974	M	CA	92880	Kaiser Health Plan HMO	EME-Yourself & 2+
05/23/1964	F	CA	92840	Kaiser Health Plan HMO	EME-Yourself & 2+
12/26/1959	M	CA	92805	Kaiser Health Plan HMO	EME-Yourself & 2+
12/19/1973	M	CA	90720	Kaiser Health Plan HMO	EME-Yourself & 2+
06/11/1958	M	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
05/14/1958	M	CA	92867	Kaiser Health Plan HMO	EME-Yourself & 2+
09/25/1969	M	CA	91752	Kaiser Health Plan HMO	EME-Yourself & 2+
10/28/1978	M	CA	92831	Kaiser Health Plan HMO	EME-Yourself & 2+
03/04/1961	F	CA	92708	Kaiser Health Plan HMO	EME-Yourself & 2+
09/10/1953	M	CA	92881	Kaiser Health Plan HMO	EME-Yourself & 2+
02/21/1960	M	CA	91710	Kaiser Health Plan HMO	EME-Yourself & 2+
04/12/1962	M	CA	92801	Kaiser Health Plan HMO	EME-Yourself & 2+
12/14/1967	F	CA	92805	Kaiser Health Plan HMO	EME-Yourself & 2+
09/12/1963	F	CA	92630	Kaiser Health Plan HMO	EME-Yourself & 2+
05/04/1961	M	CA	92806	Kaiser Health Plan HMO	EME-Yourself & 2+
11/21/1961	M	CA	92706	Kaiser Health Plan HMO	EME-Yourself & 2+
08/07/1965	F	CA	92804	Kaiser Health Plan HMO	EME-Yourself & 2+
08/25/1967	F	CA	92821	Kaiser Health Plan HMO	EME-Yourself & 2+
08/27/1974	M	CA	92865	Kaiser Health Plan HMO	EME-Yourself & 2+
08/10/1960	M	CA	92807	Kaiser Health Plan HMO	EME-Yourself & 2+
01/10/1973	F	CA	92618	Kaiser Health Plan HMO	EME-Yourself & 2+
04/13/1974	M	CA	92880	Kaiser Health Plan HMO	EME-Yourself & 2+
10/02/1970	F	CA	92807	Kaiser Health Plan HMO	EME-Yourself & 2+
02/12/1977	F	CA	92656	Kaiser Health Plan HMO	EME-Yourself & 2+
12/15/1954	M	CA	92694	Kaiser Health Plan HMO	EME-Yourself & 2+
11/23/1958	F	CA	92880	Kaiser Health Plan HMO	EME-Yourself & 2+
07/08/1960	F	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
11/16/1975	M	CA	92886	Kaiser Health Plan HMO	EME-Yourself & 2+
08/31/1973	F	CA	92704	Kaiser Health Plan HMO	EME-Yourself & 2+
08/21/1963	M	CA	92807	Kaiser Health Plan HMO	EME-Yourself & 2+
06/20/1956	M	CA	92804	Kaiser Health Plan HMO	EME-Yourself & 2+
06/02/1960	F	CA	92808	Kaiser Health Plan HMO	EME-Yourself & 2+
11/03/1951	M	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
06/25/1951	M	CA	92675	Kaiser Health Plan HMO	EME-Yourself & 2+
05/29/1979	M	CA	92506	Kaiser Health Plan HMO	EME-Yourself & 2+
06/11/1961	M	CA	92845	Kaiser Health Plan HMO	EME-Yourself & 2+
09/04/1950	M	CA	90706	Kaiser Health Plan HMO	EME-Yourself & 2+
08/20/1963	M	CA	92867	Kaiser Health Plan HMO	EME-Yourself & 2+
09/28/1965	M	CA	92886	Kaiser Health Plan HMO	EME-Yourself & 2+
08/08/1970	F	CA	92679	Kaiser Health Plan HMO	EME-Yourself & 2+
01/10/1970	M	CA	92505	Kaiser Health Plan HMO	EME-Yourself & 2+
09/13/1953	M	CA	92807	Kaiser Health Plan HMO	EME-Yourself & 2+
06/06/1971	M	CA	92844	Kaiser Health Plan HMO	EME-Yourself & 2+
07/29/1972	M	CA	92880	Kaiser Health Plan HMO	EME-Yourself & 2+
05/20/1977	M	CA	92815	Kaiser Health Plan HMO	EME-Yourself & 2+
03/24/1969	M	CA	92880	Kaiser Health Plan HMO	EME-Yourself & 2+
12/12/1968	F	CA	92584	Kaiser Health Plan HMO	EME-Yourself & 2+
11/05/1972	M	CA	92807	Kaiser Health Plan HMO	EME-Yourself & 2+
11/27/1975	M	CA	92703	Kaiser Health Plan HMO	EME-Yourself & 2+
07/26/1976	F	CA	92705	Kaiser Health Plan HMO	EME-Yourself & 2+
04/08/1975	F	CA	92706	Kaiser Health Plan HMO	EME-Yourself & 2+

07/07/1969	M	CA	91722	Kaiser Health Plan HMO	EME-Yourself & 2+
11/05/1977	M	CA	91761	Kaiser Health Plan HMO	EME-Yourself & 2+
06/01/1978	M	CA	92630	Kaiser Health Plan HMO	EME-Yourself & 2+
12/28/1968	M	CA	92706	Kaiser Health Plan HMO	EME-Yourself & 2+
04/12/1983	F	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
01/26/1947	M	CA	92780	Kaiser Health Plan HMO	EME-Yourself & 2+
09/08/1964	M	CA	92865	Kaiser Health Plan HMO	EME-Yourself & 2+
03/09/1970	F	CA	92707	Kaiser Health Plan HMO	EME-Yourself & 2+
05/19/1969	M	CA	92706	Kaiser Health Plan HMO	EME-Yourself & 2+
07/16/1966	M	CA	92683	Kaiser Health Plan HMO	EME-Yourself & 2+
05/06/1965	F	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
08/15/1959	M	CA	92504	Kaiser Health Plan HMO	EME-Yourself & 2+
07/02/1957	F	CA	92679	Kaiser Health Plan HMO	EME-Yourself & 2+
10/14/1969	M	CA	92626	Kaiser Health Plan HMO	EME-Yourself & 2+
08/06/1970	M	CA	90630	Kaiser Health Plan HMO	EME-Yourself & 2+
12/20/1979	F	CA	92882	Kaiser Health Plan HMO	EME-Yourself & 2+
01/03/1964	M	CA	91768	Kaiser Health Plan HMO	EME-Yourself & 2+
09/19/1957	M	CA	92705	Kaiser Health Plan HMO	EME-Yourself & 2+
03/15/1966	M	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
05/07/1974	F	CA	92630	Kaiser Health Plan HMO	EME-Yourself & 2+
07/20/1969	M	CA	92711	Kaiser Health Plan HMO	EME-Yourself & 2+
04/03/1973	F	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
07/15/1971	M	CA	92880	Kaiser Health Plan HMO	EME-Yourself & 2+
09/20/1964	M	CA	92691	Kaiser Health Plan HMO	EME-Yourself & 2+
05/02/1968	M	CA	92882	Kaiser Health Plan HMO	EME-Yourself & 2+
06/20/1981	M	CA	92821	Kaiser Health Plan HMO	EME-Yourself & 2+
03/22/1970	F	CA	92881	Kaiser Health Plan HMO	EME-Yourself & 2+
08/17/1972	M	CA	92780	Kaiser Health Plan HMO	EME-Yourself & 2+
05/27/1962	M	CA	92831	Kaiser Health Plan HMO	EME-Yourself & 2+
09/10/1951	M	CA	92555	Kaiser Health Plan HMO	EME-Yourself & 2+
11/16/1974	M	CA	92870	Kaiser Health Plan HMO	EME-Yourself & 2+
10/03/1976	F	CA	92703	Kaiser Health Plan HMO	N/A
03/05/1973	F	CA	92602	Kaiser Health Plan HMO	Yourself & 1
09/20/1973	M	CA	92782	Kaiser Health Plan HMO	Yourself & 1
11/13/1979	M	PA	19008	Kaiser Health Plan HMO	Yourself & 1
09/18/1971	M	CA	92604	Kaiser Health Plan HMO	Yourself & 1
06/07/1981	F	CA	92646	Kaiser Health Plan HMO	Yourself & 1
12/01/1971	F	CA	92883	Kaiser Health Plan HMO	Yourself & 1
01/26/1956	F	CA	91711	Kaiser Health Plan HMO	Yourself & 1
02/11/1948	M	CA	92630	Kaiser Health Plan HMO	Yourself & 1
05/20/1970	M	CA	90803	Kaiser Health Plan HMO	Yourself & 1
10/05/1962	F	CA	92823	Kaiser Health Plan HMO	Yourself & 1
09/14/1972	F	CA	90240	Kaiser Health Plan HMO	Yourself & 1
01/18/1975	F	CA	92676	Kaiser Health Plan HMO	Yourself & 1
12/03/1979	M	CA	92821	Kaiser Health Plan HMO	Yourself & 1
01/29/1981	M	CA	9.27E+08	Kaiser Health Plan HMO	Yourself & 1
06/11/1980	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
10/29/1980	M	CA	92614	Kaiser Health Plan HMO	Yourself & 1
11/19/1979	M	CA	92677	Kaiser Health Plan HMO	Yourself & 1
01/01/1975	M	CA	92688	Kaiser Health Plan HMO	Yourself & 1
10/14/1980	F	CA	92694	Kaiser Health Plan HMO	Yourself & 1

10/30/1982	M	CA	91709	Kaiser Health Plan HMO	Yourself & 1
01/26/1943	F	CA	92886	Kaiser Health Plan HMO	Yourself & 1
10/02/1968	F	CA	92602	Kaiser Health Plan HMO	Yourself & 1
02/08/1958	F	CA	92630	Kaiser Health Plan HMO	Yourself & 1
03/28/1954	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
08/03/1972	F	CA	92707	Kaiser Health Plan HMO	Yourself & 1
10/16/1963	F	CA	92845	Kaiser Health Plan HMO	Yourself & 1
04/14/1971	F	CA	92866	Kaiser Health Plan HMO	Yourself & 1
04/06/1953	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
05/27/1965	F	CA	92691	Kaiser Health Plan HMO	Yourself & 1
08/11/1968	F	CA	92337	Kaiser Health Plan HMO	Yourself & 1
06/21/1948	F	CA	92821	Kaiser Health Plan HMO	Yourself & 1
10/17/1974	F	CA	90808	Kaiser Health Plan HMO	Yourself & 1
03/06/1971	F	CA	90605	Kaiser Health Plan HMO	Yourself & 1
05/14/1965	F	CA	90293	Kaiser Health Plan HMO	Yourself & 1
09/04/1981	M	CA	92688	Kaiser Health Plan HMO	Yourself & 1
07/14/1982	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
08/11/1952	F	CA	92627	Kaiser Health Plan HMO	Yourself & 1
12/10/1948	F	CA	92647	Kaiser Health Plan HMO	Yourself & 1
05/19/1965	F	CA	92688	Kaiser Health Plan HMO	Yourself & 1
10/07/1950	M	CA	92869	Kaiser Health Plan HMO	Yourself & 1
09/06/1970	M	CA	92843	Kaiser Health Plan HMO	Yourself & 1
02/17/1973	F	CA	92782	Kaiser Health Plan HMO	Yourself & 1
04/29/1950	F	CA	92504	Kaiser Health Plan HMO	Yourself & 1
02/12/1960	F	CA	92692	Kaiser Health Plan HMO	Yourself & 1
12/22/1946	M	CA	92557	Kaiser Health Plan HMO	Yourself & 1
03/26/1957	M	CA	90621	Kaiser Health Plan HMO	Yourself & 1
01/10/1975	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
05/31/1962	M	CA	92630	Kaiser Health Plan HMO	Yourself & 1
06/10/1942	F	CA	92781	Kaiser Health Plan HMO	Yourself & 1
06/11/1940	M	CA	9.27E+08	Kaiser Health Plan HMO	Yourself & 1
09/29/1952	M	CA	92821	Kaiser Health Plan HMO	Yourself & 1
07/05/1947	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
11/26/1948	M	CA	90620	Kaiser Health Plan HMO	Yourself & 1
12/25/1946	F	CA	92867	Kaiser Health Plan HMO	Yourself & 1
02/03/1949	F	CA	92530	Kaiser Health Plan HMO	Yourself & 1
02/25/1975	F	CA	92503	Kaiser Health Plan HMO	Yourself & 1
02/20/1949	M	CA	92886	Kaiser Health Plan HMO	Yourself & 1
08/07/1942	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
08/19/1952	F	CA	92868	Kaiser Health Plan HMO	Yourself & 1
01/12/1965	F	CA	92886	Kaiser Health Plan HMO	Yourself & 1
09/12/1977	F	CA	92683	Kaiser Health Plan HMO	Yourself & 1
09/07/1985	F	CA	92707	Kaiser Health Plan HMO	Yourself & 1
11/20/1981	F	CA	91762	Kaiser Health Plan HMO	Yourself & 1
11/20/1981	F	CA	91762	Kaiser Health Plan HMO	Yourself & 1
07/11/1961	F	CA	92808	Kaiser Health Plan HMO	Yourself & 1
10/14/1963	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
04/27/1955	F	CA	92887	Kaiser Health Plan HMO	Yourself & 1
07/08/1951	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
05/25/1949	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
11/15/1963	F	CA	90620	Kaiser Health Plan HMO	Yourself & 1

05/10/1985	F	CA	90631	Kaiser Health Plan HMO	Yourself & 1
03/01/1986	F	CA	92832	Kaiser Health Plan HMO	Yourself & 1
09/12/1954	M	CA	92799	Kaiser Health Plan HMO	Yourself & 1
06/12/1964	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
12/11/1973	F	CA	92703	Kaiser Health Plan HMO	Yourself & 1
10/15/1963	F	CA	90308	Kaiser Health Plan HMO	Yourself & 1
07/05/1973	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
06/24/1980	M	CA	91709	Kaiser Health Plan HMO	Yourself & 1
04/19/1959	F	CA	92703	Kaiser Health Plan HMO	Yourself & 1
09/18/1963	F	CA	92056	Kaiser Health Plan HMO	Yourself & 1
01/28/1951	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
11/03/1953	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
04/03/1977	M	CA	92707	Kaiser Health Plan HMO	Yourself & 1
12/09/1982	M	CA	92703	Kaiser Health Plan HMO	Yourself & 1
11/02/1969	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
03/22/1986	M	CA	92703	Kaiser Health Plan HMO	Yourself & 1
02/22/1947	F	CA	90703	Kaiser Health Plan HMO	Yourself & 1
07/07/1962	F	CA	92802	Kaiser Health Plan HMO	Yourself & 1
07/19/1949	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
10/05/1954	F	CA	91724	Kaiser Health Plan HMO	Yourself & 1
04/08/1966	F	CA	92866	Kaiser Health Plan HMO	Yourself & 1
12/20/1956	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
12/07/1969	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
08/21/1970	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
04/09/1978	F	CA	92707	Kaiser Health Plan HMO	Yourself & 1
09/07/1965	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
10/05/1960	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
05/03/1953	F	CA	92646	Kaiser Health Plan HMO	Yourself & 1
01/16/1964	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
11/17/1962	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
11/20/1980	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
04/29/1981	M	CA	92804	Kaiser Health Plan HMO	Yourself & 1
12/25/1948	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
12/30/1958	F	CA	92647	Kaiser Health Plan HMO	Yourself & 1
07/31/1942	M	CA	92706	Kaiser Health Plan HMO	Yourself & 1
06/20/1944	M	CA	92807	Kaiser Health Plan HMO	Yourself & 1
08/18/1955	F	CA	92307	Kaiser Health Plan HMO	Yourself & 1
04/16/1983	F	CA	91764	Kaiser Health Plan HMO	Yourself & 1
10/01/1982	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
02/07/1960	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
09/24/1979	M	CA	92831	Kaiser Health Plan HMO	Yourself & 1
09/04/1956	F	CA	92868	Kaiser Health Plan HMO	Yourself & 1
09/11/1972	F	CA	92845	Kaiser Health Plan HMO	Yourself & 1
08/10/1960	F	CA	92833	Kaiser Health Plan HMO	Yourself & 1
07/09/1982	F	CA	92509	Kaiser Health Plan HMO	Yourself & 1
11/09/1979	F	CA	92504	Kaiser Health Plan HMO	Yourself & 1
12/24/1969	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
03/28/1942	M	CA	92868	Kaiser Health Plan HMO	Yourself & 1
03/21/1953	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
08/26/1978	M	CA	92683	Kaiser Health Plan HMO	Yourself & 1
01/02/1974	F	CA	92843	Kaiser Health Plan HMO	Yourself & 1

09/22/1960	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
09/13/1963	F	CA	92683	Kaiser Health Plan HMO	Yourself & 1
05/05/1976	F	CA	92707	Kaiser Health Plan HMO	Yourself & 1
03/04/1942	F	CA	90623	Kaiser Health Plan HMO	Yourself & 1
07/14/1946	F	CA	92844	Kaiser Health Plan HMO	Yourself & 1
05/08/1964	F	CA	92602	Kaiser Health Plan HMO	Yourself & 1
11/10/1971	F	CA	90631	Kaiser Health Plan HMO	Yourself & 1
02/21/1970	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
05/04/1950	F	CA	92630	Kaiser Health Plan HMO	Yourself & 1
05/29/1950	M	CA	92833	Kaiser Health Plan HMO	Yourself & 1
07/22/1956	F	CA	92844	Kaiser Health Plan HMO	Yourself & 1
08/23/1956	F	CA	92706	Kaiser Health Plan HMO	Yourself & 1
06/18/1959	F	CA	92802	Kaiser Health Plan HMO	Yourself & 1
12/28/1962	F	CA	92735	Kaiser Health Plan HMO	Yourself & 1
09/21/1957	F	CA	92867	Kaiser Health Plan HMO	Yourself & 1
05/14/1980	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
05/21/1956	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
01/09/1960	F	CA	92604	Kaiser Health Plan HMO	Yourself & 1
01/19/1949	F	CA	90650	Kaiser Health Plan HMO	Yourself & 1
07/19/1964	F	CA	90680	Kaiser Health Plan HMO	Yourself & 1
09/10/1967	F	CA	90620	Kaiser Health Plan HMO	Yourself & 1
12/14/1951	F	CA	92614	Kaiser Health Plan HMO	Yourself & 1
10/30/1983	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
05/22/1964	F	CA	92505	Kaiser Health Plan HMO	Yourself & 1
03/12/1973	F	CA	92880	Kaiser Health Plan HMO	Yourself & 1
07/09/1963	F	CA	90650	Kaiser Health Plan HMO	Yourself & 1
11/19/1960	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
09/01/1981	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
04/11/1985	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
05/19/1983	F	CA	91342	Kaiser Health Plan HMO	Yourself & 1
07/13/1954	F	CA	92867	Kaiser Health Plan HMO	Yourself & 1
01/20/1966	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
08/23/1960	F	CA	92780	Kaiser Health Plan HMO	Yourself & 1
05/10/1945	F	CA	92655	Kaiser Health Plan HMO	Yourself & 1
06/22/1978	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
06/20/1952	F	CA	92626	Kaiser Health Plan HMO	Yourself & 1
12/19/1958	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
11/20/1948	F	CA	90802	Kaiser Health Plan HMO	Yourself & 1
01/24/1967	F	CA	92844	Kaiser Health Plan HMO	Yourself & 1
10/01/1967	F	CA	92692	Kaiser Health Plan HMO	Yourself & 1
08/10/1971	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
08/27/1982	M	CA	92701	Kaiser Health Plan HMO	Yourself & 1
11/08/1962	F	CA	91764	Kaiser Health Plan HMO	Yourself & 1
03/22/1977	F	CA	90606	Kaiser Health Plan HMO	Yourself & 1
08/08/1946	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
10/02/1962	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
05/11/1984	F	CA	92883	Kaiser Health Plan HMO	Yourself & 1
08/07/1982	M	CA	92706	Kaiser Health Plan HMO	Yourself & 1
07/28/1978	F	CA	92683	Kaiser Health Plan HMO	Yourself & 1
11/30/1953	F	CA	92505	Kaiser Health Plan HMO	Yourself & 1
09/15/1979	M	CA	90701	Kaiser Health Plan HMO	Yourself & 1

06/22/1949	M	CA	90620	Kaiser Health Plan HMO	Yourself & 1
05/02/1961	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
02/08/1987	M	CA	92843	Kaiser Health Plan HMO	Yourself & 1
05/11/1983	F	CA	92887	Kaiser Health Plan HMO	Yourself & 1
11/28/1985	F	CA	92808	Kaiser Health Plan HMO	Yourself & 1
01/03/1985	M	CA	92708	Kaiser Health Plan HMO	Yourself & 1
12/03/1980	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
04/27/1975	F	CA	92711	Kaiser Health Plan HMO	Yourself & 1
11/14/1984	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
09/06/1981	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
05/08/1973	F	CA	92802	Kaiser Health Plan HMO	Yourself & 1
06/05/1977	F	CA	92602	Kaiser Health Plan HMO	Yourself & 1
10/03/1984	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
11/21/1952	F	CA	92604	Kaiser Health Plan HMO	Yourself & 1
07/14/1948	F	CA	9.29E+08	Kaiser Health Plan HMO	Yourself & 1
01/01/1985	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
09/19/1984	F	CA	90680	Kaiser Health Plan HMO	Yourself & 1
04/22/1973	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
08/24/1982	F	CA	92703	Kaiser Health Plan HMO	Yourself & 1
07/04/1958	F	CA	92653	Kaiser Health Plan HMO	Yourself & 1
01/16/1981	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
03/07/1957	F	CA	92688	Kaiser Health Plan HMO	Yourself & 1
08/22/1984	M	CA	91744	Kaiser Health Plan HMO	Yourself & 1
03/03/1949	M	CA	90242	Kaiser Health Plan HMO	Yourself & 1
02/18/1982	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
08/22/1987	F	CA	92780	Kaiser Health Plan HMO	Yourself & 1
10/01/1967	M	CA	92840	Kaiser Health Plan HMO	Yourself & 1
05/14/1977	M	CA	92806	Kaiser Health Plan HMO	Yourself & 1
07/31/1984	F	CA	90650	Kaiser Health Plan HMO	Yourself & 1
02/28/1968	F	CA	90706	Kaiser Health Plan HMO	Yourself & 1
12/16/1986	F	CA	92703	Kaiser Health Plan HMO	Yourself & 1
10/24/1978	F	CA	92706	Kaiser Health Plan HMO	Yourself & 1
07/25/1979	M	CA	92840	Kaiser Health Plan HMO	Yourself & 1
08/11/1963	F	CA	92843	Kaiser Health Plan HMO	Yourself & 1
10/20/1974	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
03/20/1969	M	CA	90680	Kaiser Health Plan HMO	Yourself & 1
08/12/1986	M	CA	92840	Kaiser Health Plan HMO	Yourself & 1
09/29/1950	M	CA	92870	Kaiser Health Plan HMO	Yourself & 1
12/15/1954	M	CA	90680	Kaiser Health Plan HMO	Yourself & 1
03/17/1945	M	CA	91761	Kaiser Health Plan HMO	Yourself & 1
07/15/1940	M	CA	92508	Kaiser Health Plan HMO	Yourself & 1
10/18/1952	M	CA	92570	Kaiser Health Plan HMO	Yourself & 1
01/14/1961	M	CA	9.06E+08	Kaiser Health Plan HMO	Yourself & 1
06/06/1957	M	CA	92704	Kaiser Health Plan HMO	Yourself & 1
11/18/1950	M	CA	90638	Kaiser Health Plan HMO	Yourself & 1
10/16/1947	M	CA	92806	Kaiser Health Plan HMO	Yourself & 1
03/29/1962	M	CA	92627	Kaiser Health Plan HMO	Yourself & 1
07/02/1957	M	CA	92865	Kaiser Health Plan HMO	Yourself & 1
07/11/1946	M	CA	92821	Kaiser Health Plan HMO	Yourself & 1
08/21/1950	F	CA	92056	Kaiser Health Plan HMO	Yourself & 1
08/11/1942	F	CA	92688	Kaiser Health Plan HMO	Yourself & 1

05/27/1935	F	CA	92395	Kaiser Health Plan HMO	Yourself & 1
01/01/1957	M	CA	92879	Kaiser Health Plan HMO	Yourself & 1
01/26/1972	F	CA	90815	Kaiser Health Plan HMO	Yourself & 1
08/24/1981	M	CA	92701	Kaiser Health Plan HMO	Yourself & 1
03/03/1956	F	CA	92610	Kaiser Health Plan HMO	Yourself & 1
07/24/1963	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
09/12/1956	F	CA	92832	Kaiser Health Plan HMO	Yourself & 1
07/21/1957	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
05/24/1952	F	CA	92867	Kaiser Health Plan HMO	Yourself & 1
03/31/1962	F	CA	92865	Kaiser Health Plan HMO	Yourself & 1
02/26/1946	F	CA	92604	Kaiser Health Plan HMO	Yourself & 1
03/03/1971	F	CA	92627	Kaiser Health Plan HMO	Yourself & 1
05/18/1980	F	CA	92806	Kaiser Health Plan HMO	Yourself & 1
10/15/1970	F	CA	90066	Kaiser Health Plan HMO	Yourself & 1
08/25/1960	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
03/22/1972	F	CA	92505	Kaiser Health Plan HMO	Yourself & 1
11/05/1965	F	CA	92551	Kaiser Health Plan HMO	Yourself & 1
02/15/1975	M	CA	92880	Kaiser Health Plan HMO	Yourself & 1
03/08/1977	F	CA	90201	Kaiser Health Plan HMO	Yourself & 1
11/17/1963	F	CA	92647	Kaiser Health Plan HMO	Yourself & 1
10/26/1975	F	CA	90605	Kaiser Health Plan HMO	Yourself & 1
11/05/1950	F	CA	92683	Kaiser Health Plan HMO	Yourself & 1
07/21/1958	F	CA	92883	Kaiser Health Plan HMO	Yourself & 1
09/09/1960	F	CA	90305	Kaiser Health Plan HMO	Yourself & 1
01/05/1968	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
05/04/1956	F	CA	92868	Kaiser Health Plan HMO	Yourself & 1
05/03/1957	F	CA	92706	Kaiser Health Plan HMO	Yourself & 1
05/04/1977	F	CA	90240	Kaiser Health Plan HMO	Yourself & 1
08/11/1967	F	CA	90604	Kaiser Health Plan HMO	Yourself & 1
09/07/1944	F	CA	92603	Kaiser Health Plan HMO	Yourself & 1
01/27/1964	M	CA	92821	Kaiser Health Plan HMO	Yourself & 1
02/19/1954	M	CA	92706	Kaiser Health Plan HMO	Yourself & 1
05/07/1960	F	CA	90807	Kaiser Health Plan HMO	Yourself & 1
06/28/1969	M	CA	92805	Kaiser Health Plan HMO	Yourself & 1
02/20/1949	F	CA	91763	Kaiser Health Plan HMO	Yourself & 1
02/01/1965	M	CA	92831	Kaiser Health Plan HMO	Yourself & 1
12/12/1980	F	CA	92870	Kaiser Health Plan HMO	Yourself & 1
11/15/1978	F	CA	90716	Kaiser Health Plan HMO	Yourself & 1
11/04/1973	M	CA	91761	Kaiser Health Plan HMO	Yourself & 1
11/10/1976	F	CA	90620	Kaiser Health Plan HMO	Yourself & 1
04/18/1970	F	CA	92843	Kaiser Health Plan HMO	Yourself & 1
11/05/1955	F	CA	92691	Kaiser Health Plan HMO	Yourself & 1
07/16/1940	M	CA	92503	Kaiser Health Plan HMO	Yourself & 1
11/03/1972	F	CA	92691	Kaiser Health Plan HMO	Yourself & 1
02/23/1954	F	CA	90660	Kaiser Health Plan HMO	Yourself & 1
04/24/1953	M	CA	92627	Kaiser Health Plan HMO	Yourself & 1
01/04/1960	F	CA	90806	Kaiser Health Plan HMO	Yourself & 1
10/22/1942	F	CA	90638	Kaiser Health Plan HMO	Yourself & 1
06/22/1957	F	CA	92844	Kaiser Health Plan HMO	Yourself & 1
07/28/1945	F	CA	92691	Kaiser Health Plan HMO	Yourself & 1
03/25/1961	F	CA	92867	Kaiser Health Plan HMO	Yourself & 1

02/03/1953	M	CA	92630	Kaiser Health Plan HMO	Yourself & 1
02/12/1972	F	CA	92821	Kaiser Health Plan HMO	Yourself & 1
08/09/1955	M	CA	92865	Kaiser Health Plan HMO	Yourself & 1
07/13/1955	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
11/03/1947	F	CA	92614	Kaiser Health Plan HMO	Yourself & 1
01/05/1975	F	CA	92843	Kaiser Health Plan HMO	Yourself & 1
04/22/1976	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
01/10/1943	M	CA	92606	Kaiser Health Plan HMO	Yourself & 1
09/22/1969	F	CA	92705	Kaiser Health Plan HMO	Yourself & 1
11/29/1975	F	CA	92802	Kaiser Health Plan HMO	Yourself & 1
07/07/1952	M	CA	91761	Kaiser Health Plan HMO	Yourself & 1
11/01/1960	F	CA	91710	Kaiser Health Plan HMO	Yourself & 1
01/09/1966	F	CA	92614	Kaiser Health Plan HMO	Yourself & 1
04/26/1962	F	CA	92691	Kaiser Health Plan HMO	Yourself & 1
02/25/1974	F	CA	91765	Kaiser Health Plan HMO	Yourself & 1
08/08/1973	F	CA	92656	Kaiser Health Plan HMO	Yourself & 1
04/19/1981	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
09/12/1949	F	CA	92612	Kaiser Health Plan HMO	Yourself & 1
09/13/1952	F	CA	90703	Kaiser Health Plan HMO	Yourself & 1
04/28/1971	F	CA	92780	Kaiser Health Plan HMO	Yourself & 1
10/16/1963	F	CA	92649	Kaiser Health Plan HMO	Yourself & 1
06/15/1973	F	CA	92782	Kaiser Health Plan HMO	Yourself & 1
03/18/1955	F	CA	92629	Kaiser Health Plan HMO	Yourself & 1
10/25/1945	M	CA	92705	Kaiser Health Plan HMO	Yourself & 1
04/24/1947	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
08/08/1956	M	CA	92649	Kaiser Health Plan HMO	Yourself & 1
01/24/1951	F	CA	92835	Kaiser Health Plan HMO	Yourself & 1
03/28/1963	F	CA	92860	Kaiser Health Plan HMO	Yourself & 1
08/29/1965	M	CA	92706	Kaiser Health Plan HMO	Yourself & 1
08/04/1951	M	CA	92808	Kaiser Health Plan HMO	Yourself & 1
06/19/1940	M	CA	92658	Kaiser Health Plan HMO	Yourself & 1
04/02/1952	F	CA	92007	Kaiser Health Plan HMO	Yourself & 1
09/22/1967	F	CA	92620	Kaiser Health Plan HMO	Yourself & 1
08/22/1957	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
07/07/1969	F	CA	92782	Kaiser Health Plan HMO	Yourself & 1
12/08/1967	F	CA	90723	Kaiser Health Plan HMO	Yourself & 1
06/07/1946	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
08/28/1956	F	CA	92630	Kaiser Health Plan HMO	Yourself & 1
10/09/1947	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
11/13/1950	F	CA	92675	Kaiser Health Plan HMO	Yourself & 1
04/05/1957	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
12/23/1978	M	CA	92701	Kaiser Health Plan HMO	Yourself & 1
08/04/1978	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
03/18/1967	F	CA	92703	Kaiser Health Plan HMO	Yourself & 1
06/02/1977	F	CA	90703	Kaiser Health Plan HMO	Yourself & 1
04/08/1979	M	CA	90620	Kaiser Health Plan HMO	Yourself & 1
06/30/1972	M	CA	92630	Kaiser Health Plan HMO	Yourself & 1
12/29/1962	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
07/22/1981	F	CA	92109	Kaiser Health Plan HMO	Yourself & 1
11/01/1976	M	CA	90650	Kaiser Health Plan HMO	Yourself & 1
07/19/1955	F	CA	92843	Kaiser Health Plan HMO	Yourself & 1

09/19/1950	M	CA	92683	Kaiser Health Plan HMO	Yourself & 1
07/14/1971	F	CA	91766	Kaiser Health Plan HMO	Yourself & 1
02/04/1949	F	CA	90720	Kaiser Health Plan HMO	Yourself & 1
01/03/1970	F	CA	90660	Kaiser Health Plan HMO	Yourself & 1
01/27/1955	F	CA	92881	Kaiser Health Plan HMO	Yourself & 1
03/30/1980	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
07/28/1965	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
05/11/1961	F	CA	9.29E+08	Kaiser Health Plan HMO	Yourself & 1
11/14/1972	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
11/13/1953	F	CA	92821	Kaiser Health Plan HMO	Yourself & 1
06/04/1946	F	CA	92626	Kaiser Health Plan HMO	Yourself & 1
08/04/1981	F	CA	90241	Kaiser Health Plan HMO	Yourself & 1
08/26/1984	M	CA	92870	Kaiser Health Plan HMO	Yourself & 1
04/10/1965	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
07/14/1976	F	CA	92703	Kaiser Health Plan HMO	Yourself & 1
08/20/1981	F	CA	92821	Kaiser Health Plan HMO	Yourself & 1
06/07/1979	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
08/06/1985	F	CA	92868	Kaiser Health Plan HMO	Yourself & 1
05/21/1963	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
07/08/1981	F	CA	90810	Kaiser Health Plan HMO	Yourself & 1
10/15/1949	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
09/29/1975	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
07/15/1939	F	CA	92595	Kaiser Health Plan HMO	Yourself & 1
03/06/1950	F	CA	92606	Kaiser Health Plan HMO	Yourself & 1
07/09/1965	F	CA	92806	Kaiser Health Plan HMO	Yourself & 1
11/02/1970	F	CA	92707	Kaiser Health Plan HMO	Yourself & 1
05/23/1948	F	CA	91711	Kaiser Health Plan HMO	Yourself & 1
08/11/1954	F	CA	90221	Kaiser Health Plan HMO	Yourself & 1
09/01/1957	M	CA	91722	Kaiser Health Plan HMO	Yourself & 1
06/04/1980	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
06/27/1974	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
02/28/1963	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
06/01/1963	F	CA	90660	Kaiser Health Plan HMO	Yourself & 1
06/28/1962	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
12/24/1983	F	CA	91761	Kaiser Health Plan HMO	Yourself & 1
04/26/1978	F	CA	92806	Kaiser Health Plan HMO	Yourself & 1
01/27/1981	F	CA	92806	Kaiser Health Plan HMO	Yourself & 1
02/27/1950	M	CA	92836	Kaiser Health Plan HMO	Yourself & 1
01/13/1945	F	CA	92683	Kaiser Health Plan HMO	Yourself & 1
12/20/1962	F	CA	92706	Kaiser Health Plan HMO	Yourself & 1
05/25/1948	M	CA	92844	Kaiser Health Plan HMO	Yourself & 1
11/26/1974	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
06/05/1985	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
03/10/1978	F	CA	92655	Kaiser Health Plan HMO	Yourself & 1
06/25/1973	F	CA	90650	Kaiser Health Plan HMO	Yourself & 1
05/26/1939	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
06/09/1981	F	CA	92868	Kaiser Health Plan HMO	Yourself & 1
02/16/1979	F	CA	92806	Kaiser Health Plan HMO	Yourself & 1
05/21/1952	F	CA	90620	Kaiser Health Plan HMO	Yourself & 1
12/09/1981	F	CA	91709	Kaiser Health Plan HMO	Yourself & 1
10/06/1957	F	CA	9.28E+08	Kaiser Health Plan HMO	Yourself & 1

07/06/1973	M	CA	92705	Kaiser Health Plan HMO	Yourself & 1
08/08/1968	F	CA	92688	Kaiser Health Plan HMO	Yourself & 1
09/14/1956	M	CA	9.26E+08	Kaiser Health Plan HMO	Yourself & 1
12/01/1980	F	CA	92867	Kaiser Health Plan HMO	Yourself & 1
01/21/1952	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
12/19/1967	M	CA	92509	Kaiser Health Plan HMO	Yourself & 1
10/15/1961	M	CA	90620	Kaiser Health Plan HMO	Yourself & 1
12/25/1954	M	CA	92116	Kaiser Health Plan HMO	Yourself & 1
04/22/1972	M	CA	92115	Kaiser Health Plan HMO	Yourself & 1
04/05/1953	M	CA	92782	Kaiser Health Plan HMO	Yourself & 1
04/09/1957	M	CA	92880	Kaiser Health Plan HMO	Yourself & 1
05/14/1953	M	CA	92612	Kaiser Health Plan HMO	Yourself & 1
10/26/1976	M	CA	92780	Kaiser Health Plan HMO	Yourself & 1
11/28/1954	F	CA	92883	Kaiser Health Plan HMO	Yourself & 1
02/14/1981	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
08/28/1960	M	CA	92692	Kaiser Health Plan HMO	Yourself & 1
09/06/1969	M	CA	92630	Kaiser Health Plan HMO	Yourself & 1
06/29/1952	M	CA	9.29E+08	Kaiser Health Plan HMO	Yourself & 1
07/22/1943	F	CA	92683	Kaiser Health Plan HMO	Yourself & 1
10/06/1979	F	CA	92688	Kaiser Health Plan HMO	Yourself & 1
07/19/1951	F	CA	92843	Kaiser Health Plan HMO	Yourself & 1
10/18/1949	M	CA	92672	Kaiser Health Plan HMO	Yourself & 1
09/19/1947	M	CA	92606	Kaiser Health Plan HMO	Yourself & 1
09/25/1954	F	CA	92551	Kaiser Health Plan HMO	Yourself & 1
08/24/1978	M	CA	93063	Kaiser Health Plan HMO	Yourself & 1
09/21/1983	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
08/06/1972	M	CA	92887	Kaiser Health Plan HMO	Yourself & 1
02/13/1950	M	CA	9.26E+08	Kaiser Health Plan HMO	Yourself & 1
07/01/1974	M	CA	90604	Kaiser Health Plan HMO	Yourself & 1
05/07/1949	F	CA	92675	Kaiser Health Plan HMO	Yourself & 1
09/12/1940	M	CA	92843	Kaiser Health Plan HMO	Yourself & 1
12/15/1961	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
04/29/1951	F	CA	92844	Kaiser Health Plan HMO	Yourself & 1
10/03/1972	F	CA	92679	Kaiser Health Plan HMO	Yourself & 1
03/07/1951	F	CA	90630	Kaiser Health Plan HMO	Yourself & 1
12/27/1952	F	CA	9.26E+08	Kaiser Health Plan HMO	Yourself & 1
11/28/1950	M	CA	91331	Kaiser Health Plan HMO	Yourself & 1
08/23/1977	M	CA	92672	Kaiser Health Plan HMO	Yourself & 1
09/26/1975	F	CA	92646	Kaiser Health Plan HMO	Yourself & 1
09/14/1952	M	CA	92346	Kaiser Health Plan HMO	Yourself & 1
10/26/1953	M	CA	91710	Kaiser Health Plan HMO	Yourself & 1
03/31/1960	M	CA	92614	Kaiser Health Plan HMO	Yourself & 1
01/09/1964	F	CA	91764	Kaiser Health Plan HMO	Yourself & 1
12/16/1973	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
09/27/1953	M	CA	92054	Kaiser Health Plan HMO	Yourself & 1
11/27/1973	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
01/17/1971	F	CA	90631	Kaiser Health Plan HMO	Yourself & 1
09/16/1951	M	CA	92705	Kaiser Health Plan HMO	Yourself & 1
05/10/1950	M	CA	92804	Kaiser Health Plan HMO	Yourself & 1
02/22/1970	M	CA	92571	Kaiser Health Plan HMO	Yourself & 1
01/07/1948	M	CA	90703	Kaiser Health Plan HMO	Yourself & 1

11/28/1975	F	CA	92627	Kaiser Health Plan HMO	Yourself & 1
06/25/1944	M	CA	90620	Kaiser Health Plan HMO	Yourself & 1
07/26/1971	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
08/14/1984	M	CA	92705	Kaiser Health Plan HMO	Yourself & 1
06/27/1970	M	CA	92618	Kaiser Health Plan HMO	Yourself & 1
02/08/1950	M	CA	91748	Kaiser Health Plan HMO	Yourself & 1
04/18/1940	M	CA	90745	Kaiser Health Plan HMO	Yourself & 1
03/22/1963	M	CA	92860	Kaiser Health Plan HMO	Yourself & 1
05/29/1981	F	CA	92844	Kaiser Health Plan HMO	Yourself & 1
02/04/1983	M	CA	90650	Kaiser Health Plan HMO	Yourself & 1
06/23/1949	M	CA	92838	Kaiser Health Plan HMO	Yourself & 1
05/23/1952	M	CA	92886	Kaiser Health Plan HMO	Yourself & 1
08/21/1949	M	CA	92807	Kaiser Health Plan HMO	Yourself & 1
10/27/1959	M	CA	92503	Kaiser Health Plan HMO	Yourself & 1
11/16/1954	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
04/09/1951	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
10/29/1980	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
06/02/1957	M	CA	92606	Kaiser Health Plan HMO	Yourself & 1
04/16/1966	F	CA	92677	Kaiser Health Plan HMO	Yourself & 1
08/12/1968	M	CA	92868	Kaiser Health Plan HMO	Yourself & 1
06/20/1962	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
01/25/1973	F	CA	92688	Kaiser Health Plan HMO	Yourself & 1
01/26/1958	F	CA	90602	Kaiser Health Plan HMO	Yourself & 1
04/12/1962	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself & 1
01/15/1961	F	CA	92683	Kaiser Health Plan HMO	Yourself & 1
10/02/1976	F	CA	90706	Kaiser Health Plan HMO	Yourself & 1
09/03/1938	M	CA	92656	Kaiser Health Plan HMO	Yourself & 1
11/20/1951	F	CA	90703	Kaiser Health Plan HMO	Yourself & 1
04/04/1975	F	CA	90280	Kaiser Health Plan HMO	Yourself & 1
12/07/1959	F	CA	92802	Kaiser Health Plan HMO	Yourself & 1
04/28/1961	F	CA	90221	Kaiser Health Plan HMO	Yourself & 1
01/07/1942	M	CA	90731	Kaiser Health Plan HMO	Yourself & 1
07/09/1964	M	CA	92831	Kaiser Health Plan HMO	Yourself & 1
05/05/1972	F	CA	92703	Kaiser Health Plan HMO	Yourself & 1
04/25/1980	M	CA	91710	Kaiser Health Plan HMO	Yourself & 1
12/03/1954	M	CA	92801	Kaiser Health Plan HMO	Yourself & 1
02/07/1946	M	CA	92867	Kaiser Health Plan HMO	Yourself & 1
03/11/1952	F	CA	90242	Kaiser Health Plan HMO	Yourself & 1
01/02/1961	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
03/12/1961	F	CA	91709	Kaiser Health Plan HMO	Yourself & 1
11/27/1976	M	CA	92707	Kaiser Health Plan HMO	Yourself & 1
05/25/1953	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
01/05/1968	M	CA	92867	Kaiser Health Plan HMO	Yourself & 1
11/12/1967	M	CA	92702	Kaiser Health Plan HMO	Yourself & 1
04/21/1974	M	CA	92630	Kaiser Health Plan HMO	Yourself & 1
07/08/1952	M	CA	90745	Kaiser Health Plan HMO	Yourself & 1
02/07/1958	F	CA	92887	Kaiser Health Plan HMO	Yourself & 1
01/26/1972	M	CA	92878	Kaiser Health Plan HMO	Yourself & 1
01/01/1964	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
05/05/1955	F	CA	92649	Kaiser Health Plan HMO	Yourself & 1
10/09/1965	F	CA	92692	Kaiser Health Plan HMO	Yourself & 1

12/10/1977	F	CA	91773	Kaiser Health Plan HMO	Yourself & 1
10/12/1954	F	CA	92812	Kaiser Health Plan HMO	Yourself & 1
01/10/1958	F	CA	92780	Kaiser Health Plan HMO	Yourself & 1
09/16/1969	F	CA	92694	Kaiser Health Plan HMO	Yourself & 1
08/15/1981	F	CA	90732	Kaiser Health Plan HMO	Yourself & 1
05/30/1977	F	CA	92705	Kaiser Health Plan HMO	Yourself & 1
11/26/1974	M	CA	90621	Kaiser Health Plan HMO	Yourself & 1
11/02/1954	F	CA	92806	Kaiser Health Plan HMO	Yourself & 1
04/08/1954	M	CA	92606	Kaiser Health Plan HMO	Yourself & 1
11/18/1962	M	CA	92879	Kaiser Health Plan HMO	Yourself & 1
01/25/1955	F	CA	92835	Kaiser Health Plan HMO	Yourself & 1
05/08/1953	M	CA	92648	Kaiser Health Plan HMO	Yourself & 1
12/10/1956	F	CA	92705	Kaiser Health Plan HMO	Yourself & 1
10/03/1948	M	CA	92882	Kaiser Health Plan HMO	Yourself & 1
09/07/1983	F	CA	91766	Kaiser Health Plan HMO	Yourself & 1
06/20/1944	M	CA	92868	Kaiser Health Plan HMO	Yourself & 1
05/11/1958	M	CA	92869	Kaiser Health Plan HMO	Yourself & 1
07/30/1960	M	CA	92683	Kaiser Health Plan HMO	Yourself & 1
10/24/1957	F	CA	92585	Kaiser Health Plan HMO	Yourself & 1
08/22/1964	F	CA	92595	Kaiser Health Plan HMO	Yourself & 1
02/21/1950	M	CA	90712	Kaiser Health Plan HMO	Yourself & 1
11/19/1954	M	CA	92620	Kaiser Health Plan HMO	Yourself & 1
02/28/1985	M	CA	92868	Kaiser Health Plan HMO	Yourself & 1
08/04/1956	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
10/28/1962	F	CA	92866	Kaiser Health Plan HMO	Yourself & 1
10/22/1965	M	CA	92803	Kaiser Health Plan HMO	Yourself & 1
10/21/1955	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself & 1
01/23/1955	F	CA	92887	Kaiser Health Plan HMO	Yourself & 1
09/30/1964	F	CA	9.28E+08	Kaiser Health Plan HMO	Yourself & 1
04/12/1962	F	CA	92879	Kaiser Health Plan HMO	Yourself & 1
06/16/1942	M	CA	90623	Kaiser Health Plan HMO	Yourself & 1
11/25/1952	M	CA	92692	Kaiser Health Plan HMO	Yourself & 1
05/08/1974	M	CA	92870	Kaiser Health Plan HMO	Yourself & 1
05/02/1958	F	CA	92867	Kaiser Health Plan HMO	Yourself & 1
04/27/1950	F	CA	92886	Kaiser Health Plan HMO	Yourself & 1
03/06/1968	F	CA	90638	Kaiser Health Plan HMO	Yourself & 1
06/24/1970	M	CA	92647	Kaiser Health Plan HMO	Yourself & 1
08/29/1954	M	CA	92805	Kaiser Health Plan HMO	Yourself & 1
06/03/1980	F	CA	90807	Kaiser Health Plan HMO	Yourself & 1
12/07/1961	M	CA	92860	Kaiser Health Plan HMO	Yourself & 1
11/11/1974	F	CA	92879	Kaiser Health Plan HMO	Yourself & 1
06/12/1948	F	CA	92503	Kaiser Health Plan HMO	Yourself & 1
01/20/1965	F	CA	92886	Kaiser Health Plan HMO	Yourself & 1
06/18/1944	M	CA	92692	Kaiser Health Plan HMO	Yourself & 1
08/19/1961	F	CA	92688	Kaiser Health Plan HMO	Yourself & 1
03/26/1961	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
05/15/1972	F	CA	90660	Kaiser Health Plan HMO	Yourself & 1
06/28/1960	M	CA	92886	Kaiser Health Plan HMO	Yourself & 1
09/11/1972	F	CA	90711	Kaiser Health Plan HMO	Yourself & 1
12/10/1960	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself & 1
01/26/1972	F	CA	92630	Kaiser Health Plan HMO	Yourself & 1

10/04/1966	M	CA	90401	Kaiser Health Plan HMO	Yourself & 1
01/16/1962	F	CA	92861	Kaiser Health Plan HMO	Yourself & 1
01/11/1971	M	CA	92804	Kaiser Health Plan HMO	Yourself & 1
05/06/1963	F	CA	92845	Kaiser Health Plan HMO	Yourself & 1
07/06/1956	M	CA	92887	Kaiser Health Plan HMO	Yourself & 1
07/21/1956	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
10/09/1959	F	CA	91761	Kaiser Health Plan HMO	Yourself & 1
03/22/1949	F	CA	92780	Kaiser Health Plan HMO	Yourself & 1
08/01/1972	F	CA	91752	Kaiser Health Plan HMO	Yourself & 1
04/07/1951	M	CA	92806	Kaiser Health Plan HMO	Yourself & 1
06/10/1953	F	CA	91792	Kaiser Health Plan HMO	Yourself & 1
06/01/1955	F	CA	92866	Kaiser Health Plan HMO	Yourself & 1
07/29/1979	F	CA	92868	Kaiser Health Plan HMO	Yourself & 1
02/14/1947	M	CA	92866	Kaiser Health Plan HMO	Yourself & 1
08/28/1949	M	CA	92883	Kaiser Health Plan HMO	Yourself & 1
05/17/1981	F	CA	90650	Kaiser Health Plan HMO	Yourself & 1
09/10/1969	M	CA	92865	Kaiser Health Plan HMO	Yourself & 1
11/18/1950	M	CA	92570	Kaiser Health Plan HMO	Yourself & 1
04/06/1956	F	CA	92530	Kaiser Health Plan HMO	Yourself & 1
11/09/1946	F	CA	92606	Kaiser Health Plan HMO	Yourself & 1
10/11/1962	F	CA	92782	Kaiser Health Plan HMO	Yourself & 1
02/11/1954	M	CA	92708	Kaiser Health Plan HMO	Yourself & 1
01/09/1950	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
01/02/1981	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
02/10/1981	M	CA	90712	Kaiser Health Plan HMO	Yourself & 1
03/09/1977	F	CA	92843	Kaiser Health Plan HMO	Yourself & 1
12/01/1978	F	CA	90731	Kaiser Health Plan HMO	Yourself & 1
05/07/1976	F	CA	90650	Kaiser Health Plan HMO	Yourself & 1
06/30/1947	M	CA	92840	Kaiser Health Plan HMO	Yourself & 1
03/15/1979	M	CA	92806	Kaiser Health Plan HMO	Yourself & 1
08/06/1942	M	CA	9.29E+08	Kaiser Health Plan HMO	Yourself & 1
10/26/1961	M	CA	91740	Kaiser Health Plan HMO	Yourself & 1
12/14/1962	M	CA	92802	Kaiser Health Plan HMO	Yourself & 1
11/27/1981	F	CA	92604	Kaiser Health Plan HMO	Yourself & 1
09/27/1976	F	CA	90807	Kaiser Health Plan HMO	Yourself & 1
12/27/1979	M	CA	91766	Kaiser Health Plan HMO	Yourself & 1
01/04/1973	M	CA	91762	Kaiser Health Plan HMO	Yourself & 1
09/02/1967	F	CA	92688	Kaiser Health Plan HMO	Yourself & 1
05/24/1983	F	CA	92832	Kaiser Health Plan HMO	Yourself & 1
10/03/1980	M	CA	92865	Kaiser Health Plan HMO	Yourself & 1
10/03/1982	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
08/29/1980	M	CA	92841	Kaiser Health Plan HMO	Yourself & 1
10/30/1982	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
11/29/1972	F	CA	92604	Kaiser Health Plan HMO	Yourself & 1
09/11/1982	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
06/30/1976	M	CA	92821	Kaiser Health Plan HMO	Yourself & 1
05/19/1963	F	CA	92842	Kaiser Health Plan HMO	Yourself & 1
04/30/1955	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
09/10/1959	M	CA	92804	Kaiser Health Plan HMO	Yourself & 1
07/08/1974	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
09/15/1978	M	CA	92804	Kaiser Health Plan HMO	Yourself & 1

03/23/1982	M	CA	90630	Kaiser Health Plan HMO	Yourself & 1
05/29/1983	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
03/21/1966	M	CA	90716	Kaiser Health Plan HMO	Yourself & 1
12/13/1959	F	CA	92532	Kaiser Health Plan HMO	Yourself & 1
05/25/1963	M	CA	90249	Kaiser Health Plan HMO	Yourself & 1
04/08/1981	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
02/06/1971	F	CA	90805	Kaiser Health Plan HMO	Yourself & 1
06/05/1970	F	CA	92530	Kaiser Health Plan HMO	Yourself & 1
03/18/1972	F	CA	92844	Kaiser Health Plan HMO	Yourself & 1
08/02/1952	M	CA	92503	Kaiser Health Plan HMO	Yourself & 1
04/15/1985	F	CA	92606	Kaiser Health Plan HMO	Yourself & 1
03/23/1984	M	CA	92614	Kaiser Health Plan HMO	Yourself & 1
03/19/1980	M	CA	92882	Kaiser Health Plan HMO	Yourself & 1
02/05/1983	M	CA	92508	Kaiser Health Plan HMO	Yourself & 1
09/26/1985	F	CA	92646	Kaiser Health Plan HMO	Yourself & 1
02/21/1960	F	CA	9.29E+08	Kaiser Health Plan HMO	Yourself & 1
10/05/1951	M	CA	92057	Kaiser Health Plan HMO	Yourself & 1
03/10/1952	M	CA	9.14E+08	Kaiser Health Plan HMO	Yourself & 1
09/18/1954	F	CA	92861	Kaiser Health Plan HMO	Yourself & 1
09/28/1961	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
04/05/1967	F	CA	92887	Kaiser Health Plan HMO	Yourself & 1
02/05/1953	M	CA	91750	Kaiser Health Plan HMO	Yourself & 1
03/26/1943	M	CA	92882	Kaiser Health Plan HMO	Yourself & 1
12/31/1952	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
07/05/1954	F	CA	92705	Kaiser Health Plan HMO	Yourself & 1
09/14/1960	M	CA	92646	Kaiser Health Plan HMO	Yourself & 1
02/22/1956	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
10/06/1978	F	CA	92870	Kaiser Health Plan HMO	Yourself & 1
06/09/1954	M	CA	92808	Kaiser Health Plan HMO	Yourself & 1
11/21/1981	F	CA	90815	Kaiser Health Plan HMO	Yourself & 1
05/21/1954	M	CA	92880	Kaiser Health Plan HMO	Yourself & 1
08/03/1944	F	CA	92653	Kaiser Health Plan HMO	Yourself & 1
06/29/1978	F	CA	92648	Kaiser Health Plan HMO	Yourself & 1
06/30/1972	M	CA	92703	Kaiser Health Plan HMO	Yourself & 1
11/16/1950	F	CA	92646	Kaiser Health Plan HMO	Yourself & 1
04/06/1960	F	CA	92618	Kaiser Health Plan HMO	Yourself & 1
10/24/1950	M	CA	92336	Kaiser Health Plan HMO	Yourself & 1
10/21/1959	F	CA	92612	Kaiser Health Plan HMO	Yourself & 1
02/26/1954	M	CA	91761	Kaiser Health Plan HMO	Yourself & 1
06/23/1949	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
05/14/1981	F	CA	92656	Kaiser Health Plan HMO	Yourself & 1
08/17/1957	F	CA	92618	Kaiser Health Plan HMO	Yourself & 1
12/28/1947	F	CA	92629	Kaiser Health Plan HMO	Yourself & 1
11/24/1966	F	CA	92677	Kaiser Health Plan HMO	Yourself & 1
05/01/1977	F	CA	92707	Kaiser Health Plan HMO	Yourself & 1
05/25/1959	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
05/24/1959	F	CA	92845	Kaiser Health Plan HMO	Yourself & 1
08/05/1952	F	CA	92711	Kaiser Health Plan HMO	Yourself & 1
08/03/1956	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
04/20/1973	F	CA	92683	Kaiser Health Plan HMO	Yourself & 1
03/09/1959	F	CA	92337	Kaiser Health Plan HMO	Yourself & 1

12/30/1948	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
11/02/1954	M	CA	92831	Kaiser Health Plan HMO	Yourself & 1
02/13/1947	F	CA	92656	Kaiser Health Plan HMO	Yourself & 1
04/24/1978	F	CA	92870	Kaiser Health Plan HMO	Yourself & 1
11/01/1958	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself & 1
02/14/1974	F	CA	92880	Kaiser Health Plan HMO	Yourself & 1
07/29/1975	F	CA	91789	Kaiser Health Plan HMO	Yourself & 1
07/25/1979	F	CA	92835	Kaiser Health Plan HMO	Yourself & 1
01/07/1974	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
09/27/1980	F	CA	92782	Kaiser Health Plan HMO	Yourself & 1
12/22/1978	F	CA	91792	Kaiser Health Plan HMO	Yourself & 1
01/12/1969	F	CA	92707	Kaiser Health Plan HMO	Yourself & 1
11/01/1951	M	CA	92870	Kaiser Health Plan HMO	Yourself & 1
10/25/1976	F	CA	92374	Kaiser Health Plan HMO	Yourself & 1
08/29/1981	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
09/19/1974	M	CA	90620	Kaiser Health Plan HMO	Yourself & 1
06/16/1962	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
12/30/1978	F	CA	90630	Kaiser Health Plan HMO	Yourself & 1
01/31/1980	F	CA	90713	Kaiser Health Plan HMO	Yourself & 1
01/27/1956	F	CA	92692	Kaiser Health Plan HMO	Yourself & 1
08/01/1975	F	CA	90004	Kaiser Health Plan HMO	Yourself & 1
10/28/1974	F	CA	92677	Kaiser Health Plan HMO	Yourself & 1
08/17/1962	F	CA	92802	Kaiser Health Plan HMO	Yourself & 1
01/13/1952	F	CA	92692	Kaiser Health Plan HMO	Yourself & 1
07/18/1972	M	CA	92691	Kaiser Health Plan HMO	Yourself & 1
07/15/1948	F	CA	92883	Kaiser Health Plan HMO	Yourself & 1
04/24/1958	M	CA	92056	Kaiser Health Plan HMO	Yourself & 1
01/02/1954	F	CA	9.26E+08	Kaiser Health Plan HMO	Yourself & 1
02/18/1955	F	CA	92870	Kaiser Health Plan HMO	Yourself & 1
09/16/1952	M	CA	92821	Kaiser Health Plan HMO	Yourself & 1
01/12/1962	F	CA	92624	Kaiser Health Plan HMO	Yourself & 1
06/18/1963	F	CA	92692	Kaiser Health Plan HMO	Yourself & 1
11/19/1963	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
08/06/1951	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
09/18/1949	M	CA	92807	Kaiser Health Plan HMO	Yourself & 1
01/05/1957	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
04/28/1953	M	CA	92688	Kaiser Health Plan HMO	Yourself & 1
09/25/1943	M	CA	92604	Kaiser Health Plan HMO	Yourself & 1
12/31/1980	F	CA	92506	Kaiser Health Plan HMO	Yourself & 1
12/11/1961	M	CA	92692	Kaiser Health Plan HMO	Yourself & 1
10/16/1959	F	CA	92780	Kaiser Health Plan HMO	Yourself & 1
12/30/1957	M	CA	92866	Kaiser Health Plan HMO	Yourself & 1
09/07/1954	F	CA	90630	Kaiser Health Plan HMO	Yourself & 1
10/19/1959	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
04/05/1962	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
04/21/1958	M	CA	92706	Kaiser Health Plan HMO	Yourself & 1
03/26/1968	F	CA	90713	Kaiser Health Plan HMO	Yourself & 1
12/16/1954	M	CA	92780	Kaiser Health Plan HMO	Yourself & 1
11/14/1959	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
09/14/1957	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
10/30/1951	F	CA	92620	Kaiser Health Plan HMO	Yourself & 1

01/12/1968	F	CA	92821	Kaiser Health Plan HMO	Yourself & 1
05/10/1969	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
04/04/1956	F	CA	92691	Kaiser Health Plan HMO	Yourself & 1
07/09/1967	F	CA	91739	Kaiser Health Plan HMO	Yourself & 1
03/29/1972	F	CA	92647	Kaiser Health Plan HMO	Yourself & 1
04/14/1958	F	CA	92782	Kaiser Health Plan HMO	Yourself & 1
10/21/1956	M	CA	92691	Kaiser Health Plan HMO	Yourself & 1
04/22/1970	F	CA	92806	Kaiser Health Plan HMO	Yourself & 1
10/01/1963	F	CA	92324	Kaiser Health Plan HMO	Yourself & 1
12/08/1968	F	CA	92702	Kaiser Health Plan HMO	Yourself & 1
06/30/1950	F	CA	92841	Kaiser Health Plan HMO	Yourself & 1
04/08/1952	M	CA	92630	Kaiser Health Plan HMO	Yourself & 1
05/08/1962	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
05/23/1953	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself & 1
12/17/1960	M	CA	92705	Kaiser Health Plan HMO	Yourself & 1
10/07/1955	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
11/16/1948	F	CA	92691	Kaiser Health Plan HMO	Yourself & 1
06/25/1952	F	CA	92886	Kaiser Health Plan HMO	Yourself & 1
06/07/1965	M	CA	92610	Kaiser Health Plan HMO	Yourself & 1
08/31/1968	M	CA	92886	Kaiser Health Plan HMO	Yourself & 1
11/21/1956	M	CA	92530	Kaiser Health Plan HMO	Yourself & 1
04/07/1956	M	CA	92653	Kaiser Health Plan HMO	Yourself & 1
12/08/1947	F	CA	92606	Kaiser Health Plan HMO	Yourself & 1
04/24/1956	F	CA	91010	Kaiser Health Plan HMO	Yourself & 1
03/02/1952	F	CA	92860	Kaiser Health Plan HMO	Yourself & 1
12/07/1959	F	CA	90631	Kaiser Health Plan HMO	Yourself & 1
04/08/1962	F	CA	92509	Kaiser Health Plan HMO	Yourself & 1
09/05/1947	F	CA	90808	Kaiser Health Plan HMO	Yourself & 1
10/17/1980	M	CA	92620	Kaiser Health Plan HMO	Yourself & 1
01/18/1955	M	CA	92883	Kaiser Health Plan HMO	Yourself & 1
03/27/1954	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
06/19/1964	F	CA	92806	Kaiser Health Plan HMO	Yourself & 1
05/23/1982	M	CA	92807	Kaiser Health Plan HMO	Yourself & 1
07/30/1968	M	CA	92880	Kaiser Health Plan HMO	Yourself & 1
10/10/1973	F	CA	92692	Kaiser Health Plan HMO	Yourself & 1
10/24/1975	M	CA	90631	Kaiser Health Plan HMO	Yourself & 1
05/30/1963	M	CA	92887	Kaiser Health Plan HMO	Yourself & 1
08/29/1961	F	CA	92881	Kaiser Health Plan HMO	Yourself & 1
10/17/1967	F	CA	92614	Kaiser Health Plan HMO	Yourself & 1
01/14/1943	M	CA	92646	Kaiser Health Plan HMO	Yourself & 1
12/10/1952	M	CA	90703	Kaiser Health Plan HMO	Yourself & 1
11/11/1956	M	CA	91710	Kaiser Health Plan HMO	Yourself & 1
09/02/1970	M	CA	92805	Kaiser Health Plan HMO	Yourself & 1
09/06/1955	M	CA	92840	Kaiser Health Plan HMO	Yourself & 1
07/19/1954	M	CA	92879	Kaiser Health Plan HMO	Yourself & 1
04/01/1978	M	CA	90706	Kaiser Health Plan HMO	Yourself & 1
02/09/1960	M	CA	92530	Kaiser Health Plan HMO	Yourself & 1
10/25/1966	M	CA	92692	Kaiser Health Plan HMO	Yourself & 1
06/29/1978	M	CA	90680	Kaiser Health Plan HMO	Yourself & 1
07/15/1978	M	CA	92808	Kaiser Health Plan HMO	Yourself & 1
07/25/1956	M	CA	92843	Kaiser Health Plan HMO	Yourself & 1

03/06/1964	M	CA	92677	Kaiser Health Plan HMO	Yourself & 1
04/07/1948	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
04/12/1945	M	CA	92835	Kaiser Health Plan HMO	Yourself & 1
01/20/1980	M	CA	92840	Kaiser Health Plan HMO	Yourself & 1
03/24/1958	M	CA	92570	Kaiser Health Plan HMO	Yourself & 1
09/22/1956	M	CA	92869	Kaiser Health Plan HMO	Yourself & 1
12/01/1948	M	CA	90650	Kaiser Health Plan HMO	Yourself & 1
12/12/1955	M	CA	92530	Kaiser Health Plan HMO	Yourself & 1
08/01/1955	M	CA	92868	Kaiser Health Plan HMO	Yourself & 1
12/24/1974	M	CA	91711	Kaiser Health Plan HMO	Yourself & 1
11/15/1957	M	CA	92530	Kaiser Health Plan HMO	Yourself & 1
09/29/1965	M	CA	92879	Kaiser Health Plan HMO	Yourself & 1
10/22/1957	M	CA	92880	Kaiser Health Plan HMO	Yourself & 1
03/05/1955	M	CA	90703	Kaiser Health Plan HMO	Yourself & 1
02/29/1960	M	CA	92882	Kaiser Health Plan HMO	Yourself & 1
03/16/1955	M	CA	92570	Kaiser Health Plan HMO	Yourself & 1
05/17/1974	M	CA	90805	Kaiser Health Plan HMO	Yourself & 1
08/19/1969	M	CA	92504	Kaiser Health Plan HMO	Yourself & 1
03/25/1953	M	CA	90621	Kaiser Health Plan HMO	Yourself & 1
05/17/1956	M	CA	92571	Kaiser Health Plan HMO	Yourself & 1
10/20/1964	M	CA	92843	Kaiser Health Plan HMO	Yourself & 1
07/24/1951	F	CA	92570	Kaiser Health Plan HMO	Yourself & 1
01/28/1965	M	CA	92780	Kaiser Health Plan HMO	Yourself & 1
01/09/1981	F	CA	92630	Kaiser Health Plan HMO	Yourself & 1
06/15/1960	F	CA	92801	Kaiser Health Plan HMO	Yourself & 1
01/01/1952	M	CA	92803	Kaiser Health Plan HMO	Yourself & 1
12/28/1987	M	CA	92626	Kaiser Health Plan HMO	Yourself & 1
02/16/1984	M	CA	92677	Kaiser Health Plan HMO	Yourself & 1
03/22/1947	M	CA	92863	Kaiser Health Plan HMO	Yourself & 1
10/22/1960	M	CA	92505	Kaiser Health Plan HMO	Yourself & 1
03/10/1969	M	CA	92555	Kaiser Health Plan HMO	Yourself & 1
10/17/1977	F	CA	90804	Kaiser Health Plan HMO	Yourself & 1
03/25/1985	M	CA	91801	Kaiser Health Plan HMO	Yourself & 1
12/18/1962	M	CA	92843	Kaiser Health Plan HMO	Yourself & 1
09/29/1951	M	CA	92223	Kaiser Health Plan HMO	Yourself & 1
03/18/1955	M	CA	90620	Kaiser Health Plan HMO	Yourself & 1
05/26/1975	F	CA	90248	Kaiser Health Plan HMO	Yourself & 1
03/06/1969	F	CA	92552	Kaiser Health Plan HMO	Yourself & 1
10/31/1978	F	CA	91733	Kaiser Health Plan HMO	Yourself & 1
06/25/1978	F	CA	90660	Kaiser Health Plan HMO	Yourself & 1
07/15/1949	M	CA	9.24E+08	Kaiser Health Plan HMO	Yourself & 1
08/16/1971	F	CA	90011	Kaiser Health Plan HMO	Yourself & 1
02/27/1952	F	CA	92648	Kaiser Health Plan HMO	Yourself & 1
02/09/1968	F	CA	92677	Kaiser Health Plan HMO	Yourself & 1
06/01/1982	M	CA	91744	Kaiser Health Plan HMO	Yourself & 1
06/26/1971	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
10/11/1982	M	CA	90712	Kaiser Health Plan HMO	Yourself & 1
09/24/1971	F	CA	92835	Kaiser Health Plan HMO	Yourself & 1
11/20/1975	M	CA	92883	Kaiser Health Plan HMO	Yourself & 1
10/06/1949	F	CA	90621	Kaiser Health Plan HMO	Yourself & 1
01/18/1961	M	CA	92530	Kaiser Health Plan HMO	Yourself & 1

03/30/1982	M	CA	92532	Kaiser Health Plan HMO	Yourself & 1
01/31/1968	M	CA	92602	Kaiser Health Plan HMO	Yourself & 1
02/17/1961	M	CA	92705	Kaiser Health Plan HMO	Yourself & 1
04/10/1963	F	CA	90712	Kaiser Health Plan HMO	Yourself & 1
07/15/1975	F	CA	92870	Kaiser Health Plan HMO	Yourself & 1
08/05/1965	F	CA	92647	Kaiser Health Plan HMO	Yourself & 1
11/07/1958	M	CA	92880	Kaiser Health Plan HMO	Yourself & 1
06/05/1950	F	CA	90061	Kaiser Health Plan HMO	Yourself & 1
02/15/1982	F	CA	91803	Kaiser Health Plan HMO	Yourself & 1
05/28/1948	F	CA	92532	Kaiser Health Plan HMO	Yourself & 1
08/30/1980	F	CA	90250	Kaiser Health Plan HMO	Yourself & 1
08/30/1956	M	CA	92692	Kaiser Health Plan HMO	Yourself & 1
04/25/1975	M	CA	90201	Kaiser Health Plan HMO	Yourself & 1
09/07/1961	F	CA	90806	Kaiser Health Plan HMO	Yourself & 1
12/28/1968	F	CA	91702	Kaiser Health Plan HMO	Yourself & 1
01/07/1977	M	CA	91792	Kaiser Health Plan HMO	Yourself & 1
01/21/1955	F	CA	91761	Kaiser Health Plan HMO	Yourself & 1
10/04/1957	F	CA	92647	Kaiser Health Plan HMO	Yourself & 1
07/03/1967	F	CA	91792	Kaiser Health Plan HMO	Yourself & 1
10/01/1973	M	CA	92868	Kaiser Health Plan HMO	Yourself & 1
08/03/1975	M	CA	92882	Kaiser Health Plan HMO	Yourself & 1
07/20/1961	F	CA	92868	Kaiser Health Plan HMO	Yourself & 1
10/17/1981	F	CA	92806	Kaiser Health Plan HMO	Yourself & 1
10/18/1976	M	CA	90034	Kaiser Health Plan HMO	Yourself & 1
12/17/1976	M	CA	90605	Kaiser Health Plan HMO	Yourself & 1
12/30/1983	M	CA	92555	Kaiser Health Plan HMO	Yourself & 1
06/19/1980	F	CA	92584	Kaiser Health Plan HMO	Yourself & 1
06/19/1980	F	CA	92584	Kaiser Health Plan HMO	Yourself & 1
05/28/1971	F	CA	92808	Kaiser Health Plan HMO	Yourself & 1
08/17/1952	F	CA	92870	Kaiser Health Plan HMO	Yourself & 1
01/21/1947	F	CA	91710	Kaiser Health Plan HMO	Yourself & 1
11/17/1965	F	CA	92627	Kaiser Health Plan HMO	Yourself & 1
12/14/1972	F	CA	92870	Kaiser Health Plan HMO	Yourself & 1
01/21/1976	F	CA	90660	Kaiser Health Plan HMO	Yourself & 1
08/01/1968	F	CA	92833	Kaiser Health Plan HMO	Yourself & 1
01/15/1943	M	CA	90630	Kaiser Health Plan HMO	Yourself & 1
09/10/1952	M	CA	91789	Kaiser Health Plan HMO	Yourself & 1
10/28/1945	M	CA	92705	Kaiser Health Plan HMO	Yourself & 1
05/25/1982	M	CA	91766	Kaiser Health Plan HMO	Yourself & 1
08/30/1983	F	CA	92653	Kaiser Health Plan HMO	Yourself & 1
08/05/1972	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
02/20/1960	F	CA	92802	Kaiser Health Plan HMO	Yourself & 1
12/01/1962	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
09/14/1983	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
12/06/1958	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
08/10/1971	M	CA	92705	Kaiser Health Plan HMO	Yourself & 1
12/12/1962	F	CA	90623	Kaiser Health Plan HMO	Yourself & 1
11/28/1967	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
10/05/1962	F	CA	92329	Kaiser Health Plan HMO	Yourself & 1
01/22/1975	F	CA	92802	Kaiser Health Plan HMO	Yourself & 1
07/14/1979	F	CA	91731	Kaiser Health Plan HMO	Yourself & 1

08/19/1953	M	CA	92530	Kaiser Health Plan HMO	Yourself & 1
02/14/1986	M	CA	90720	Kaiser Health Plan HMO	Yourself & 1
08/08/1944	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
10/15/1958	M	CA	92711	Kaiser Health Plan HMO	Yourself & 1
06/29/1979	F	CA	91761	Kaiser Health Plan HMO	Yourself & 1
03/31/1964	F	CA	92630	Kaiser Health Plan HMO	Yourself & 1
03/06/1981	M	CA	92801	Kaiser Health Plan HMO	Yourself & 1
04/03/1953	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
06/30/1969	M	CA	92407	Kaiser Health Plan HMO	Yourself & 1
01/13/1957	F	CA	90650	Kaiser Health Plan HMO	Yourself & 1
05/19/1964	F	CA	92707	Kaiser Health Plan HMO	Yourself & 1
10/16/1962	F	CA	91765	Kaiser Health Plan HMO	Yourself & 1
03/18/1957	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
06/14/1968	F	CA	90630	Kaiser Health Plan HMO	Yourself & 1
07/12/1961	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
11/18/1952	M	CA	92780	Kaiser Health Plan HMO	Yourself & 1
02/18/1975	F	CA	92867	Kaiser Health Plan HMO	Yourself & 1
09/04/1956	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
08/09/1965	M	CA	92647	Kaiser Health Plan HMO	Yourself & 1
06/07/1966	M	CA	92801	Kaiser Health Plan HMO	Yourself & 1
05/09/1980	M	CA	92806	Kaiser Health Plan HMO	Yourself & 1
08/10/1963	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
01/15/1959	F	CA	92883	Kaiser Health Plan HMO	Yourself & 1
12/02/1961	F	CA	92832	Kaiser Health Plan HMO	Yourself & 1
06/04/1960	F	CA	92880	Kaiser Health Plan HMO	Yourself & 1
11/21/1959	F	CA	90631	Kaiser Health Plan HMO	Yourself & 1
01/12/1982	F	CA	90638	Kaiser Health Plan HMO	Yourself & 1
09/26/1957	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
07/20/1977	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
09/21/1958	F	CA	92880	Kaiser Health Plan HMO	Yourself & 1
07/02/1976	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
08/05/1954	F	CA	92705	Kaiser Health Plan HMO	Yourself & 1
03/30/1957	F	CA	92649	Kaiser Health Plan HMO	Yourself & 1
06/11/1949	F	CA	92808	Kaiser Health Plan HMO	Yourself & 1
07/03/1962	F	CA	90814	Kaiser Health Plan HMO	Yourself & 1
12/03/1951	M	CA	92506	Kaiser Health Plan HMO	Yourself & 1
06/10/1974	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
04/01/1965	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
06/24/1977	M	CA	92706	Kaiser Health Plan HMO	Yourself & 1
06/21/1961	F	CA	92701	Kaiser Health Plan HMO	Yourself & 1
02/22/1973	F	CA	92703	Kaiser Health Plan HMO	Yourself & 1
04/19/1957	F	CA	92879	Kaiser Health Plan HMO	Yourself & 1
02/24/1962	M	CA	92870	Kaiser Health Plan HMO	Yourself & 1
07/28/1941	F	CA	92843	Kaiser Health Plan HMO	Yourself & 1
03/21/1949	F	CA	9.29E+08	Kaiser Health Plan HMO	Yourself & 1
11/26/1952	M	CA	92057	Kaiser Health Plan HMO	Yourself & 1
07/04/1944	M	CA	92832	Kaiser Health Plan HMO	Yourself & 1
07/23/1959	F	CA	92503	Kaiser Health Plan HMO	Yourself & 1
01/04/1972	F	CA	92707	Kaiser Health Plan HMO	Yourself & 1
04/15/1953	F	CA	92691	Kaiser Health Plan HMO	Yourself & 1
12/25/1948	F	CA	92886	Kaiser Health Plan HMO	Yourself & 1

05/17/1960	M	CA	92589	Kaiser Health Plan HMO	Yourself & 1
08/18/1954	F	CA	92324	Kaiser Health Plan HMO	Yourself & 1
06/30/1968	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
05/25/1953	F	CA	92831	Kaiser Health Plan HMO	Yourself & 1
05/18/1964	F	CA	90631	Kaiser Health Plan HMO	Yourself & 1
10/17/1967	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
03/26/1960	M	CA	90623	Kaiser Health Plan HMO	Yourself & 1
11/05/1955	M	CA	90631	Kaiser Health Plan HMO	Yourself & 1
11/15/1946	M	CA	92553	Kaiser Health Plan HMO	Yourself & 1
02/04/1946	F	CA	92821	Kaiser Health Plan HMO	Yourself & 1
11/05/1947	M	CA	92835	Kaiser Health Plan HMO	Yourself & 1
07/13/1953	F	CA	92647	Kaiser Health Plan HMO	Yourself & 1
06/22/1971	M	CA	92782	Kaiser Health Plan HMO	Yourself & 1
06/02/1957	F	CA	90240	Kaiser Health Plan HMO	Yourself & 1
08/01/1978	F	CA	92627	Kaiser Health Plan HMO	Yourself & 1
06/04/1956	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
09/17/1958	M	CA	92708	Kaiser Health Plan HMO	Yourself & 1
08/10/1956	M	CA	92840	Kaiser Health Plan HMO	Yourself & 1
04/16/1943	F	CA	92840	Kaiser Health Plan HMO	Yourself & 1
09/03/1949	M	CA	92346	Kaiser Health Plan HMO	Yourself & 1
11/04/1956	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
02/14/1969	F	CA	92506	Kaiser Health Plan HMO	Yourself & 1
10/02/1976	F	CA	92677	Kaiser Health Plan HMO	Yourself & 1
09/26/1955	M	CA	92692	Kaiser Health Plan HMO	Yourself & 1
06/02/1957	F	CA	9.26E+08	Kaiser Health Plan HMO	Yourself & 1
06/20/1969	M	CA	90630	Kaiser Health Plan HMO	Yourself & 1
10/08/1957	F	CA	91708	Kaiser Health Plan HMO	Yourself & 1
10/04/1953	M	CA	91786	Kaiser Health Plan HMO	Yourself & 1
04/21/1964	M	CA	92618	Kaiser Health Plan HMO	Yourself & 1
05/04/1967	M	CA	92833	Kaiser Health Plan HMO	Yourself & 1
05/23/1962	F	CA	90242	Kaiser Health Plan HMO	Yourself & 1
10/24/1960	M	CA	92882	Kaiser Health Plan HMO	Yourself & 1
02/12/1968	F	CA	90047	Kaiser Health Plan HMO	Yourself & 1
12/25/1965	F	CA	92869	Kaiser Health Plan HMO	Yourself & 1
04/01/1948	F	CA	92630	Kaiser Health Plan HMO	Yourself & 1
06/21/1953	F	CA	92844	Kaiser Health Plan HMO	Yourself & 1
09/02/1974	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
07/13/1980	M	CA	92530	Kaiser Health Plan HMO	Yourself & 1
12/07/1951	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
08/19/1966	F	CA	90280	Kaiser Health Plan HMO	Yourself & 1
05/29/1952	F	CA	92703	Kaiser Health Plan HMO	Yourself & 1
12/24/1956	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
03/05/1971	F	CA	92691	Kaiser Health Plan HMO	Yourself & 1
04/23/1947	F	CA	92691	Kaiser Health Plan HMO	Yourself & 1
04/13/1951	F	CA	92870	Kaiser Health Plan HMO	Yourself & 1
06/05/1967	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
12/05/1958	M	CA	92505	Kaiser Health Plan HMO	Yourself & 1
03/12/1958	M	CA	92651	Kaiser Health Plan HMO	Yourself & 1
07/24/1949	M	CA	92691	Kaiser Health Plan HMO	Yourself & 1
03/21/1951	F	CA	92630	Kaiser Health Plan HMO	Yourself & 1
06/09/1950	M	CA	92391	Kaiser Health Plan HMO	Yourself & 1

01/26/1961	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
12/03/1964	F	CA	92706	Kaiser Health Plan HMO	Yourself & 1
03/23/1958	F	CA	92677	Kaiser Health Plan HMO	Yourself & 1
02/01/1966	F	CA	92866	Kaiser Health Plan HMO	Yourself & 1
10/10/1977	F	CA	92821	Kaiser Health Plan HMO	Yourself & 1
11/04/1961	M	CA	92683	Kaiser Health Plan HMO	Yourself & 1
02/05/1968	F	CA	92708	Kaiser Health Plan HMO	Yourself & 1
11/01/1978	F	CA	92867	Kaiser Health Plan HMO	Yourself & 1
03/31/1959	M	CA	92557	Kaiser Health Plan HMO	Yourself & 1
01/23/1961	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
09/14/1966	M	CA	92831	Kaiser Health Plan HMO	Yourself & 1
06/12/1961	F	CA	90630	Kaiser Health Plan HMO	Yourself & 1
10/22/1959	F	CA	92646	Kaiser Health Plan HMO	Yourself & 1
10/18/1977	F	CA	90815	Kaiser Health Plan HMO	Yourself & 1
11/24/1953	F	CA	90813	Kaiser Health Plan HMO	Yourself & 1
12/18/1954	F	CA	92624	Kaiser Health Plan HMO	Yourself & 1
10/25/1958	M	CA	92708	Kaiser Health Plan HMO	Yourself & 1
02/07/1928	M	CA	92802	Kaiser Health Plan HMO	Yourself & 1
08/09/1962	F	CA	90631	Kaiser Health Plan HMO	Yourself & 1
10/06/1950	F	CA	91016	Kaiser Health Plan HMO	Yourself & 1
12/02/1956	M	CA	92595	Kaiser Health Plan HMO	Yourself & 1
10/29/1956	F	CA	92503	Kaiser Health Plan HMO	Yourself & 1
08/08/1949	F	CA	92648	Kaiser Health Plan HMO	Yourself & 1
12/30/1949	M	CA	92627	Kaiser Health Plan HMO	Yourself & 1
01/06/1955	F	CA	92530	Kaiser Health Plan HMO	Yourself & 1
01/22/1959	M	CA	91765	Kaiser Health Plan HMO	Yourself & 1
02/17/1965	F	CA	92802	Kaiser Health Plan HMO	Yourself & 1
11/17/1966	M	CA	92324	Kaiser Health Plan HMO	Yourself & 1
05/22/1960	M	CA	92530	Kaiser Health Plan HMO	Yourself & 1
05/24/1962	F	CA	92646	Kaiser Health Plan HMO	Yourself & 1
06/03/1958	F	CA	92703	Kaiser Health Plan HMO	Yourself & 1
11/21/1949	M	CA	91789	Kaiser Health Plan HMO	Yourself & 1
08/20/1950	F	CA	92867	Kaiser Health Plan HMO	Yourself & 1
04/03/1953	F	CA	90620	Kaiser Health Plan HMO	Yourself & 1
07/06/1952	F	CA	92604	Kaiser Health Plan HMO	Yourself & 1
06/12/1955	F	CA	90620	Kaiser Health Plan HMO	Yourself & 1
06/08/1967	M	CA	92869	Kaiser Health Plan HMO	Yourself & 1
09/29/1952	F	CA	92807	Kaiser Health Plan HMO	Yourself & 1
01/14/1983	F	CA	92833	Kaiser Health Plan HMO	Yourself & 1
12/09/1950	F	CA	92802	Kaiser Health Plan HMO	Yourself & 1
11/14/1941	M	CA	92679	Kaiser Health Plan HMO	Yourself & 1
05/03/1960	F	CA	92607	Kaiser Health Plan HMO	Yourself & 1
08/16/1955	M	CA	92692	Kaiser Health Plan HMO	Yourself & 1
06/03/1972	F	CA	90630	Kaiser Health Plan HMO	Yourself & 1
08/03/1956	F	CA	92656	Kaiser Health Plan HMO	Yourself & 1
08/10/1945	M	CA	9.26E+08	Kaiser Health Plan HMO	Yourself & 1
03/03/1944	M	CA	92707	Kaiser Health Plan HMO	Yourself & 1
08/08/1951	F	CA	92507	Kaiser Health Plan HMO	Yourself & 1
02/10/1949	M	CA	92886	Kaiser Health Plan HMO	Yourself & 1
02/14/1953	M	CA	92337	Kaiser Health Plan HMO	Yourself & 1
02/13/1964	F	CA	90630	Kaiser Health Plan HMO	Yourself & 1

09/20/1966	F	CA	92503	Kaiser Health Plan HMO	Yourself & 1
01/25/1953	F	CA	92804	Kaiser Health Plan HMO	Yourself & 1
08/22/1957	F	CA	92704	Kaiser Health Plan HMO	Yourself & 1
03/03/1950	M	CA	9.26E+08	Kaiser Health Plan HMO	Yourself & 1
06/05/1961	M	CA	92882	Kaiser Health Plan HMO	Yourself & 1
12/12/1964	M	CA	90660	Kaiser Health Plan HMO	Yourself & 1
02/28/1954	M	CA	92555	Kaiser Health Plan HMO	Yourself & 1
06/06/1962	F	CA	92627	Kaiser Health Plan HMO	Yourself & 1
01/01/1949	M	CA	91606	Kaiser Health Plan HMO	Yourself & 1
01/07/1958	M	CA	92688	Kaiser Health Plan HMO	Yourself & 1
04/23/1978	M	CA	92801	Kaiser Health Plan HMO	Yourself & 1
07/23/1968	M	CA	92706	Kaiser Health Plan HMO	Yourself & 1
08/03/1979	F	CA	92612	Kaiser Health Plan HMO	Yourself & 1
05/19/1962	M	CA	92683	Kaiser Health Plan HMO	Yourself & 1
12/21/1977	F	CA	92880	Kaiser Health Plan HMO	Yourself & 1
07/07/1972	F	CA	92780	Kaiser Health Plan HMO	Yourself & 1
08/06/1970	M	CA	92692	Kaiser Health Plan HMO	Yourself & 1
12/20/1984	M	CA	92807	Kaiser Health Plan HMO	Yourself & 1
07/04/1958	M	CA	92553	Kaiser Health Plan HMO	Yourself & 1
06/12/1969	F	CA	92806	Kaiser Health Plan HMO	Yourself & 1
02/06/1955	M	CA	90630	Kaiser Health Plan HMO	Yourself & 1
12/04/1964	M	CA	91764	Kaiser Health Plan HMO	Yourself & 1
11/23/1983	F	CA	90660	Kaiser Health Plan HMO	Yourself & 1
10/21/1982	M	CA	92805	Kaiser Health Plan HMO	Yourself & 1
09/01/1984	M	CA	92868	Kaiser Health Plan HMO	Yourself & 1
03/18/1973	M	CA	92532	Kaiser Health Plan HMO	Yourself & 1
06/18/1986	F	CA	90605	Kaiser Health Plan HMO	Yourself & 1
12/26/1973	F	CA	92882	Kaiser Health Plan HMO	Yourself & 1
09/30/1957	F	CA	92832	Kaiser Health Plan HMO	Yourself & 1
01/09/1971	F	CA	92870	Kaiser Health Plan HMO	Yourself & 1
04/11/1969	F	CA	92630	Kaiser Health Plan HMO	Yourself & 1
03/08/1954	F	CA	92705	Kaiser Health Plan HMO	Yourself & 1
12/20/1957	M	CA	92823	Kaiser Health Plan HMO	Yourself & 1
09/30/1968	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
11/28/1959	F	CA	92647	Kaiser Health Plan HMO	Yourself & 1
07/03/1950	F	CA	92805	Kaiser Health Plan HMO	Yourself & 1
03/30/1969	F	CA	92870	Kaiser Health Plan HMO	Yourself & 1
09/10/1953	M	CA	92703	Kaiser Health Plan HMO	Yourself & 1
09/27/1976	M	CA	92868	Kaiser Health Plan HMO	Yourself & 1
05/20/1960	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
07/31/1969	M	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
09/18/1962	M	CA	90815	Kaiser Health Plan HMO	Yourself & 2+
09/08/1980	M	CA	90280	Kaiser Health Plan HMO	Yourself & 2+
12/12/1965	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
10/16/1973	M	CA	92865	Kaiser Health Plan HMO	Yourself & 2+
06/06/1967	M	CA	92832	Kaiser Health Plan HMO	Yourself & 2+
05/17/1974	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
05/11/1973	M	CA	90815	Kaiser Health Plan HMO	Yourself & 2+
07/30/1953	F	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
12/22/1970	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
11/30/1955	M	CA	92835	Kaiser Health Plan HMO	Yourself & 2+

05/31/1969	M	CA	90804	Kaiser Health Plan HMO	Yourself & 2+
02/08/1981	M	CA	92869	Kaiser Health Plan HMO	Yourself & 2+
06/15/1978	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
03/23/1967	F	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
06/12/1968	F	CA	92606	Kaiser Health Plan HMO	Yourself & 2+
08/18/1954	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
12/03/1972	M	CA	92010	Kaiser Health Plan HMO	Yourself & 2+
11/10/1956	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
09/21/1965	F	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
10/08/1969	F	CA	92623	Kaiser Health Plan HMO	Yourself & 2+
09/29/1971	F	CA	90808	Kaiser Health Plan HMO	Yourself & 2+
09/02/1963	M	CA	90604	Kaiser Health Plan HMO	Yourself & 2+
12/21/1965	M	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
06/15/1977	F	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
04/14/1978	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
06/03/1976	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
05/21/1964	F	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
03/14/1961	F	CA	92866	Kaiser Health Plan HMO	Yourself & 2+
07/04/1974	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
04/10/1967	F	CA	90623	Kaiser Health Plan HMO	Yourself & 2+
02/03/1963	F	CA	92865	Kaiser Health Plan HMO	Yourself & 2+
11/20/1963	F	CA	92832	Kaiser Health Plan HMO	Yourself & 2+
09/26/1963	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
06/06/1980	M	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
02/14/1963	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
01/08/1974	F	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
11/08/1952	F	CA	92504	Kaiser Health Plan HMO	Yourself & 2+
07/17/1970	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
12/11/1960	F	CA	90638	Kaiser Health Plan HMO	Yourself & 2+
02/16/1972	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
03/20/1973	F	CA	92606	Kaiser Health Plan HMO	Yourself & 2+
03/20/1961	M	CA	92692	Kaiser Health Plan HMO	Yourself & 2+
09/12/1972	F	CA	91745	Kaiser Health Plan HMO	Yourself & 2+
04/10/1940	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
08/22/1957	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
05/01/1948	F	CA	92646	Kaiser Health Plan HMO	Yourself & 2+
03/01/1950	F	CA	90623	Kaiser Health Plan HMO	Yourself & 2+
08/24/1961	F	CA	92692	Kaiser Health Plan HMO	Yourself & 2+
07/02/1963	F	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
07/09/1952	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
03/30/1957	F	CA	92612	Kaiser Health Plan HMO	Yourself & 2+
05/16/1964	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
03/19/1967	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
12/13/1954	F	CA	92626	Kaiser Health Plan HMO	Yourself & 2+
10/19/1956	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
08/05/1967	F	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
03/27/1968	F	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
03/01/1977	F	CA	92623	Kaiser Health Plan HMO	Yourself & 2+
01/12/1981	M	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
10/13/1973	F	CA	91331	Kaiser Health Plan HMO	Yourself & 2+
04/05/1975	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+

11/07/1970	F	CA	92648	Kaiser Health Plan HMO	Yourself & 2+
02/02/1982	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
02/09/1984	F	CA	92626	Kaiser Health Plan HMO	Yourself & 2+
06/13/1978	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
10/23/1975	F	CA	92871	Kaiser Health Plan HMO	Yourself & 2+
03/09/1962	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
05/23/1977	F	CA	90660	Kaiser Health Plan HMO	Yourself & 2+
06/06/1979	F	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
11/02/1976	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
03/03/1972	F	CA	90603	Kaiser Health Plan HMO	Yourself & 2+
01/18/1972	F	CA	90670	Kaiser Health Plan HMO	Yourself & 2+
07/04/1962	F	CA	92869	Kaiser Health Plan HMO	Yourself & 2+
06/05/1975	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
08/17/1977	M	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
10/18/1979	F	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
12/04/1977	F	CA	92604	Kaiser Health Plan HMO	Yourself & 2+
01/17/1964	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
08/31/1963	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
01/23/1973	F	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
06/24/1954	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
11/12/1955	F	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
12/25/1968	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
01/15/1977	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
09/19/1980	M	CA	92845	Kaiser Health Plan HMO	Yourself & 2+
11/10/1972	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
01/13/1974	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
10/17/1972	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
02/15/1980	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
12/16/1971	F	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
05/24/1956	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
02/27/1959	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
08/28/1985	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
01/12/1955	F	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
08/20/1969	F	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
07/04/1967	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
03/29/1973	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
06/13/1977	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
09/08/1977	F	CA	92591	Kaiser Health Plan HMO	Yourself & 2+
11/06/1982	M	CA	92532	Kaiser Health Plan HMO	Yourself & 2+
07/24/1971	F	CA	92869	Kaiser Health Plan HMO	Yourself & 2+
11/23/1976	F	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
09/26/1966	F	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
05/20/1968	M	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
09/03/1953	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
06/20/1970	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
03/19/1975	F	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
05/19/1974	F	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
06/23/1975	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
01/21/1960	F	CA	92504	Kaiser Health Plan HMO	Yourself & 2+
07/05/1963	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
03/23/1974	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+

08/03/1971	F	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
02/09/1959	F	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
12/31/1968	F	CA	91801	Kaiser Health Plan HMO	Yourself & 2+
12/14/1968	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
05/02/1983	M	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
09/25/1963	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
10/29/1971	F	CA	90242	Kaiser Health Plan HMO	Yourself & 2+
05/26/1970	M	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
02/06/1955	F	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
09/05/1973	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
08/19/1974	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
11/21/1978	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
08/02/1974	F	CA	92653	Kaiser Health Plan HMO	Yourself & 2+
11/28/1959	F	CA	92545	Kaiser Health Plan HMO	Yourself & 2+
02/23/1975	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
08/11/1975	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
02/12/1970	F	CA	92555	Kaiser Health Plan HMO	Yourself & 2+
11/04/1975	F	CA	91706	Kaiser Health Plan HMO	Yourself & 2+
04/14/1962	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
09/10/1969	F	CA	92832	Kaiser Health Plan HMO	Yourself & 2+
03/04/1981	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
02/01/1978	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
02/12/1982	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
07/08/1970	F	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
08/09/1974	F	CA	92845	Kaiser Health Plan HMO	Yourself & 2+
02/18/1976	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
10/11/1972	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
01/19/1960	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
10/13/1968	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
09/23/1966	F	CA	9.29E+08	Kaiser Health Plan HMO	Yourself & 2+
07/08/1976	F	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
06/05/1968	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
03/09/1962	F	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
01/16/1969	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
12/14/1970	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
06/27/1968	F	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
09/11/1981	M	CA	92711	Kaiser Health Plan HMO	Yourself & 2+
10/07/1969	F	CA	92812	Kaiser Health Plan HMO	Yourself & 2+
12/02/1969	F	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
10/04/1967	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
11/25/1974	F	CA	91745	Kaiser Health Plan HMO	Yourself & 2+
11/12/1968	F	CA	9.29E+08	Kaiser Health Plan HMO	Yourself & 2+
03/09/1954	F	CA	9.28E+08	Kaiser Health Plan HMO	Yourself & 2+
05/30/1961	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
01/12/1964	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
10/27/1961	F	CA	90701	Kaiser Health Plan HMO	Yourself & 2+
03/12/1980	F	CA	92879	Kaiser Health Plan HMO	Yourself & 2+
09/06/1965	F	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
12/07/1974	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
01/13/1967	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
09/21/1971	F	CA	92868	Kaiser Health Plan HMO	Yourself & 2+

02/27/1964	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
07/20/1976	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
04/05/1969	F	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
01/06/1983	F	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
10/09/1959	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
08/20/1978	F	CA	92530	Kaiser Health Plan HMO	Yourself & 2+
09/07/1979	M	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
07/16/1966	M	CA	90660	Kaiser Health Plan HMO	Yourself & 2+
07/26/1974	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
11/08/1964	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
09/30/1966	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
06/30/1978	M	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
04/09/1965	F	CA	92336	Kaiser Health Plan HMO	Yourself & 2+
11/13/1965	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
10/02/1985	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
12/17/1963	F	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
12/17/1971	F	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
08/21/1958	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
09/03/1975	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
04/09/1956	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
06/12/1957	F	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
08/20/1953	F	CA	92844	Kaiser Health Plan HMO	Yourself & 2+
12/26/1965	F	CA	9.28E+08	Kaiser Health Plan HMO	Yourself & 2+
12/12/1964	F	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
11/05/1957	M	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
09/14/1973	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
12/28/1972	F	CA	92869	Kaiser Health Plan HMO	Yourself & 2+
09/18/1973	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
10/21/1981	F	CA	92803	Kaiser Health Plan HMO	Yourself & 2+
03/31/1987	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
06/07/1970	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
09/27/1975	F	CA	92532	Kaiser Health Plan HMO	Yourself & 2+
06/16/1965	M	CA	92602	Kaiser Health Plan HMO	Yourself & 2+
05/06/1978	M	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
03/15/1958	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
09/21/1980	M	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
04/09/1956	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
05/07/1977	F	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
05/29/1979	F	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
05/04/1980	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
09/21/1947	M	CA	90715	Kaiser Health Plan HMO	Yourself & 2+
08/16/1983	F	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
03/13/1970	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
12/18/1977	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
07/10/1980	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
01/30/1970	M	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
09/14/1981	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
03/05/1984	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
01/03/1975	F	CA	92887	Kaiser Health Plan HMO	Yourself & 2+
06/09/1982	M	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
12/30/1977	F	CA	92866	Kaiser Health Plan HMO	Yourself & 2+

09/14/1977	F	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
10/29/1981	F	CA	92702	Kaiser Health Plan HMO	Yourself & 2+
07/01/1977	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
08/06/1974	F	CA	91764	Kaiser Health Plan HMO	Yourself & 2+
04/18/1968	F	CA	92832	Kaiser Health Plan HMO	Yourself & 2+
07/24/1976	F	CA	92653	Kaiser Health Plan HMO	Yourself & 2+
05/23/1967	F	CA	92602	Kaiser Health Plan HMO	Yourself & 2+
02/21/1982	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
10/16/1964	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself & 2+
04/29/1961	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
10/26/1979	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
11/12/1987	M	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
03/22/1982	M	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
07/09/1974	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
03/14/1984	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
03/12/1977	F	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
11/04/1957	F	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
12/08/1961	F	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
03/15/1975	F	CA	91765	Kaiser Health Plan HMO	Yourself & 2+
11/10/1962	F	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
10/29/1982	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
12/27/1968	F	CA	91042	Kaiser Health Plan HMO	Yourself & 2+
07/07/1978	F	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
03/04/1969	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
11/06/1956	M	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
07/28/1962	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
11/30/1963	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
01/21/1960	M	CA	92653	Kaiser Health Plan HMO	Yourself & 2+
10/09/1975	M	CA	90601	Kaiser Health Plan HMO	Yourself & 2+
11/19/1969	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
01/05/1970	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
09/24/1956	M	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
08/21/1965	M	CA	90280	Kaiser Health Plan HMO	Yourself & 2+
03/20/1960	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
01/30/1956	M	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
02/01/1964	M	CA	91790	Kaiser Health Plan HMO	Yourself & 2+
07/24/1953	M	CA	92865	Kaiser Health Plan HMO	Yourself & 2+
07/12/1975	M	CA	92866	Kaiser Health Plan HMO	Yourself & 2+
11/17/1975	M	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
10/25/1964	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
06/11/1970	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
12/06/1973	M	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
10/19/1964	M	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
08/17/1970	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
01/30/1954	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
09/30/1972	M	CA	92677	Kaiser Health Plan HMO	Yourself & 2+
04/02/1966	F	CA	92649	Kaiser Health Plan HMO	Yourself & 2+
12/30/1968	M	CA	91739	Kaiser Health Plan HMO	Yourself & 2+
09/09/1974	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
06/26/1950	M	CA	92604	Kaiser Health Plan HMO	Yourself & 2+
03/26/1949	F	CA	92887	Kaiser Health Plan HMO	Yourself & 2+

10/03/1973	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
12/18/1962	F	CA	90623	Kaiser Health Plan HMO	Yourself & 2+
04/16/1955	M	CA	91752	Kaiser Health Plan HMO	Yourself & 2+
02/15/1974	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
08/31/1974	F	CA	90814	Kaiser Health Plan HMO	Yourself & 2+
07/28/1958	F	CA	92679	Kaiser Health Plan HMO	Yourself & 2+
12/16/1970	M	CA	92879	Kaiser Health Plan HMO	Yourself & 2+
05/05/1964	F	CA	92264	Kaiser Health Plan HMO	Yourself & 2+
07/16/1974	M	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
08/05/1968	M	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
02/14/1972	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
01/03/1969	F	CA	92602	Kaiser Health Plan HMO	Yourself & 2+
04/14/1968	F	CA	92869	Kaiser Health Plan HMO	Yourself & 2+
02/16/1972	F	CA	92646	Kaiser Health Plan HMO	Yourself & 2+
04/17/1960	F	CA	90720	Kaiser Health Plan HMO	Yourself & 2+
08/03/1970	F	CA	9.07E+08	Kaiser Health Plan HMO	Yourself & 2+
04/14/1967	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
03/19/1976	F	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
08/06/1966	M	CA	91764	Kaiser Health Plan HMO	Yourself & 2+
05/09/1961	M	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
10/20/1967	F	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
05/17/1966	M	CA	92220	Kaiser Health Plan HMO	Yourself & 2+
11/03/1957	F	CA	90603	Kaiser Health Plan HMO	Yourself & 2+
07/01/1969	M	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
06/06/1966	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
10/06/1965	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
08/04/1958	M	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
09/15/1963	F	CA	90623	Kaiser Health Plan HMO	Yourself & 2+
01/19/1979	F	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
11/20/1971	F	CA	91761	Kaiser Health Plan HMO	Yourself & 2+
12/27/1957	F	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
07/28/1973	F	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
10/07/1971	F	CA	92887	Kaiser Health Plan HMO	Yourself & 2+
06/23/1979	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
05/03/1974	F	CA	92646	Kaiser Health Plan HMO	Yourself & 2+
11/26/1963	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
06/22/1974	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
08/11/1958	F	CA	91748	Kaiser Health Plan HMO	Yourself & 2+
03/06/1978	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
02/01/1970	F	CA	90805	Kaiser Health Plan HMO	Yourself & 2+
04/19/1977	F	CA	90650	Kaiser Health Plan HMO	Yourself & 2+
03/22/1980	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
02/17/1966	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
08/02/1968	M	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
11/09/1975	M	CA	91765	Kaiser Health Plan HMO	Yourself & 2+
09/03/1970	F	CA	90813	Kaiser Health Plan HMO	Yourself & 2+
10/20/1967	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
06/25/1968	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
04/11/1976	F	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
03/05/1969	F	CA	92336	Kaiser Health Plan HMO	Yourself & 2+
06/06/1958	F	CA	92626	Kaiser Health Plan HMO	Yourself & 2+

06/15/1974	F	CA	91792	Kaiser Health Plan HMO	Yourself & 2+
03/10/1958	F	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
01/05/1968	F	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
11/18/1972	F	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
01/29/1962	M	CA	91765	Kaiser Health Plan HMO	Yourself & 2+
11/22/1963	M	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
10/30/1970	M	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
05/30/1960	F	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
01/18/1982	F	CA	90720	Kaiser Health Plan HMO	Yourself & 2+
05/20/1962	M	CA	91765	Kaiser Health Plan HMO	Yourself & 2+
01/09/1964	M	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
06/22/1968	F	CA	92377	Kaiser Health Plan HMO	Yourself & 2+
03/06/1963	F	CA	92845	Kaiser Health Plan HMO	Yourself & 2+
11/08/1954	M	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
09/27/1973	F	CA	91752	Kaiser Health Plan HMO	Yourself & 2+
05/10/1967	F	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
11/25/1965	F	CA	92506	Kaiser Health Plan HMO	Yourself & 2+
05/22/1955	M	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
11/09/1966	F	CA	90032	Kaiser Health Plan HMO	Yourself & 2+
02/28/1972	F	CA	90602	Kaiser Health Plan HMO	Yourself & 2+
01/11/1964	M	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
09/04/1969	F	CA	92646	Kaiser Health Plan HMO	Yourself & 2+
03/07/1973	F	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
11/07/1979	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
06/26/1979	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
02/06/1977	F	CA	92612	Kaiser Health Plan HMO	Yourself & 2+
06/19/1963	F	CA	91765	Kaiser Health Plan HMO	Yourself & 2+
01/05/1965	M	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
02/29/1952	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
05/02/1974	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
12/25/1958	F	CA	92653	Kaiser Health Plan HMO	Yourself & 2+
07/08/1974	F	CA	92606	Kaiser Health Plan HMO	Yourself & 2+
12/28/1949	M	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
08/04/1975	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
10/04/1973	F	CA	90603	Kaiser Health Plan HMO	Yourself & 2+
11/07/1981	F	CA	92866	Kaiser Health Plan HMO	Yourself & 2+
02/05/1977	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
12/28/1958	M	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
07/09/1976	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
12/17/1969	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
12/11/1977	F	CA	91730	Kaiser Health Plan HMO	Yourself & 2+
06/27/1978	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
02/03/1978	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
02/07/1965	F	CA	92869	Kaiser Health Plan HMO	Yourself & 2+
06/15/1962	F	CA	90702	Kaiser Health Plan HMO	Yourself & 2+
01/20/1962	M	CA	92655	Kaiser Health Plan HMO	Yourself & 2+
05/15/1968	F	CA	92614	Kaiser Health Plan HMO	Yourself & 2+
09/06/1978	M	CA	92614	Kaiser Health Plan HMO	Yourself & 2+
11/22/1972	F	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
03/17/1957	M	CA	90720	Kaiser Health Plan HMO	Yourself & 2+
02/26/1977	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+

08/26/1955	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
03/21/1967	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
03/30/1954	M	CA	92677	Kaiser Health Plan HMO	Yourself & 2+
08/04/1953	F	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
04/16/1962	M	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
07/18/1954	M	CA	92618	Kaiser Health Plan HMO	Yourself & 2+
08/23/1950	M	CA	92660	Kaiser Health Plan HMO	Yourself & 2+
07/01/1968	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
03/03/1962	M	CA	92694	Kaiser Health Plan HMO	Yourself & 2+
08/07/1975	F	CA	92692	Kaiser Health Plan HMO	Yourself & 2+
08/27/1974	F	CA	92832	Kaiser Health Plan HMO	Yourself & 2+
05/14/1969	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
09/22/1956	M	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
01/09/1956	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
07/03/1973	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
06/22/1970	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
10/25/1969	F	CA	92376	Kaiser Health Plan HMO	Yourself & 2+
06/27/1959	M	CA	92604	Kaiser Health Plan HMO	Yourself & 2+
01/20/1974	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
03/21/1981	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
03/02/1976	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
10/15/1974	F	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
01/06/1970	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
05/27/1971	M	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
12/07/1964	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
10/08/1961	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
01/29/1970	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
03/04/1970	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
01/13/1971	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
06/02/1957	M	CA	90723	Kaiser Health Plan HMO	Yourself & 2+
04/12/1970	M	CA	92508	Kaiser Health Plan HMO	Yourself & 2+
07/28/1965	F	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
06/07/1951	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
07/13/1966	F	CA	90638	Kaiser Health Plan HMO	Yourself & 2+
04/28/1975	F	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
09/22/1946	M	CA	91755	Kaiser Health Plan HMO	Yourself & 2+
06/19/1972	F	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
05/14/1971	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
01/20/1962	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
01/10/1970	F	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
01/29/1977	F	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
10/29/1978	F	CA	92675	Kaiser Health Plan HMO	Yourself & 2+
10/24/1966	F	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
07/06/1956	F	CA	92845	Kaiser Health Plan HMO	Yourself & 2+
08/06/1956	F	CA	91748	Kaiser Health Plan HMO	Yourself & 2+
06/27/1962	F	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
08/29/1972	F	CA	92869	Kaiser Health Plan HMO	Yourself & 2+
11/22/1971	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
03/02/1959	F	CA	92675	Kaiser Health Plan HMO	Yourself & 2+
05/16/1962	F	CA	90001	Kaiser Health Plan HMO	Yourself & 2+
09/26/1967	F	CA	90703	Kaiser Health Plan HMO	Yourself & 2+

05/27/1953	F	CA	90650	Kaiser Health Plan HMO	Yourself & 2+
09/01/1980	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
08/26/1970	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
01/25/1982	F	CA	92865	Kaiser Health Plan HMO	Yourself & 2+
12/20/1972	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
01/29/1953	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
10/06/1963	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
03/01/1969	F	CA	92832	Kaiser Health Plan HMO	Yourself & 2+
01/24/1966	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
01/30/1967	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
09/23/1974	F	CA	92866	Kaiser Health Plan HMO	Yourself & 2+
02/22/1976	F	CA	90638	Kaiser Health Plan HMO	Yourself & 2+
04/05/1972	F	CA	92672	Kaiser Health Plan HMO	Yourself & 2+
07/27/1969	F	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
05/08/1967	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
11/18/1963	F	CA	91710	Kaiser Health Plan HMO	Yourself & 2+
09/12/1970	F	CA	92655	Kaiser Health Plan HMO	Yourself & 2+
03/30/1964	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
12/03/1976	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
05/20/1969	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
10/12/1959	F	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
01/03/1953	M	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
05/14/1958	F	CA	92585	Kaiser Health Plan HMO	Yourself & 2+
11/01/1970	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
09/15/1949	F	CA	92646	Kaiser Health Plan HMO	Yourself & 2+
11/16/1964	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
06/01/1958	M	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
01/01/1949	F	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
01/29/1977	F	CA	92627	Kaiser Health Plan HMO	Yourself & 2+
04/29/1979	F	CA	92879	Kaiser Health Plan HMO	Yourself & 2+
05/01/1957	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
10/05/1984	F	CA	92692	Kaiser Health Plan HMO	Yourself & 2+
07/04/1977	F	CA	92532	Kaiser Health Plan HMO	Yourself & 2+
06/05/1973	F	CA	91501	Kaiser Health Plan HMO	Yourself & 2+
07/18/1955	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
02/05/1971	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
02/06/1974	F	CA	91732	Kaiser Health Plan HMO	Yourself & 2+
04/19/1973	M	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
10/22/1974	F	CA	90066	Kaiser Health Plan HMO	Yourself & 2+
05/23/1978	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
07/04/1969	F	CA	90650	Kaiser Health Plan HMO	Yourself & 2+
02/17/1977	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
09/25/1941	M	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
05/02/1969	F	CA	92606	Kaiser Health Plan HMO	Yourself & 2+
03/30/1977	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
09/04/1953	M	CA	92614	Kaiser Health Plan HMO	Yourself & 2+
10/16/1965	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
11/18/1973	F	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
11/26/1970	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
10/31/1981	F	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
06/20/1965	F	CA	90650	Kaiser Health Plan HMO	Yourself & 2+

12/12/1978	F	CA	90805	Kaiser Health Plan HMO	Yourself & 2+
04/04/1967	M	CA	92652	Kaiser Health Plan HMO	Yourself & 2+
02/25/1968	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
09/30/1962	F	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
08/13/1955	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
09/29/1978	F	CA	92626	Kaiser Health Plan HMO	Yourself & 2+
12/08/1968	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
07/23/1980	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
08/06/1959	F	CA	9.26E+08	Kaiser Health Plan HMO	Yourself & 2+
08/28/1969	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
11/15/1959	F	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
06/25/1949	F	CA	92612	Kaiser Health Plan HMO	Yourself & 2+
03/06/1954	M	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
05/28/1973	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
04/18/1959	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
04/09/1963	F	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
10/26/1981	M	CA	92879	Kaiser Health Plan HMO	Yourself & 2+
04/05/1962	M	CA	92532	Kaiser Health Plan HMO	Yourself & 2+
05/10/1969	M	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
08/27/1957	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
08/27/1960	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
09/23/1956	M	CA	92860	Kaiser Health Plan HMO	Yourself & 2+
08/28/1967	M	CA	90815	Kaiser Health Plan HMO	Yourself & 2+
10/20/1970	M	CA	92571	Kaiser Health Plan HMO	Yourself & 2+
04/15/1970	M	CA	92346	Kaiser Health Plan HMO	Yourself & 2+
09/24/1951	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
12/22/1959	M	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
12/19/1960	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
08/28/1962	M	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
02/19/1949	M	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
03/12/1956	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
11/25/1960	M	CA	92603	Kaiser Health Plan HMO	Yourself & 2+
03/21/1965	M	CA	92653	Kaiser Health Plan HMO	Yourself & 2+
06/10/1961	M	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
03/29/1957	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
07/11/1956	M	CA	92606	Kaiser Health Plan HMO	Yourself & 2+
08/22/1954	M	CA	92831	Kaiser Health Plan HMO	Yourself & 2+
09/26/1962	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
11/10/1970	M	CA	92677	Kaiser Health Plan HMO	Yourself & 2+
09/20/1964	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
10/21/1963	F	CA	90022	Kaiser Health Plan HMO	Yourself & 2+
03/28/1964	F	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
02/02/1973	F	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
12/05/1958	M	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
04/28/1979	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
12/08/1955	M	CA	90808	Kaiser Health Plan HMO	Yourself & 2+
09/15/1969	F	CA	92397	Kaiser Health Plan HMO	Yourself & 2+
06/11/1958	M	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
08/05/1960	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
01/14/1962	M	CA	92646	Kaiser Health Plan HMO	Yourself & 2+
08/13/1969	M	CA	92706	Kaiser Health Plan HMO	Yourself & 2+

04/22/1975	M	CA	90621	Kaiser Health Plan HMO	Yourself & 2+
04/29/1964	M	CA	9.26E+08	Kaiser Health Plan HMO	Yourself & 2+
10/20/1962	F	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
04/24/1959	M	CA	90804	Kaiser Health Plan HMO	Yourself & 2+
11/17/1957	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
02/16/1954	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
01/09/1954	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
02/18/1961	M	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
09/13/1971	F	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
06/30/1959	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
06/29/1976	F	CA	92866	Kaiser Health Plan HMO	Yourself & 2+
09/26/1960	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
09/09/1970	M	CA	91765	Kaiser Health Plan HMO	Yourself & 2+
03/30/1970	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
11/30/1957	M	CA	92508	Kaiser Health Plan HMO	Yourself & 2+
02/22/1966	M	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
12/14/1962	M	CA	90702	Kaiser Health Plan HMO	Yourself & 2+
11/20/1965	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
02/03/1976	F	CA	92866	Kaiser Health Plan HMO	Yourself & 2+
02/18/1963	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
06/06/1959	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
01/06/1975	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
03/25/1975	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
09/15/1960	M	CA	92336	Kaiser Health Plan HMO	Yourself & 2+
01/30/1978	F	CA	91789	Kaiser Health Plan HMO	Yourself & 2+
04/23/1975	M	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
06/14/1975	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
03/06/1969	F	CA	92595	Kaiser Health Plan HMO	Yourself & 2+
07/01/1971	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself & 2+
11/05/1977	F	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
01/17/1978	M	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
09/29/1962	M	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
09/01/1956	F	CA	92865	Kaiser Health Plan HMO	Yourself & 2+
07/20/1962	F	CA	92799	Kaiser Health Plan HMO	Yourself & 2+
12/03/1959	M	CA	91737	Kaiser Health Plan HMO	Yourself & 2+
04/04/1946	M	CA	92057	Kaiser Health Plan HMO	Yourself & 2+
08/17/1980	M	CA	92223	Kaiser Health Plan HMO	Yourself & 2+
07/19/1965	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
10/03/1957	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
07/24/1968	M	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
10/19/1954	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
09/13/1967	M	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
11/01/1970	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
10/26/1966	F	CA	92803	Kaiser Health Plan HMO	Yourself & 2+
08/12/1958	M	CA	90810	Kaiser Health Plan HMO	Yourself & 2+
08/14/1969	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
08/22/1971	F	CA	90638	Kaiser Health Plan HMO	Yourself & 2+
08/17/1961	M	CA	92879	Kaiser Health Plan HMO	Yourself & 2+
03/18/1970	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
03/06/1965	M	CA	92610	Kaiser Health Plan HMO	Yourself & 2+
06/10/1959	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+

05/22/1961	M	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
10/20/1955	F	CA	90638	Kaiser Health Plan HMO	Yourself & 2+
06/04/1962	M	CA	92676	Kaiser Health Plan HMO	Yourself & 2+
11/02/1962	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
02/22/1986	F	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
09/16/1966	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
07/01/1956	F	CA	92655	Kaiser Health Plan HMO	Yourself & 2+
10/03/1957	F	CA	92629	Kaiser Health Plan HMO	Yourself & 2+
04/05/1962	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
04/08/1962	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
12/08/1969	M	CA	92595	Kaiser Health Plan HMO	Yourself & 2+
10/08/1976	M	CA	91710	Kaiser Health Plan HMO	Yourself & 2+
06/02/1960	F	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
10/27/1959	M	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
05/27/1979	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
02/23/1965	F	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
03/06/1976	F	CA	92844	Kaiser Health Plan HMO	Yourself & 2+
02/05/1969	F	CA	92660	Kaiser Health Plan HMO	Yourself & 2+
12/28/1971	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
10/10/1971	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
01/23/1967	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
06/29/1978	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
09/06/1984	M	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
12/14/1968	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
11/04/1959	M	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
01/12/1975	F	CA	92860	Kaiser Health Plan HMO	Yourself & 2+
08/23/1976	M	CA	92869	Kaiser Health Plan HMO	Yourself & 2+
06/05/1966	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
11/08/1975	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
09/18/1972	M	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
09/27/1964	F	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
11/24/1967	M	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
11/29/1969	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
06/11/1957	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself & 2+
03/02/1959	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
02/10/1975	F	CA	90804	Kaiser Health Plan HMO	Yourself & 2+
09/30/1965	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
06/29/1965	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
07/29/1966	F	CA	90603	Kaiser Health Plan HMO	Yourself & 2+
06/22/1953	M	CA	92684	Kaiser Health Plan HMO	Yourself & 2+
04/05/1953	M	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
05/19/1965	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
07/18/1973	M	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
04/28/1973	M	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
06/23/1980	F	CA	90606	Kaiser Health Plan HMO	Yourself & 2+
04/19/1958	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
07/14/1970	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
10/30/1959	M	CA	92509	Kaiser Health Plan HMO	Yourself & 2+
03/03/1945	M	CA	91765	Kaiser Health Plan HMO	Yourself & 2+
07/31/1951	M	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
07/15/1971	M	CA	92532	Kaiser Health Plan HMO	Yourself & 2+

12/28/1974	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
09/01/1958	F	CA	91761	Kaiser Health Plan HMO	Yourself & 2+
01/21/1979	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
04/01/1980	M	CA	91024	Kaiser Health Plan HMO	Yourself & 2+
09/08/1971	M	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
05/13/1973	M	CA	92844	Kaiser Health Plan HMO	Yourself & 2+
08/23/1957	M	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
09/14/1973	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
08/23/1975	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
01/15/1959	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
03/01/1972	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
12/26/1964	M	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
01/23/1964	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
12/06/1951	M	CA	90640	Kaiser Health Plan HMO	Yourself & 2+
08/01/1972	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
08/02/1971	F	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
10/25/1968	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
01/07/1976	M	CA	92694	Kaiser Health Plan HMO	Yourself & 2+
01/11/1960	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
03/29/1959	M	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
09/19/1961	F	CA	92555	Kaiser Health Plan HMO	Yourself & 2+
07/26/1977	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
04/30/1957	F	CA	92865	Kaiser Health Plan HMO	Yourself & 2+
08/14/1964	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
11/05/1958	F	CA	91710	Kaiser Health Plan HMO	Yourself & 2+
06/04/1963	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
02/25/1982	F	CA	92509	Kaiser Health Plan HMO	Yourself & 2+
12/01/1963	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
03/29/1979	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
10/21/1963	F	CA	90650	Kaiser Health Plan HMO	Yourself & 2+
10/10/1975	M	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
04/20/1966	M	CA	92373	Kaiser Health Plan HMO	Yourself & 2+
07/08/1968	M	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
01/12/1974	F	CA	92653	Kaiser Health Plan HMO	Yourself & 2+
08/08/1969	M	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
12/03/1961	M	CA	91706	Kaiser Health Plan HMO	Yourself & 2+
09/02/1974	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
10/17/1969	F	CA	90638	Kaiser Health Plan HMO	Yourself & 2+
07/24/1972	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
04/23/1959	M	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
02/03/1978	F	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
03/19/1962	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
07/16/1967	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself & 2+
11/17/1969	M	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
05/20/1968	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
03/03/1944	M	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
07/15/1961	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
05/28/1965	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
07/19/1970	M	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
07/07/1959	M	CA	91745	Kaiser Health Plan HMO	Yourself & 2+
04/26/1967	F	CA	92602	Kaiser Health Plan HMO	Yourself & 2+

07/17/1957	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
02/10/1975	M	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
06/17/1974	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
02/10/1974	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
08/12/1974	F	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
09/15/1973	M	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
03/16/1965	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
04/16/1978	M	CA	92345	Kaiser Health Plan HMO	Yourself & 2+
05/09/1975	M	CA	92555	Kaiser Health Plan HMO	Yourself & 2+
05/14/1973	M	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
04/14/1958	M	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
06/19/1961	M	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
09/19/1958	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
03/16/1981	M	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
02/10/1954	M	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
08/18/1953	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
11/07/1969	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
05/14/1957	M	CA	92627	Kaiser Health Plan HMO	Yourself & 2+
01/08/1978	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
12/24/1967	M	CA	91789	Kaiser Health Plan HMO	Yourself & 2+
11/03/1973	M	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
08/02/1975	M	CA	92508	Kaiser Health Plan HMO	Yourself & 2+
09/06/1972	F	CA	90604	Kaiser Health Plan HMO	Yourself & 2+
12/21/1967	F	CA	91762	Kaiser Health Plan HMO	Yourself & 2+
03/08/1975	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
09/01/1967	M	CA	92571	Kaiser Health Plan HMO	Yourself & 2+
01/22/1971	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
12/28/1970	M	CA	92555	Kaiser Health Plan HMO	Yourself & 2+
05/29/1978	F	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
01/29/1976	M	CA	92844	Kaiser Health Plan HMO	Yourself & 2+
05/01/1970	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
04/07/1950	M	CA	91748	Kaiser Health Plan HMO	Yourself & 2+
08/28/1982	M	CA	92603	Kaiser Health Plan HMO	Yourself & 2+
09/19/1961	F	CA	90723	Kaiser Health Plan HMO	Yourself & 2+
08/19/1963	M	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
08/17/1965	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
09/14/1965	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
07/07/1963	F	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
04/14/1973	M	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
05/16/1976	F	CA	92602	Kaiser Health Plan HMO	Yourself & 2+
01/22/1973	M	CA	92335	Kaiser Health Plan HMO	Yourself & 2+
10/12/1973	M	CA	91761	Kaiser Health Plan HMO	Yourself & 2+
09/03/1967	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
12/30/1968	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
07/26/1961	M	CA	92831	Kaiser Health Plan HMO	Yourself & 2+
05/22/1966	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
07/15/1971	F	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
09/27/1972	F	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
02/15/1979	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
10/21/1983	M	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
02/21/1965	M	CA	92881	Kaiser Health Plan HMO	Yourself & 2+

07/26/1967	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
03/25/1959	M	CA	92553	Kaiser Health Plan HMO	Yourself & 2+
03/03/1969	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
02/05/1974	F	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
01/03/1970	M	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
07/01/1982	M	CA	94121	Kaiser Health Plan HMO	Yourself & 2+
09/05/1974	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
07/17/1979	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
12/28/1969	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
08/16/1948	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
12/17/1960	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
08/10/1976	M	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
11/03/1957	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
08/30/1977	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
07/26/1975	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
04/16/1977	F	CA	92679	Kaiser Health Plan HMO	Yourself & 2+
03/18/1963	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
11/06/1977	F	CA	90803	Kaiser Health Plan HMO	Yourself & 2+
02/20/1984	M	CA	91789	Kaiser Health Plan HMO	Yourself & 2+
08/28/1971	M	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
12/06/1958	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
04/26/1972	F	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
03/31/1975	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
02/07/1960	F	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
04/23/1949	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
06/01/1960	F	CA	92606	Kaiser Health Plan HMO	Yourself & 2+
09/29/1962	M	CA	92604	Kaiser Health Plan HMO	Yourself & 2+
10/10/1957	F	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
07/01/1954	F	CA	92653	Kaiser Health Plan HMO	Yourself & 2+
03/24/1959	F	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
06/19/1956	F	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
11/21/1974	M	CA	92782	Kaiser Health Plan HMO	Yourself & 2+
05/21/1951	M	CA	92606	Kaiser Health Plan HMO	Yourself & 2+
01/30/1950	F	CA	91702	Kaiser Health Plan HMO	Yourself & 2+
07/29/1972	M	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
08/31/1978	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
08/04/1955	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
11/15/1975	F	CA	90720	Kaiser Health Plan HMO	Yourself & 2+
10/26/1955	M	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
11/11/1972	M	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
02/20/1978	M	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
12/24/1971	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
08/20/1963	M	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
07/25/1962	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
09/09/1968	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
10/09/1972	F	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
11/03/1964	M	CA	92661	Kaiser Health Plan HMO	Yourself & 2+
12/24/1961	M	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
02/17/1964	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
10/26/1963	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
12/12/1966	F	CA	90620	Kaiser Health Plan HMO	Yourself & 2+

04/02/1972	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
09/02/1972	F	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
08/21/1964	F	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
07/20/1972	F	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
08/06/1971	F	CA	92835	Kaiser Health Plan HMO	Yourself & 2+
11/01/1975	F	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
09/27/1975	F	CA	92648	Kaiser Health Plan HMO	Yourself & 2+
06/04/1950	M	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
08/23/1949	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
09/28/1973	M	CA	92612	Kaiser Health Plan HMO	Yourself & 2+
10/14/1958	F	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
02/13/1963	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
11/15/1981	F	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
12/22/1962	M	CA	92694	Kaiser Health Plan HMO	Yourself & 2+
08/05/1967	F	CA	92648	Kaiser Health Plan HMO	Yourself & 2+
09/25/1980	F	CA	92530	Kaiser Health Plan HMO	Yourself & 2+
08/01/1963	F	CA	92614	Kaiser Health Plan HMO	Yourself & 2+
05/10/1971	F	CA	92604	Kaiser Health Plan HMO	Yourself & 2+
02/07/1973	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
06/09/1954	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
05/01/1980	F	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
08/24/1975	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
12/30/1952	F	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
03/11/1959	F	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
07/07/1961	F	CA	92782	Kaiser Health Plan HMO	Yourself & 2+
03/05/1969	M	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
12/14/1962	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
10/18/1979	F	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
06/19/1963	M	CA	92845	Kaiser Health Plan HMO	Yourself & 2+
07/24/1967	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
08/03/1973	F	CA	91790	Kaiser Health Plan HMO	Yourself & 2+
05/29/1975	F	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
12/28/1957	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
02/08/1962	M	CA	92844	Kaiser Health Plan HMO	Yourself & 2+
03/15/1973	M	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
08/02/1973	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
02/27/1966	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
07/16/1953	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
02/14/1974	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
02/28/1958	F	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
04/28/1963	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
09/13/1968	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
10/29/1965	M	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
01/05/1973	M	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
05/13/1970	F	CA	92866	Kaiser Health Plan HMO	Yourself & 2+
03/15/1965	F	CA	92501	Kaiser Health Plan HMO	Yourself & 2+
09/28/1961	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
08/17/1976	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
11/15/1963	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
05/05/1974	F	CA	92610	Kaiser Health Plan HMO	Yourself & 2+
03/19/1972	M	CA	91765	Kaiser Health Plan HMO	Yourself & 2+

02/18/1962	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
06/23/1967	F	CA	92336	Kaiser Health Plan HMO	Yourself & 2+
09/23/1964	M	CA	92336	Kaiser Health Plan HMO	Yourself & 2+
05/19/1964	F	CA	92694	Kaiser Health Plan HMO	Yourself & 2+
10/17/1980	M	CA	92602	Kaiser Health Plan HMO	Yourself & 2+
08/18/1959	M	CA	92604	Kaiser Health Plan HMO	Yourself & 2+
02/04/1962	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
01/13/1961	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
01/05/1954	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
01/01/1967	M	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
08/04/1963	M	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
12/18/1946	M	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
01/24/1951	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
01/20/1969	M	CA	91761	Kaiser Health Plan HMO	Yourself & 2+
06/12/1962	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
03/14/1960	M	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
02/23/1964	F	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
09/03/1953	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
02/04/1959	M	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
06/08/1958	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
04/11/1962	M	CA	92692	Kaiser Health Plan HMO	Yourself & 2+
01/03/1969	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
01/18/1960	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
10/03/1956	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
04/24/1974	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
10/10/1968	F	CA	92610	Kaiser Health Plan HMO	Yourself & 2+
07/26/1957	M	CA	91764	Kaiser Health Plan HMO	Yourself & 2+
01/01/1959	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
08/24/1969	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
11/18/1956	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
01/31/1958	F	CA	90740	Kaiser Health Plan HMO	Yourself & 2+
11/03/1975	M	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
02/21/1971	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
08/20/1960	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
04/17/1965	F	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
10/05/1971	M	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
06/24/1980	F	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
01/05/1968	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
04/25/1966	F	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
03/06/1966	F	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
03/18/1952	M	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
10/10/1956	F	CA	91765	Kaiser Health Plan HMO	Yourself & 2+
10/22/1961	F	CA	92655	Kaiser Health Plan HMO	Yourself & 2+
11/30/1962	M	CA	92676	Kaiser Health Plan HMO	Yourself & 2+
03/13/1961	M	CA	92677	Kaiser Health Plan HMO	Yourself & 2+
08/19/1966	F	CA	90713	Kaiser Health Plan HMO	Yourself & 2+
05/24/1964	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
11/29/1961	M	CA	92782	Kaiser Health Plan HMO	Yourself & 2+
08/07/1973	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
07/12/1954	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
01/08/1963	M	CA	92646	Kaiser Health Plan HMO	Yourself & 2+

02/04/1965	F	CA	90047	Kaiser Health Plan HMO	Yourself & 2+
03/21/1963	M	CA	92782	Kaiser Health Plan HMO	Yourself & 2+
09/23/1961	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
04/28/1964	M	CA	92337	Kaiser Health Plan HMO	Yourself & 2+
10/12/1977	M	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
08/19/1953	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
09/10/1965	M	CA	91750	Kaiser Health Plan HMO	Yourself & 2+
09/22/1960	F	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
03/19/1956	M	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
05/13/1964	M	CA	92562	Kaiser Health Plan HMO	Yourself & 2+
10/20/1954	M	CA	92508	Kaiser Health Plan HMO	Yourself & 2+
07/29/1973	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
05/18/1970	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
08/18/1957	F	CA	92626	Kaiser Health Plan HMO	Yourself & 2+
06/25/1967	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
11/13/1970	F	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
04/12/1971	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
11/06/1959	F	CA	92702	Kaiser Health Plan HMO	Yourself & 2+
12/06/1957	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
10/20/1950	M	CA	9.29E+08	Kaiser Health Plan HMO	Yourself & 2+
11/10/1967	F	CA	92606	Kaiser Health Plan HMO	Yourself & 2+
07/04/1968	M	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
07/06/1963	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
01/21/1952	M	CA	92835	Kaiser Health Plan HMO	Yourself & 2+
06/16/1964	F	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
03/25/1968	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
09/29/1971	F	CA	91730	Kaiser Health Plan HMO	Yourself & 2+
11/28/1972	F	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
07/08/1969	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
09/22/1959	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
08/26/1966	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
05/27/1967	F	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
11/18/1953	M	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
03/25/1953	F	CA	92887	Kaiser Health Plan HMO	Yourself & 2+
04/10/1960	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
10/06/1964	M	CA	92879	Kaiser Health Plan HMO	Yourself & 2+
03/30/1968	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
07/15/1973	M	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
04/26/1959	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
01/24/1962	F	CA	90638	Kaiser Health Plan HMO	Yourself & 2+
07/11/1976	M	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
03/25/1981	F	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
04/10/1968	M	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
11/14/1972	M	CA	90650	Kaiser Health Plan HMO	Yourself & 2+
07/03/1967	F	CA	92625	Kaiser Health Plan HMO	Yourself & 2+
01/07/1970	F	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
06/23/1978	M	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
10/02/1968	F	CA	90043	Kaiser Health Plan HMO	Yourself & 2+
03/16/1976	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
05/06/1961	M	CA	90004	Kaiser Health Plan HMO	Yourself & 2+
12/16/1962	M	CA	92683	Kaiser Health Plan HMO	Yourself & 2+

10/09/1966	M	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
06/01/1965	M	CA	92545	Kaiser Health Plan HMO	Yourself & 2+
07/10/1965	M	CA	92530	Kaiser Health Plan HMO	Yourself & 2+
10/02/1958	M	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
12/25/1956	M	CA	92509	Kaiser Health Plan HMO	Yourself & 2+
02/27/1964	M	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
11/12/1964	M	CA	92054	Kaiser Health Plan HMO	Yourself & 2+
09/21/1967	M	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
11/28/1973	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
08/14/1978	F	CA	91766	Kaiser Health Plan HMO	Yourself & 2+
02/23/1967	M	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
06/29/1978	M	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
06/12/1974	M	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
08/29/1971	F	CA	92887	Kaiser Health Plan HMO	Yourself & 2+
03/05/1966	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
04/02/1973	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
03/28/1964	M	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
10/25/1953	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
04/30/1952	M	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
12/28/1973	M	CA	92057	Kaiser Health Plan HMO	Yourself & 2+
05/02/1960	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
01/29/1962	M	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
09/25/1977	M	CA	91761	Kaiser Health Plan HMO	Yourself & 2+
10/22/1963	M	CA	90712	Kaiser Health Plan HMO	Yourself & 2+
06/06/1976	M	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
11/09/1950	M	CA	92675	Kaiser Health Plan HMO	Yourself & 2+
07/11/1980	M	CA	92563	Kaiser Health Plan HMO	Yourself & 2+
04/07/1982	M	CA	90640	Kaiser Health Plan HMO	Yourself & 2+
09/20/1962	M	CA	92692	Kaiser Health Plan HMO	Yourself & 2+
07/22/1976	M	CA	92610	Kaiser Health Plan HMO	Yourself & 2+
09/06/1961	M	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
06/08/1960	M	CA	90621	Kaiser Health Plan HMO	Yourself & 2+
04/11/1973	M	CA	92562	Kaiser Health Plan HMO	Yourself & 2+
01/12/1969	M	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
09/12/1983	M	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
02/09/1970	M	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
05/21/1973	M	CA	91702	Kaiser Health Plan HMO	Yourself & 2+
01/18/1984	M	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
03/02/1973	M	CA	92337	Kaiser Health Plan HMO	Yourself & 2+
04/23/1979	M	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
06/28/1975	M	CA	91706	Kaiser Health Plan HMO	Yourself & 2+
10/26/1982	M	CA	90606	Kaiser Health Plan HMO	Yourself & 2+
05/14/1960	M	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
11/12/1967	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
11/12/1978	M	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
03/30/1979	M	CA	90605	Kaiser Health Plan HMO	Yourself & 2+
11/22/1965	M	CA	90032	Kaiser Health Plan HMO	Yourself & 2+
05/13/1961	M	CA	92504	Kaiser Health Plan HMO	Yourself & 2+
05/28/1966	M	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
06/19/1971	M	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
03/15/1976	F	CA	92336	Kaiser Health Plan HMO	Yourself & 2+

11/27/1968	M	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
01/13/1970	M	CA	92845	Kaiser Health Plan HMO	Yourself & 2+
11/28/1957	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
11/10/1963	F	CA	92530	Kaiser Health Plan HMO	Yourself & 2+
06/16/1975	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
10/09/1960	M	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
12/22/1966	M	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
05/05/1973	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
01/07/1977	M	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
06/15/1965	F	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
06/24/1952	F	CA	92694	Kaiser Health Plan HMO	Yourself & 2+
07/04/1965	F	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
12/02/1966	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
03/22/1955	M	CA	92562	Kaiser Health Plan HMO	Yourself & 2+
06/30/1975	M	CA	91761	Kaiser Health Plan HMO	Yourself & 2+
02/20/1958	M	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
11/20/1978	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
05/10/1972	F	CA	90301	Kaiser Health Plan HMO	Yourself & 2+
08/19/1972	M	CA	92410	Kaiser Health Plan HMO	Yourself & 2+
01/03/1977	M	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
07/20/1971	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
04/21/1973	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
08/24/1960	M	CA	9.29E+08	Kaiser Health Plan HMO	Yourself & 2+
11/09/1978	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
04/19/1967	M	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
09/04/1971	M	CA	90605	Kaiser Health Plan HMO	Yourself & 2+
10/25/1974	M	CA	90713	Kaiser Health Plan HMO	Yourself & 2+
11/09/1974	M	CA	92557	Kaiser Health Plan HMO	Yourself & 2+
02/02/1968	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
03/03/1977	M	CA	90621	Kaiser Health Plan HMO	Yourself & 2+
10/15/1974	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
01/01/1974	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
04/28/1978	M	CA	92595	Kaiser Health Plan HMO	Yourself & 2+
08/05/1981	M	CA	92557	Kaiser Health Plan HMO	Yourself & 2+
04/28/1980	M	CA	90044	Kaiser Health Plan HMO	Yourself & 2+
08/24/1965	M	CA	91730	Kaiser Health Plan HMO	Yourself & 2+
06/10/1970	M	CA	92407	Kaiser Health Plan HMO	Yourself & 2+
06/04/1975	F	CA	90501	Kaiser Health Plan HMO	Yourself & 2+
09/06/1961	M	CA	92513	Kaiser Health Plan HMO	Yourself & 2+
07/22/1972	M	CA	90220	Kaiser Health Plan HMO	Yourself & 2+
12/24/1960	M	CA	92530	Kaiser Health Plan HMO	Yourself & 2+
01/15/1952	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
09/23/1961	M	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
05/09/1965	F	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
03/25/1970	M	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
01/28/1976	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
02/25/1970	M	CA	92008	Kaiser Health Plan HMO	Yourself & 2+
07/25/1972	F	CA	92530	Kaiser Health Plan HMO	Yourself & 2+
01/20/1976	F	CA	82530	Kaiser Health Plan HMO	Yourself & 2+
04/12/1980	M	CA	92329	Kaiser Health Plan HMO	Yourself & 2+
04/19/1959	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+

10/15/1978	F	CA	91744	Kaiser Health Plan HMO	Yourself & 2+
11/11/1968	F	CA	92835	Kaiser Health Plan HMO	Yourself & 2+
03/11/1969	M	CA	91702	Kaiser Health Plan HMO	Yourself & 2+
04/24/1969	F	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
10/13/1964	M	CA	92831	Kaiser Health Plan HMO	Yourself & 2+
01/07/1975	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
12/18/1976	M	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
10/08/1984	F	CA	90061	Kaiser Health Plan HMO	Yourself & 2+
04/04/1962	F	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
05/27/1973	M	CA	92675	Kaiser Health Plan HMO	Yourself & 2+
08/15/1981	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
07/01/1970	M	CA	90638	Kaiser Health Plan HMO	Yourself & 2+
11/10/1979	M	CA	90065	Kaiser Health Plan HMO	Yourself & 2+
07/31/1967	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
05/09/1980	F	CA	91762	Kaiser Health Plan HMO	Yourself & 2+
09/03/1978	M	CA	92887	Kaiser Health Plan HMO	Yourself & 2+
12/19/1966	F	CA	91789	Kaiser Health Plan HMO	Yourself & 2+
11/10/1975	F	CA	90815	Kaiser Health Plan HMO	Yourself & 2+
01/05/1976	M	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
09/17/1956	M	CA	92553	Kaiser Health Plan HMO	Yourself & 2+
08/26/1980	F	CA	90712	Kaiser Health Plan HMO	Yourself & 2+
01/09/1976	M	CA	91710	Kaiser Health Plan HMO	Yourself & 2+
11/02/1964	F	CA	92679	Kaiser Health Plan HMO	Yourself & 2+
12/16/1978	M	CA	91740	Kaiser Health Plan HMO	Yourself & 2+
03/31/1978	M	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
02/23/1978	M	CA	92532	Kaiser Health Plan HMO	Yourself & 2+
07/15/1968	F	CA	92506	Kaiser Health Plan HMO	Yourself & 2+
05/09/1969	M	CA	93313	Kaiser Health Plan HMO	Yourself & 2+
10/01/1981	F	CA	92860	Kaiser Health Plan HMO	Yourself & 2+
12/26/1975	M	CA	92595	Kaiser Health Plan HMO	Yourself & 2+
12/26/1975	M	CA	92595	Kaiser Health Plan HMO	Yourself & 2+
09/16/1977	M	CA	92627	Kaiser Health Plan HMO	Yourself & 2+
06/14/1974	F	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
08/20/1963	F	CA	92692	Kaiser Health Plan HMO	Yourself & 2+
10/21/1965	F	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
03/15/1974	M	CA	91701	Kaiser Health Plan HMO	Yourself & 2+
09/15/1960	M	CA	90240	Kaiser Health Plan HMO	Yourself & 2+
06/26/1970	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
07/21/1973	M	CA	91745	Kaiser Health Plan HMO	Yourself & 2+
01/08/1970	M	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
10/03/1971	M	CA	90815	Kaiser Health Plan HMO	Yourself & 2+
09/16/1979	M	CA	91791	Kaiser Health Plan HMO	Yourself & 2+
01/29/1978	M	CA	92860	Kaiser Health Plan HMO	Yourself & 2+
09/06/1973	M	CA	92509	Kaiser Health Plan HMO	Yourself & 2+
04/28/1977	M	CA	92336	Kaiser Health Plan HMO	Yourself & 2+
06/01/1973	F	CA	90001	Kaiser Health Plan HMO	Yourself & 2+
07/04/1977	M	CA	90650	Kaiser Health Plan HMO	Yourself & 2+
11/28/1975	M	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
06/15/1973	F	CA	92861	Kaiser Health Plan HMO	Yourself & 2+
11/15/1979	M	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
03/01/1970	M	CA	90713	Kaiser Health Plan HMO	Yourself & 2+

04/08/1985	F	CA	92532	Kaiser Health Plan HMO	Yourself & 2+
01/01/1977	M	CA	90806	Kaiser Health Plan HMO	Yourself & 2+
08/22/1973	F	CA	92508	Kaiser Health Plan HMO	Yourself & 2+
09/20/1980	M	CA	90242	Kaiser Health Plan HMO	Yourself & 2+
10/20/1976	F	CA	90018	Kaiser Health Plan HMO	Yourself & 2+
10/08/1977	F	CA	92879	Kaiser Health Plan HMO	Yourself & 2+
08/23/1985	M	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
01/18/1972	F	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
10/03/1975	F	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
02/07/1955	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
02/24/1974	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
07/20/1973	M	CA	91723	Kaiser Health Plan HMO	Yourself & 2+
11/06/1969	M	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
06/14/1977	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
02/20/1977	M	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
10/23/1970	F	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
02/05/1972	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
11/05/1982	F	CA	90712	Kaiser Health Plan HMO	Yourself & 2+
11/01/1982	F	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
04/30/1963	M	CA	92606	Kaiser Health Plan HMO	Yourself & 2+
02/04/1973	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
08/14/1960	F	CA	92673	Kaiser Health Plan HMO	Yourself & 2+
09/01/1986	M	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
01/08/1961	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
10/21/1973	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
01/23/1971	M	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
01/20/1963	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
01/01/1959	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
07/22/1969	F	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
03/13/1971	F	CA	92866	Kaiser Health Plan HMO	Yourself & 2+
02/17/1974	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
04/27/1980	F	CA	92832	Kaiser Health Plan HMO	Yourself & 2+
10/30/1965	F	CA	90706	Kaiser Health Plan HMO	Yourself & 2+
03/06/1978	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
05/19/1966	M	CA	92881	Kaiser Health Plan HMO	Yourself & 2+
09/26/1960	F	CA	92630	Kaiser Health Plan HMO	Yourself & 2+
09/02/1977	F	CA	90650	Kaiser Health Plan HMO	Yourself & 2+
06/07/1968	F	CA	92646	Kaiser Health Plan HMO	Yourself & 2+
02/13/1960	M	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
03/26/1981	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
05/13/1965	F	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
10/14/1961	F	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
09/28/1958	M	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
12/30/1973	F	CA	92646	Kaiser Health Plan HMO	Yourself & 2+
06/25/1961	F	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
06/19/1975	M	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
01/20/1972	F	CA	91733	Kaiser Health Plan HMO	Yourself & 2+
08/04/1971	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
01/15/1961	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
01/07/1960	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself & 2+
01/15/1963	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+

01/20/1971	F	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
11/18/1958	M	CA	90703	Kaiser Health Plan HMO	Yourself & 2+
06/15/1970	F	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
01/19/1960	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
08/14/1964	M	CA	92504	Kaiser Health Plan HMO	Yourself & 2+
07/16/1973	M	CA	90712	Kaiser Health Plan HMO	Yourself & 2+
09/22/1948	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
05/13/1982	F	CA	92887	Kaiser Health Plan HMO	Yourself & 2+
10/31/1963	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
09/21/1964	F	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
03/09/1964	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
10/04/1969	F	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
12/05/1968	F	CA	92649	Kaiser Health Plan HMO	Yourself & 2+
08/10/1970	M	CA	91792	Kaiser Health Plan HMO	Yourself & 2+
03/25/1960	F	CA	92677	Kaiser Health Plan HMO	Yourself & 2+
06/01/1972	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
03/04/1956	F	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
02/02/1964	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
12/10/1979	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
07/17/1960	F	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
11/02/1966	F	CA	91789	Kaiser Health Plan HMO	Yourself & 2+
02/19/1976	M	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
12/25/1961	F	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
03/09/1966	F	CA	92562	Kaiser Health Plan HMO	Yourself & 2+
11/22/1964	F	CA	90680	Kaiser Health Plan HMO	Yourself & 2+
06/30/1971	M	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
10/31/1984	M	CA	90712	Kaiser Health Plan HMO	Yourself & 2+
05/03/1967	M	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
11/18/1976	F	CA	92649	Kaiser Health Plan HMO	Yourself & 2+
08/10/1973	M	CA	90242	Kaiser Health Plan HMO	Yourself & 2+
03/30/1964	M	CA	92602	Kaiser Health Plan HMO	Yourself & 2+
03/29/1966	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
02/07/1960	F	CA	90713	Kaiser Health Plan HMO	Yourself & 2+
09/20/1961	M	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
02/02/1975	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
03/19/1969	F	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
06/25/1964	F	CA	92614	Kaiser Health Plan HMO	Yourself & 2+
09/26/1967	F	CA	91710	Kaiser Health Plan HMO	Yourself & 2+
02/12/1959	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
07/18/1961	M	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
05/16/1965	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
08/28/1964	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
08/04/1961	F	CA	92832	Kaiser Health Plan HMO	Yourself & 2+
04/05/1974	F	CA	90604	Kaiser Health Plan HMO	Yourself & 2+
08/26/1963	M	CA	92610	Kaiser Health Plan HMO	Yourself & 2+
02/12/1958	F	CA	90242	Kaiser Health Plan HMO	Yourself & 2+
02/14/1955	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
09/01/1968	F	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
07/10/1966	F	CA	92646	Kaiser Health Plan HMO	Yourself & 2+
02/03/1954	F	CA	92655	Kaiser Health Plan HMO	Yourself & 2+
07/03/1976	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+

03/14/1957	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
09/03/1965	M	CA	92691	Kaiser Health Plan HMO	Yourself & 2+
09/26/1966	M	CA	92614	Kaiser Health Plan HMO	Yourself & 2+
10/10/1963	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
07/11/1957	M	CA	92679	Kaiser Health Plan HMO	Yourself & 2+
07/05/1958	M	CA	92627	Kaiser Health Plan HMO	Yourself & 2+
06/30/1952	M	CA	91765	Kaiser Health Plan HMO	Yourself & 2+
03/15/1957	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
08/28/1966	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
08/07/1959	M	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
03/17/1972	F	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
11/06/1960	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
04/23/1965	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
06/16/1964	F	CA	91701	Kaiser Health Plan HMO	Yourself & 2+
08/22/1961	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
01/16/1964	M	CA	92562	Kaiser Health Plan HMO	Yourself & 2+
09/28/1963	M	CA	92692	Kaiser Health Plan HMO	Yourself & 2+
03/17/1978	M	CA	91764	Kaiser Health Plan HMO	Yourself & 2+
02/18/1957	M	CA	92563	Kaiser Health Plan HMO	Yourself & 2+
09/25/1959	M	CA	92620	Kaiser Health Plan HMO	Yourself & 2+
08/19/1953	F	CA	92627	Kaiser Health Plan HMO	Yourself & 2+
10/21/1957	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
10/21/1956	M	CA	90650	Kaiser Health Plan HMO	Yourself & 2+
07/01/1949	M	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
08/30/1961	F	CA	91744	Kaiser Health Plan HMO	Yourself & 2+
09/27/1955	M	CA	92677	Kaiser Health Plan HMO	Yourself & 2+
02/20/1958	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
11/06/1959	M	CA	92336	Kaiser Health Plan HMO	Yourself & 2+
01/02/1970	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
05/29/1953	M	CA	92544	Kaiser Health Plan HMO	Yourself & 2+
09/01/1952	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
04/29/1957	M	CA	92595	Kaiser Health Plan HMO	Yourself & 2+
02/16/1960	F	CA	92865	Kaiser Health Plan HMO	Yourself & 2+
02/23/1964	M	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
12/01/1973	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
12/30/1973	M	CA	91709	Kaiser Health Plan HMO	Yourself & 2+
09/04/1960	F	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
12/10/1944	M	CA	91765	Kaiser Health Plan HMO	Yourself & 2+
03/24/1978	M	CA	90630	Kaiser Health Plan HMO	Yourself & 2+
02/16/1947	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
02/15/1956	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
10/12/1978	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
08/06/1960	F	CA	92805	Kaiser Health Plan HMO	Yourself & 2+
12/18/1973	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
09/23/1971	M	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
09/20/1967	M	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
03/22/1963	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
10/03/1951	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
09/06/1962	F	CA	92865	Kaiser Health Plan HMO	Yourself & 2+
11/04/1961	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
07/03/1957	F	CA	92881	Kaiser Health Plan HMO	Yourself & 2+

08/07/1975	M	CA	90713	Kaiser Health Plan HMO	Yourself & 2+
12/05/1971	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
06/19/1960	F	CA	92626	Kaiser Health Plan HMO	Yourself & 2+
06/13/1957	M	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
06/05/1963	M	CA	92656	Kaiser Health Plan HMO	Yourself & 2+
08/29/1960	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
03/15/1956	F	CA	92835	Kaiser Health Plan HMO	Yourself & 2+
08/26/1958	M	CA	9.07E+08	Kaiser Health Plan HMO	Yourself & 2+
10/07/1960	F	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
08/22/1962	F	CA	92701	Kaiser Health Plan HMO	Yourself & 2+
08/21/1969	M	CA	92509	Kaiser Health Plan HMO	Yourself & 2+
09/15/1961	F	CA	92653	Kaiser Health Plan HMO	Yourself & 2+
10/14/1973	F	CA	91752	Kaiser Health Plan HMO	Yourself & 2+
08/18/1964	F	CA	92831	Kaiser Health Plan HMO	Yourself & 2+
05/05/1970	F	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
11/20/1978	F	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
10/05/1964	M	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
01/13/1972	M	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
05/25/1965	F	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
08/17/1976	M	CA	92692	Kaiser Health Plan HMO	Yourself & 2+
11/09/1967	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
06/16/1974	M	CA	91761	Kaiser Health Plan HMO	Yourself & 2+
06/03/1956	F	CA	9.28E+08	Kaiser Health Plan HMO	Yourself & 2+
08/15/1964	F	CA	92802	Kaiser Health Plan HMO	Yourself & 2+
12/17/1965	F	CA	92647	Kaiser Health Plan HMO	Yourself & 2+
08/13/1971	M	CA	92653	Kaiser Health Plan HMO	Yourself & 2+
05/20/1967	F	CA	92606	Kaiser Health Plan HMO	Yourself & 2+
09/30/1971	F	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
04/22/1958	M	CA	92866	Kaiser Health Plan HMO	Yourself & 2+
04/26/1958	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
12/18/1964	F	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
10/04/1966	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
11/02/1960	F	CA	90631	Kaiser Health Plan HMO	Yourself & 2+
09/21/1969	F	CA	92808	Kaiser Health Plan HMO	Yourself & 2+
06/10/1964	M	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
02/17/1957	F	CA	92821	Kaiser Health Plan HMO	Yourself & 2+
07/26/1971	F	CA	90621	Kaiser Health Plan HMO	Yourself & 2+
01/05/1961	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
10/19/1972	F	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
05/05/1968	F	CA	90670	Kaiser Health Plan HMO	Yourself & 2+
08/22/1975	F	CA	92683	Kaiser Health Plan HMO	Yourself & 2+
12/10/1968	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
06/18/1962	M	CA	91722	Kaiser Health Plan HMO	Yourself & 2+
11/15/1969	M	CA	90755	Kaiser Health Plan HMO	Yourself & 2+
08/29/1965	M	CA	90715	Kaiser Health Plan HMO	Yourself & 2+
11/12/1971	F	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
09/07/1972	F	CA	92688	Kaiser Health Plan HMO	Yourself & 2+
11/16/1954	M	CA	90706	Kaiser Health Plan HMO	Yourself & 2+
07/02/1965	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
02/13/1969	F	CA	92530	Kaiser Health Plan HMO	Yourself & 2+
05/22/1969	F	CA	92688	Kaiser Health Plan HMO	Yourself & 2+

01/23/1960	M	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
04/09/1962	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
04/16/1954	M	CA	92844	Kaiser Health Plan HMO	Yourself & 2+
05/01/1945	M	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
04/01/1960	F	CA	92648	Kaiser Health Plan HMO	Yourself & 2+
03/30/1959	F	CA	92336	Kaiser Health Plan HMO	Yourself & 2+
03/30/1950	F	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
04/12/1953	M	CA	92614	Kaiser Health Plan HMO	Yourself & 2+
11/04/1966	F	CA	92704	Kaiser Health Plan HMO	Yourself & 2+
07/02/1974	F	CA	92782	Kaiser Health Plan HMO	Yourself & 2+
01/06/1962	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
01/22/1962	F	CA	92840	Kaiser Health Plan HMO	Yourself & 2+
02/03/1974	F	CA	92505	Kaiser Health Plan HMO	Yourself & 2+
07/16/1957	F	CA	92603	Kaiser Health Plan HMO	Yourself & 2+
11/27/1972	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
06/29/1976	M	CA	92705	Kaiser Health Plan HMO	Yourself & 2+
11/06/1965	M	CA	92843	Kaiser Health Plan HMO	Yourself & 2+
12/01/1966	F	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
08/16/1954	F	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
12/15/1973	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
01/16/1957	M	CA	91761	Kaiser Health Plan HMO	Yourself & 2+
11/11/1962	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
11/21/1981	F	CA	92707	Kaiser Health Plan HMO	Yourself & 2+
08/13/1964	M	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
05/07/1957	M	CA	92868	Kaiser Health Plan HMO	Yourself & 2+
11/12/1967	F	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
01/27/1977	M	CA	90713	Kaiser Health Plan HMO	Yourself & 2+
08/25/1969	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
09/18/1973	F	CA	91739	Kaiser Health Plan HMO	Yourself & 2+
11/09/1980	F	CA	91762	Kaiser Health Plan HMO	Yourself & 2+
09/14/1967	M	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
07/25/1962	M	CA	92694	Kaiser Health Plan HMO	Yourself & 2+
03/26/1966	F	CA	92612	Kaiser Health Plan HMO	Yourself & 2+
07/24/1971	M	CA	92610	Kaiser Health Plan HMO	Yourself & 2+
05/09/1958	M	CA	91701	Kaiser Health Plan HMO	Yourself & 2+
09/04/1971	M	CA	92057	Kaiser Health Plan HMO	Yourself & 2+
02/01/1973	M	CA	92886	Kaiser Health Plan HMO	Yourself & 2+
04/16/1973	M	CA	91752	Kaiser Health Plan HMO	Yourself & 2+
02/05/1974	M	CA	92879	Kaiser Health Plan HMO	Yourself & 2+
03/26/1960	M	CA	92508	Kaiser Health Plan HMO	Yourself & 2+
03/18/1954	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
05/10/1974	M	CA	90713	Kaiser Health Plan HMO	Yourself & 2+
12/24/1972	M	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
02/12/1968	M	CA	92867	Kaiser Health Plan HMO	Yourself & 2+
10/20/1962	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
02/19/1964	F	CA	92806	Kaiser Health Plan HMO	Yourself & 2+
03/09/1983	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
05/03/1960	M	CA	90601	Kaiser Health Plan HMO	Yourself & 2+
08/29/1963	M	CA	92532	Kaiser Health Plan HMO	Yourself & 2+
07/13/1967	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
12/31/1959	M	CA	92382	Kaiser Health Plan HMO	Yourself & 2+

10/03/1975	F	CA	90650	Kaiser Health Plan HMO	Yourself & 2+
07/01/1961	M	CA	92708	Kaiser Health Plan HMO	Yourself & 2+
11/18/1979	M	CA	92595	Kaiser Health Plan HMO	Yourself & 2+
02/24/1965	M	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
02/10/1960	M	CA	92863	Kaiser Health Plan HMO	Yourself & 2+
09/05/1972	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
01/07/1959	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
08/16/1968	M	CA	91710	Kaiser Health Plan HMO	Yourself & 2+
08/18/1973	M	CA	92804	Kaiser Health Plan HMO	Yourself & 2+
03/06/1970	M	CA	92817	Kaiser Health Plan HMO	Yourself & 2+
10/16/1967	M	CA	92833	Kaiser Health Plan HMO	Yourself & 2+
11/01/1978	M	CA	90706	Kaiser Health Plan HMO	Yourself & 2+
09/13/1968	F	CA	92860	Kaiser Health Plan HMO	Yourself & 2+
08/12/1969	F	CA	92782	Kaiser Health Plan HMO	Yourself & 2+
03/21/1974	M	CA	92626	Kaiser Health Plan HMO	Yourself & 2+
10/27/1954	M	CA	92530	Kaiser Health Plan HMO	Yourself & 2+
08/19/1974	M	CA	92870	Kaiser Health Plan HMO	Yourself & 2+
11/23/1981	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
03/29/1962	M	CA	92394	Kaiser Health Plan HMO	Yourself & 2+
06/17/1976	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
04/11/1974	M	CA	92780	Kaiser Health Plan HMO	Yourself & 2+
06/29/1964	M	CA	92503	Kaiser Health Plan HMO	Yourself & 2+
03/14/1985	M	CA	92706	Kaiser Health Plan HMO	Yourself & 2+
03/29/1979	M	CA	92329	Kaiser Health Plan HMO	Yourself & 2+
09/14/1979	M	CA	92882	Kaiser Health Plan HMO	Yourself & 2+
08/28/1972	M	CA	92841	Kaiser Health Plan HMO	Yourself & 2+
02/27/1963	F	CA	92865	Kaiser Health Plan HMO	Yourself & 2+
08/24/1956	M	CA	92653	Kaiser Health Plan HMO	Yourself & 2+
08/22/1968	F	CA	92880	Kaiser Health Plan HMO	Yourself & 2+
09/11/1959	F	CA	92703	Kaiser Health Plan HMO	Yourself & 2+
07/27/1966	F	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
05/01/1954	F	CA	92807	Kaiser Health Plan HMO	Yourself & 2+
04/23/1978	F	CA	92869	Kaiser Health Plan HMO	Yourself & 2+
12/17/1972	F	CA	90638	Kaiser Health Plan HMO	Yourself & 2+
03/18/1967	M	CA	90620	Kaiser Health Plan HMO	Yourself & 2+
10/03/1964	M	CA	92801	Kaiser Health Plan HMO	Yourself & 2+
12/19/1965	M	CA	92883	Kaiser Health Plan HMO	Yourself & 2+
02/24/1973	F	CA	92694	Kaiser Health Plan HMO	Yourself Only
03/30/1973	F	CA	92150	Kaiser Health Plan HMO	Yourself Only
04/03/1959	M	CA	90755	Kaiser Health Plan HMO	Yourself Only
07/13/1957	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
01/16/1963	M	CA	90814	Kaiser Health Plan HMO	Yourself Only
01/18/1970	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
03/20/1974	M	CA	92646	Kaiser Health Plan HMO	Yourself Only
04/29/1981	F	CA	90814	Kaiser Health Plan HMO	Yourself Only
09/23/1972	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
04/23/1980	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
07/13/1981	F	CA	92663	Kaiser Health Plan HMO	Yourself Only
04/14/1980	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
07/30/1978	M	CA	91766	Kaiser Health Plan HMO	Yourself Only
12/04/1979	F	CA	92602	Kaiser Health Plan HMO	Yourself Only

03/21/1979	M	CA	92677	Kaiser Health Plan HMO	Yourself Only
08/27/1983	M	CA	92629	Kaiser Health Plan HMO	Yourself Only
09/07/1958	F	CA	92674	Kaiser Health Plan HMO	Yourself Only
12/28/1978	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
11/04/1955	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
09/10/1979	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
10/03/1980	F	CA	92649	Kaiser Health Plan HMO	Yourself Only
04/30/1964	M	CA	92620	Kaiser Health Plan HMO	Yourself Only
08/02/1979	M	CA	90807	Kaiser Health Plan HMO	Yourself Only
06/28/1977	M	CA	92675	Kaiser Health Plan HMO	Yourself Only
02/17/1974	F	CA	92660	Kaiser Health Plan HMO	Yourself Only
09/01/1973	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
10/22/1979	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
06/05/1959	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
07/27/1980	M	CA	90013	Kaiser Health Plan HMO	Yourself Only
09/19/1975	F	CA	90044	Kaiser Health Plan HMO	Yourself Only
05/06/1975	M	CA	92602	Kaiser Health Plan HMO	Yourself Only
09/11/1981	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
03/17/1977	F	CA	90026	Kaiser Health Plan HMO	Yourself Only
12/20/1974	M	CA	92675	Kaiser Health Plan HMO	Yourself Only
09/01/1980	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
04/14/1981	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
04/04/1951	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
08/11/1981	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
03/07/1961	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
11/23/1966	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
09/30/1950	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
07/05/1946	F	CA	90603	Kaiser Health Plan HMO	Yourself Only
03/01/1968	F	CA	90731	Kaiser Health Plan HMO	Yourself Only
01/17/1964	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
11/03/1967	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
02/19/1954	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
02/01/1966	F	CA	90630	Kaiser Health Plan HMO	Yourself Only
07/22/1977	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
03/19/1968	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
04/11/1961	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
11/23/1957	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
08/02/1966	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
02/26/1972	F	CA	90242	Kaiser Health Plan HMO	Yourself Only
08/12/1945	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
10/01/1968	F	CA	90815	Kaiser Health Plan HMO	Yourself Only
08/04/1982	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
03/27/1963	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
04/25/1976	F	CA	90630	Kaiser Health Plan HMO	Yourself Only
06/20/1970	F	CA	92610	Kaiser Health Plan HMO	Yourself Only
02/26/1964	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
06/19/1980	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
04/25/1958	F	CA	90701	Kaiser Health Plan HMO	Yourself Only
10/11/1959	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
10/02/1975	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
04/25/1969	M	CA	92843	Kaiser Health Plan HMO	Yourself Only

03/27/1977	F	CA	92781	Kaiser Health Plan HMO	Yourself Only
01/09/1955	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
06/05/1965	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
03/10/1959	F	CA	92677	Kaiser Health Plan HMO	Yourself Only
09/10/1956	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
04/07/1963	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
04/17/1952	F	CA	92515	Kaiser Health Plan HMO	Yourself Only
02/05/1980	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
09/22/1942	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
02/09/1981	M	CA	92627	Kaiser Health Plan HMO	Yourself Only
07/22/1967	F	CA	92612	Kaiser Health Plan HMO	Yourself Only
07/15/1956	F	CA	92505	Kaiser Health Plan HMO	Yourself Only
02/07/1951	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
02/02/1976	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
04/02/1954	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
04/25/1966	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
02/02/1957	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
03/28/1947	F	CA	92711	Kaiser Health Plan HMO	Yourself Only
02/27/1956	F	CA	92675	Kaiser Health Plan HMO	Yourself Only
12/31/1948	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
02/11/1955	F	CA	91709	Kaiser Health Plan HMO	Yourself Only
10/04/1951	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
05/05/1965	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
04/03/1981	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
03/05/1946	M	CA	92708	Kaiser Health Plan HMO	Yourself Only
01/24/1948	F	CA	91789	Kaiser Health Plan HMO	Yourself Only
11/02/1946	F	CA	9.26E+08	Kaiser Health Plan HMO	Yourself Only
09/20/1949	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
11/02/1978	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
04/21/1972	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
09/10/1940	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
07/31/1979	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
01/07/1941	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
01/16/1964	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
02/15/1956	F	CA	91711	Kaiser Health Plan HMO	Yourself Only
05/09/1983	M	CA	92802	Kaiser Health Plan HMO	Yourself Only
04/10/1942	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
04/05/1962	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
06/08/1941	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
09/28/1968	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
11/17/1950	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
09/03/1936	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
08/07/1944	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
04/22/1939	F	CA	92781	Kaiser Health Plan HMO	Yourself Only
03/15/1949	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
09/17/1950	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
05/05/1962	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
09/03/1956	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
03/04/1949	F	CA	92856	Kaiser Health Plan HMO	Yourself Only
08/25/1946	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
07/28/1962	F	CA	92656	Kaiser Health Plan HMO	Yourself Only

06/01/1960	F	CA	92570	Kaiser Health Plan HMO	Yourself Only
03/27/1941	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
03/05/1938	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
08/13/1961	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
12/21/1951	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
01/10/1981	F	CA	90715	Kaiser Health Plan HMO	Yourself Only
07/09/1973	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
10/31/1937	F	CA	91709	Kaiser Health Plan HMO	Yourself Only
02/15/1944	M	CA	90680	Kaiser Health Plan HMO	Yourself Only
01/10/1946	F	CA	92557	Kaiser Health Plan HMO	Yourself Only
03/06/1949	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
08/20/1967	F	CA	92688	Kaiser Health Plan HMO	Yourself Only
10/07/1950	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
12/10/1954	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
01/17/1954	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
01/26/1960	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
12/17/1963	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
05/29/1943	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
12/15/1943	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
07/08/1947	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
08/13/1950	F	CA	9E+08	Kaiser Health Plan HMO	Yourself Only
11/04/1945	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
03/08/1984	F	CA	90504	Kaiser Health Plan HMO	Yourself Only
06/05/1956	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
08/03/1963	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
03/06/1942	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
12/16/1979	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
07/11/1967	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
08/23/1949	F	CA	92627	Kaiser Health Plan HMO	Yourself Only
10/29/1957	F	CA	92887	Kaiser Health Plan HMO	Yourself Only
08/24/1952	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
04/25/1952	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
12/06/1955	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
06/04/1955	M	CA	92867	Kaiser Health Plan HMO	Yourself Only
02/03/1942	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
03/01/1957	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
10/07/1967	F	CA	92508	Kaiser Health Plan HMO	Yourself Only
09/10/1982	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
09/06/1982	M	CA	90638	Kaiser Health Plan HMO	Yourself Only
03/06/1985	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
10/26/1951	F	CA	92856	Kaiser Health Plan HMO	Yourself Only
05/06/1950	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
08/06/1951	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
08/17/1957	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
12/19/1942	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
04/23/1942	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
08/23/1962	F	CA	92887	Kaiser Health Plan HMO	Yourself Only
05/10/1964	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
03/14/1980	M	CA	92706	Kaiser Health Plan HMO	Yourself Only
06/30/1946	F	CA	92781	Kaiser Health Plan HMO	Yourself Only
12/02/1975	M	CA	92691	Kaiser Health Plan HMO	Yourself Only

11/17/1949	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
01/17/1950	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
03/25/1984	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
11/26/1984	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
10/07/1977	M	CA	90723	Kaiser Health Plan HMO	Yourself Only
09/14/1985	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
01/03/1987	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
06/26/1981	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
11/11/1961	F	CA	92663	Kaiser Health Plan HMO	Yourself Only
02/24/1946	F	CA	92614	Kaiser Health Plan HMO	Yourself Only
11/24/1981	F	CA	91761	Kaiser Health Plan HMO	Yourself Only
08/20/1947	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
02/07/1975	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
04/18/1954	F	CA	91765	Kaiser Health Plan HMO	Yourself Only
06/02/1957	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
02/05/1956	F	CA	90706	Kaiser Health Plan HMO	Yourself Only
03/28/1959	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
11/17/1958	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
01/07/1957	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
03/18/1960	F	CA	92860	Kaiser Health Plan HMO	Yourself Only
06/06/1981	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
09/16/1966	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
10/30/1967	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
02/25/1962	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
05/04/1955	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
06/10/1982	M	CA	91766	Kaiser Health Plan HMO	Yourself Only
10/22/1980	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
03/21/1967	F	CA	90814	Kaiser Health Plan HMO	Yourself Only
05/04/1964	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
08/28/1963	F	CA	92883	Kaiser Health Plan HMO	Yourself Only
10/12/1978	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
08/26/1952	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
04/01/1971	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
01/15/1959	F	CA	9.26E+08	Kaiser Health Plan HMO	Yourself Only
08/05/1947	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
01/15/1958	F	CA	92835	Kaiser Health Plan HMO	Yourself Only
07/06/1968	F	CA	9.08E+08	Kaiser Health Plan HMO	Yourself Only
01/26/1947	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
06/05/1981	M	CA	92706	Kaiser Health Plan HMO	Yourself Only
09/06/1966	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
01/14/1984	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
08/20/1953	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
09/16/1980	M	CA	92702	Kaiser Health Plan HMO	Yourself Only
05/12/1986	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
07/08/1987	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
08/30/1941	F	CA	92508	Kaiser Health Plan HMO	Yourself Only
04/15/1978	M	CA	90604	Kaiser Health Plan HMO	Yourself Only
04/23/1984	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
03/08/1977	M	CA	90638	Kaiser Health Plan HMO	Yourself Only
05/23/1985	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
03/04/1964	F	CA	92805	Kaiser Health Plan HMO	Yourself Only

05/20/1957	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
03/09/1971	F	CA	91752	Kaiser Health Plan HMO	Yourself Only
07/02/1961	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
04/02/1973	F	CA	92602	Kaiser Health Plan HMO	Yourself Only
10/11/1979	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
04/20/1923	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
11/03/1955	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
10/17/1967	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
06/08/1982	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
09/02/1983	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
04/28/1985	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
06/06/1978	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
03/15/1956	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
09/27/1976	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
12/15/1979	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
03/09/1979	F	CA	91767	Kaiser Health Plan HMO	Yourself Only
09/15/1982	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
01/08/1984	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
05/14/1950	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
05/30/1950	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
10/18/1975	F	CA	91745	Kaiser Health Plan HMO	Yourself Only
04/25/1979	F	CA	91765	Kaiser Health Plan HMO	Yourself Only
09/29/1956	F	CA	92557	Kaiser Health Plan HMO	Yourself Only
07/19/1957	F	CA	90622	Kaiser Health Plan HMO	Yourself Only
11/08/1955	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
04/29/1962	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
05/03/1959	F	CA	92504	Kaiser Health Plan HMO	Yourself Only
12/20/1963	F	CA	90802	Kaiser Health Plan HMO	Yourself Only
12/03/1965	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
10/13/1959	M	CA	92844	Kaiser Health Plan HMO	Yourself Only
01/08/1982	F	CA	90813	Kaiser Health Plan HMO	Yourself Only
09/02/1949	F	CA	92057	Kaiser Health Plan HMO	Yourself Only
07/23/1973	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
06/25/1955	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
10/21/1938	F	CA	92814	Kaiser Health Plan HMO	Yourself Only
10/26/1963	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
10/28/1972	M	CA	91763	Kaiser Health Plan HMO	Yourself Only
02/02/1946	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
11/23/1984	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
02/26/1953	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
04/06/1953	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
11/07/1970	F	CA	91791	Kaiser Health Plan HMO	Yourself Only
07/22/1962	F	CA	92684	Kaiser Health Plan HMO	Yourself Only
12/26/1961	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
12/11/1941	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
08/08/1937	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
12/04/1980	M	CA	92656	Kaiser Health Plan HMO	Yourself Only
06/27/1960	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
06/29/1963	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
08/24/1985	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
05/01/1985	M	CA	92844	Kaiser Health Plan HMO	Yourself Only

10/04/1980	F	CA	92883	Kaiser Health Plan HMO	Yourself Only
09/13/1984	F	CA	91773	Kaiser Health Plan HMO	Yourself Only
02/17/1956	F	CA	92803	Kaiser Health Plan HMO	Yourself Only
12/27/1970	F	CA	91748	Kaiser Health Plan HMO	Yourself Only
01/03/1957	F	CA	90715	Kaiser Health Plan HMO	Yourself Only
10/24/1958	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
08/24/1975	M	CA	90712	Kaiser Health Plan HMO	Yourself Only
10/20/1957	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
01/05/1967	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
12/14/1979	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
12/04/1985	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
06/26/1978	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
08/29/1952	F	CA	90660	Kaiser Health Plan HMO	Yourself Only
05/11/1958	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
08/07/1965	F	CA	90640	Kaiser Health Plan HMO	Yourself Only
05/05/1976	F	CA	92505	Kaiser Health Plan HMO	Yourself Only
05/17/1977	F	CA	90650	Kaiser Health Plan HMO	Yourself Only
02/11/1960	F	CA	92629	Kaiser Health Plan HMO	Yourself Only
04/25/1941	F	CA	92863	Kaiser Health Plan HMO	Yourself Only
09/14/1948	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
10/18/1937	F	CA	92637	Kaiser Health Plan HMO	Yourself Only
05/21/1980	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
08/18/1945	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
06/22/1985	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
10/09/1971	F	CA	92672	Kaiser Health Plan HMO	Yourself Only
10/22/1958	F	CA	92675	Kaiser Health Plan HMO	Yourself Only
04/04/1970	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
04/01/1976	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
05/04/1959	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
12/24/1978	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
01/02/1983	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
09/16/1959	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
01/09/1963	M	CA	92802	Kaiser Health Plan HMO	Yourself Only
05/31/1977	F	CA	92803	Kaiser Health Plan HMO	Yourself Only
04/30/1972	F	CA	92649	Kaiser Health Plan HMO	Yourself Only
10/05/1971	F	CA	91709	Kaiser Health Plan HMO	Yourself Only
08/22/1963	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
05/20/1975	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
12/21/1976	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
02/18/1942	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
03/12/1965	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
01/09/1973	F	CA	91709	Kaiser Health Plan HMO	Yourself Only
08/21/1981	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
04/18/1978	F	CA	90601	Kaiser Health Plan HMO	Yourself Only
02/14/1982	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
06/20/1974	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
01/02/1953	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
11/06/1958	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
12/11/1957	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
05/02/1973	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
10/11/1972	M	CA	92804	Kaiser Health Plan HMO	Yourself Only

03/14/1978	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
12/31/1961	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
10/10/1969	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
06/15/1975	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
06/06/1980	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
02/13/1965	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
03/20/1980	F	CA	90650	Kaiser Health Plan HMO	Yourself Only
08/14/1960	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
10/17/1976	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
05/12/1947	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
10/29/1983	F	CA	92602	Kaiser Health Plan HMO	Yourself Only
05/04/1979	F	CA	90280	Kaiser Health Plan HMO	Yourself Only
03/14/1948	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
01/23/1980	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
10/23/1983	F	CA	92610	Kaiser Health Plan HMO	Yourself Only
05/24/1957	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
07/22/1953	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
08/15/1957	F	CA	92856	Kaiser Health Plan HMO	Yourself Only
09/06/1958	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
05/03/1963	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
02/16/1934	F	CA	92648	Kaiser Health Plan HMO	Yourself Only
11/08/1942	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
06/25/1948	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
11/23/1983	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
12/26/1958	F	CA	92688	Kaiser Health Plan HMO	Yourself Only
05/04/1986	F	CA	92308	Kaiser Health Plan HMO	Yourself Only
03/29/1970	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
10/18/1963	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
07/20/1963	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
05/08/1971	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
08/10/1973	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
09/21/1973	M	CA	91789	Kaiser Health Plan HMO	Yourself Only
10/18/1963	F	CA	90670	Kaiser Health Plan HMO	Yourself Only
03/03/1980	F	CA	92655	Kaiser Health Plan HMO	Yourself Only
04/02/1945	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
02/02/1951	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
04/07/1972	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
09/04/1969	F	CA	90640	Kaiser Health Plan HMO	Yourself Only
08/14/1977	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
12/11/1959	F	CA	90715	Kaiser Health Plan HMO	Yourself Only
01/06/1961	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
01/20/1977	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
07/04/1942	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
10/12/1980	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
12/17/1979	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
09/30/1980	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
09/27/1984	F	CA	90640	Kaiser Health Plan HMO	Yourself Only
01/14/1985	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
10/12/1955	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
04/13/1956	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
03/31/1957	F	CA	90620	Kaiser Health Plan HMO	Yourself Only

11/11/1962	F	CA	92344	Kaiser Health Plan HMO	Yourself Only
05/03/1964	F	CA	92627	Kaiser Health Plan HMO	Yourself Only
06/13/1951	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
04/21/1952	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
10/26/1951	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
05/22/1952	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
06/09/1983	F	CA	90723	Kaiser Health Plan HMO	Yourself Only
01/03/1968	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
04/20/1976	F	CA	90660	Kaiser Health Plan HMO	Yourself Only
12/26/1977	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
07/28/1977	F	CA	90221	Kaiser Health Plan HMO	Yourself Only
10/28/1970	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
10/31/1949	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
12/18/1983	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
08/14/1950	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
10/08/1978	F	CA	90706	Kaiser Health Plan HMO	Yourself Only
08/08/1972	F	CA	92553	Kaiser Health Plan HMO	Yourself Only
09/30/1954	F	CA	92609	Kaiser Health Plan HMO	Yourself Only
10/18/1957	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
08/02/1955	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
11/17/1941	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
08/17/1979	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
03/10/1980	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
03/17/1952	F	CA	92604	Kaiser Health Plan HMO	Yourself Only
11/12/1964	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
07/12/1979	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
01/05/1979	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
04/13/1977	F	CA	90650	Kaiser Health Plan HMO	Yourself Only
10/16/1979	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
11/06/1962	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
10/06/1966	F	CA	91710	Kaiser Health Plan HMO	Yourself Only
01/08/1977	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
11/18/1968	F	CA	92571	Kaiser Health Plan HMO	Yourself Only
02/03/1944	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
12/08/1966	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
05/25/1978	F	CA	91761	Kaiser Health Plan HMO	Yourself Only
01/14/1983	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
01/15/1969	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
02/22/1968	F	CA	92856	Kaiser Health Plan HMO	Yourself Only
06/15/1962	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
09/14/1979	F	CA	92879	Kaiser Health Plan HMO	Yourself Only
09/23/1943	F	CA	92618	Kaiser Health Plan HMO	Yourself Only
08/25/1979	F	CA	92505	Kaiser Health Plan HMO	Yourself Only
03/18/1948	F	CA	90746	Kaiser Health Plan HMO	Yourself Only
05/22/1981	F	CA	92628	Kaiser Health Plan HMO	Yourself Only
03/25/1981	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
07/21/1949	F	CA	90272	Kaiser Health Plan HMO	Yourself Only
07/21/1985	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
04/25/1957	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
05/10/1944	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
07/29/1986	F	CA	90631	Kaiser Health Plan HMO	Yourself Only

01/26/1955	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
09/25/1959	M	CA	92405	Kaiser Health Plan HMO	Yourself Only
09/27/1961	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
05/05/1972	F	CA	92879	Kaiser Health Plan HMO	Yourself Only
05/10/1941	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
10/25/1950	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
04/06/1968	F	CA	90720	Kaiser Health Plan HMO	Yourself Only
09/09/1960	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
06/06/1949	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
04/02/1949	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
09/02/1970	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
01/30/1954	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
05/31/1955	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
12/10/1954	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
09/09/1962	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
05/05/1957	F	CA	92688	Kaiser Health Plan HMO	Yourself Only
09/29/1980	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
05/20/1939	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
03/16/1962	F	CA	9.26E+08	Kaiser Health Plan HMO	Yourself Only
04/01/1962	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
05/15/1956	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
05/08/1966	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
10/01/1974	F	CA	92606	Kaiser Health Plan HMO	Yourself Only
08/25/1965	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
07/15/1969	F	CA	90622	Kaiser Health Plan HMO	Yourself Only
01/05/1960	F	CA	9.29E+08	Kaiser Health Plan HMO	Yourself Only
09/25/1952	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
10/14/1978	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
05/11/1982	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
01/17/1965	M	CA	92881	Kaiser Health Plan HMO	Yourself Only
07/10/1987	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
06/23/1976	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
05/01/1984	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
10/05/1977	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
08/19/1967	F	CA	92555	Kaiser Health Plan HMO	Yourself Only
10/17/1943	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
06/03/1984	F	CA	90006	Kaiser Health Plan HMO	Yourself Only
11/16/1984	F	CA	92595	Kaiser Health Plan HMO	Yourself Only
02/23/1974	F	CA	91750	Kaiser Health Plan HMO	Yourself Only
08/02/1986	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
09/13/1983	F	CA	92595	Kaiser Health Plan HMO	Yourself Only
11/12/1977	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
01/10/1983	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
08/18/1983	F	CA	90660	Kaiser Health Plan HMO	Yourself Only
12/25/1980	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
05/17/1981	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
12/10/1981	F	CA	90201	Kaiser Health Plan HMO	Yourself Only
11/03/1981	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
02/17/1982	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
07/30/1966	F	CA	92614	Kaiser Health Plan HMO	Yourself Only
09/21/1957	F	CA	92870	Kaiser Health Plan HMO	Yourself Only

10/08/1983	F	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
02/08/1971	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
08/02/1980	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
11/22/1970	M	CA	92626	Kaiser Health Plan HMO	Yourself Only
11/08/1976	M	CA	92706	Kaiser Health Plan HMO	Yourself Only
08/16/1972	F	CA	92606	Kaiser Health Plan HMO	Yourself Only
01/14/1973	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
11/10/1968	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
11/19/1982	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
08/27/1977	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
11/03/1960	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
08/23/1978	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
07/31/1950	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
12/08/1974	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
07/22/1940	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
05/17/1973	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
11/05/1984	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
07/15/1982	M	CA	92057	Kaiser Health Plan HMO	Yourself Only
08/08/1972	M	CA	92782	Kaiser Health Plan HMO	Yourself Only
11/08/1981	M	CA	90630	Kaiser Health Plan HMO	Yourself Only
09/10/1985	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
05/10/1988	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
10/20/1985	F	CA	90280	Kaiser Health Plan HMO	Yourself Only
12/18/1973	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
07/28/1977	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
08/03/1983	M	CA	90240	Kaiser Health Plan HMO	Yourself Only
06/23/1983	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
05/20/1982	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
07/19/1984	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
05/11/1983	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
07/03/1956	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
07/16/1986	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
11/06/1984	F	CA	90804	Kaiser Health Plan HMO	Yourself Only
01/11/1979	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
08/23/1985	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
12/04/1944	M	CA	92683	Kaiser Health Plan HMO	Yourself Only
12/23/1956	M	CA	92880	Kaiser Health Plan HMO	Yourself Only
11/27/1983	M	CA	92626	Kaiser Health Plan HMO	Yourself Only
03/23/1985	F	CA	92694	Kaiser Health Plan HMO	Yourself Only
07/07/1982	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
03/13/1983	F	CA	91786	Kaiser Health Plan HMO	Yourself Only
04/25/1984	M	CA	92504	Kaiser Health Plan HMO	Yourself Only
12/10/1972	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
10/24/1980	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
01/16/1989	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
06/20/1980	F	CA	92660	Kaiser Health Plan HMO	Yourself Only
08/11/1979	M	CA	92653	Kaiser Health Plan HMO	Yourself Only
12/10/1965	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
12/07/1981	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
12/26/1965	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
04/17/1981	F	CA	92882	Kaiser Health Plan HMO	Yourself Only

02/15/1976	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
09/30/1974	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
10/02/1988	F	CA	91767	Kaiser Health Plan HMO	Yourself Only
04/25/1980	F	CA	90606	Kaiser Health Plan HMO	Yourself Only
07/28/1983	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
08/20/1982	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
08/21/1946	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
11/28/1972	M	CA	90680	Kaiser Health Plan HMO	Yourself Only
12/04/1983	M	CA	92831	Kaiser Health Plan HMO	Yourself Only
07/07/1971	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
09/02/1976	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
09/12/1983	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
07/01/1956	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
09/07/1980	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
05/15/1962	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
01/03/1986	F	CA	92845	Kaiser Health Plan HMO	Yourself Only
12/15/1972	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
11/04/1952	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
10/27/1987	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
03/06/1985	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
09/21/1982	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
03/09/1953	F	CA	92555	Kaiser Health Plan HMO	Yourself Only
11/01/1985	M	CA	92653	Kaiser Health Plan HMO	Yourself Only
01/15/1970	F	CA	92603	Kaiser Health Plan HMO	Yourself Only
08/06/1976	F	CA	91791	Kaiser Health Plan HMO	Yourself Only
09/26/1973	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
05/19/1983	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
06/08/1981	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
11/08/1983	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
06/19/1954	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
10/17/1984	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
07/07/1977	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
11/06/1976	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
12/18/1975	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
02/17/1979	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
07/02/1977	M	CA	90804	Kaiser Health Plan HMO	Yourself Only
05/16/1986	M	CA	90623	Kaiser Health Plan HMO	Yourself Only
10/10/1986	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
05/22/1970	F	CA	92570	Kaiser Health Plan HMO	Yourself Only
03/18/1986	M	CA	90631	Kaiser Health Plan HMO	Yourself Only
04/11/1987	F	CA	90715	Kaiser Health Plan HMO	Yourself Only
11/16/1986	M	CA	92806	Kaiser Health Plan HMO	Yourself Only
11/12/1984	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
12/08/1982	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
08/29/1983	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
02/24/1985	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
07/25/1974	M	CA	92656	Kaiser Health Plan HMO	Yourself Only
10/14/1949	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
07/31/1961	M	CA	92692	Kaiser Health Plan HMO	Yourself Only
12/15/1945	M	CA	9.25E+08	Kaiser Health Plan HMO	Yourself Only
09/07/1947	M	CA	92870	Kaiser Health Plan HMO	Yourself Only

09/24/1949	M	CA	92661	Kaiser Health Plan HMO	Yourself Only
05/05/1956	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
10/30/1965	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
06/09/1953	M	CA	92802	Kaiser Health Plan HMO	Yourself Only
02/05/1953	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
03/13/1961	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
03/09/1952	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
03/29/1963	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
09/14/1960	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
11/10/1967	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
06/02/1953	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
01/17/1974	F	CA	92679	Kaiser Health Plan HMO	Yourself Only
02/08/1970	F	CA	90803	Kaiser Health Plan HMO	Yourself Only
02/19/1963	M	CA	91765	Kaiser Health Plan HMO	Yourself Only
03/20/1956	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
07/12/1982	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
03/29/1962	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
06/12/1959	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
09/07/1941	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
08/23/1949	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
04/13/1966	F	CA	92649	Kaiser Health Plan HMO	Yourself Only
11/30/1955	F	CA	9.29E+08	Kaiser Health Plan HMO	Yourself Only
03/16/1954	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
05/18/1959	M	CA	91767	Kaiser Health Plan HMO	Yourself Only
11/08/1969	F	CA	92316	Kaiser Health Plan HMO	Yourself Only
04/03/1958	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
03/16/1954	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
04/26/1958	M	CA	90241	Kaiser Health Plan HMO	Yourself Only
07/24/1954	M	CA	92657	Kaiser Health Plan HMO	Yourself Only
03/23/1962	F	CA	92336	Kaiser Health Plan HMO	Yourself Only
02/16/1971	F	CA	90853	Kaiser Health Plan HMO	Yourself Only
07/22/1951	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
10/05/1973	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
11/11/1977	F	CA	90805	Kaiser Health Plan HMO	Yourself Only
12/24/1953	M	CA	91913	Kaiser Health Plan HMO	Yourself Only
10/27/1944	F	CA	92614	Kaiser Health Plan HMO	Yourself Only
07/08/1957	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
09/20/1968	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
09/17/1975	M	CA	92691	Kaiser Health Plan HMO	Yourself Only
08/03/1946	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
05/16/1978	M	CA	91754	Kaiser Health Plan HMO	Yourself Only
06/20/1973	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
07/03/1981	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
04/09/1948	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
12/07/1969	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
12/12/1967	M	CA	92675	Kaiser Health Plan HMO	Yourself Only
10/02/1976	F	CA	91710	Kaiser Health Plan HMO	Yourself Only
10/17/1974	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
09/03/1965	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
10/05/1966	F	CA	90630	Kaiser Health Plan HMO	Yourself Only
11/01/1972	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only

07/06/1957	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
09/06/1969	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
01/13/1943	F	CA	92651	Kaiser Health Plan HMO	Yourself Only
08/22/1946	M	CA	92627	Kaiser Health Plan HMO	Yourself Only
12/09/1971	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
10/12/1938	M	CA	92675	Kaiser Health Plan HMO	Yourself Only
09/14/1981	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
08/24/1975	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
12/07/1955	F	CA	90242	Kaiser Health Plan HMO	Yourself Only
07/26/1970	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
03/25/1971	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
07/18/1973	M	CA	92649	Kaiser Health Plan HMO	Yourself Only
01/02/1956	M	CA	92675	Kaiser Health Plan HMO	Yourself Only
07/24/1972	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
04/26/1978	M	CA	90650	Kaiser Health Plan HMO	Yourself Only
08/15/1957	F	CA	92803	Kaiser Health Plan HMO	Yourself Only
06/02/1970	M	CA	92831	Kaiser Health Plan HMO	Yourself Only
11/23/1970	M	CA	91744	Kaiser Health Plan HMO	Yourself Only
02/19/1975	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
07/22/1968	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
01/24/1954	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
09/11/1963	F	CA	92648	Kaiser Health Plan HMO	Yourself Only
05/18/1971	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
11/26/1949	F	CA	91792	Kaiser Health Plan HMO	Yourself Only
01/19/1971	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
02/18/1956	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
06/18/1973	F	CA	90602	Kaiser Health Plan HMO	Yourself Only
03/29/1945	F	CA	92865	Kaiser Health Plan HMO	Yourself Only
03/27/1961	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
09/20/1976	F	CA	9.06E+08	Kaiser Health Plan HMO	Yourself Only
05/28/1968	M	CA	92867	Kaiser Health Plan HMO	Yourself Only
07/31/1948	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
01/10/1954	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
09/26/1974	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
06/07/1950	M	CA	90814	Kaiser Health Plan HMO	Yourself Only
09/10/1971	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
09/22/1958	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
11/25/1952	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
01/13/1977	M	CA	91709	Kaiser Health Plan HMO	Yourself Only
06/24/1972	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
09/02/1961	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
12/19/1965	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
01/27/1972	F	CA	92618	Kaiser Health Plan HMO	Yourself Only
09/29/1951	F	CA	92648	Kaiser Health Plan HMO	Yourself Only
03/06/1980	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
02/02/1952	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
11/12/1954	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
07/14/1959	M	CA	92711	Kaiser Health Plan HMO	Yourself Only
05/12/1973	F	CA	92880	Kaiser Health Plan HMO	Yourself Only
08/04/1974	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
04/04/1975	F	CA	90033	Kaiser Health Plan HMO	Yourself Only

08/11/1972	F	CA	91766	Kaiser Health Plan HMO	Yourself Only
02/27/1973	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
07/27/1979	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
09/08/1966	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
11/16/1976	M	CA	92821	Kaiser Health Plan HMO	Yourself Only
03/29/1974	F	CA	90804	Kaiser Health Plan HMO	Yourself Only
04/26/1980	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
01/25/1950	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
06/05/1959	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
09/08/1981	F	CA	90720	Kaiser Health Plan HMO	Yourself Only
11/25/1945	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
01/18/1948	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
09/28/1979	F	CA	90623	Kaiser Health Plan HMO	Yourself Only
01/16/1942	F	CA	92223	Kaiser Health Plan HMO	Yourself Only
07/14/1970	F	CA	90803	Kaiser Health Plan HMO	Yourself Only
06/05/1970	M	CA	92649	Kaiser Health Plan HMO	Yourself Only
09/05/1981	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
07/19/1964	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
07/03/1975	M	CA	92584	Kaiser Health Plan HMO	Yourself Only
03/09/1958	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
12/15/1975	F	CA	90606	Kaiser Health Plan HMO	Yourself Only
02/26/1981	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
02/24/1983	F	CA	90755	Kaiser Health Plan HMO	Yourself Only
12/13/1977	M	CA	91748	Kaiser Health Plan HMO	Yourself Only
05/01/1982	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
06/04/1949	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
08/05/1981	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
02/22/1955	F	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
08/22/1957	F	CA	90601	Kaiser Health Plan HMO	Yourself Only
04/04/1969	F	CA	90804	Kaiser Health Plan HMO	Yourself Only
09/23/1957	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
06/27/1945	M	CA	92626	Kaiser Health Plan HMO	Yourself Only
07/05/1967	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
08/12/1976	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
06/16/1976	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
06/03/1939	F	CA	92629	Kaiser Health Plan HMO	Yourself Only
12/11/1946	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
07/02/1971	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
09/03/1956	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
11/15/1953	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
03/25/1973	F	CA	92602	Kaiser Health Plan HMO	Yourself Only
08/18/1952	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
06/08/1972	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
06/26/1966	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
04/12/1974	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
03/08/1976	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
11/06/1978	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
06/23/1983	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
11/05/1976	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
05/22/1978	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
02/08/1983	F	CA	92881	Kaiser Health Plan HMO	Yourself Only

04/10/1974	F	CA	92679	Kaiser Health Plan HMO	Yourself Only
09/05/1982	F	CA	92685	Kaiser Health Plan HMO	Yourself Only
12/04/1977	F	CA	90605	Kaiser Health Plan HMO	Yourself Only
12/23/1971	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
12/15/1973	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
01/07/1970	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
11/03/1972	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
12/30/1976	F	CA	91740	Kaiser Health Plan HMO	Yourself Only
06/11/1974	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
10/05/1975	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
05/25/1978	M	CA	92532	Kaiser Health Plan HMO	Yourself Only
05/19/1983	M	CA	92880	Kaiser Health Plan HMO	Yourself Only
09/20/1969	M	CA	92806	Kaiser Health Plan HMO	Yourself Only
12/16/1955	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
10/15/1963	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
09/06/1948	M	CA	90815	Kaiser Health Plan HMO	Yourself Only
07/07/1955	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
09/02/1967	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
08/19/1952	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
02/11/1952	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
06/04/1949	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
03/05/1949	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
07/25/1971	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
02/07/1960	M	CA	92656	Kaiser Health Plan HMO	Yourself Only
10/16/1944	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
07/27/1988	M	CA	90603	Kaiser Health Plan HMO	Yourself Only
12/24/1953	F	CA	92677	Kaiser Health Plan HMO	Yourself Only
09/19/1947	M	CA	92887	Kaiser Health Plan HMO	Yourself Only
11/26/1960	M	CA	92869	Kaiser Health Plan HMO	Yourself Only
08/25/1961	M	CA	91754	Kaiser Health Plan HMO	Yourself Only
07/26/1950	M	CA	92626	Kaiser Health Plan HMO	Yourself Only
06/26/1986	F	CA	92007	Kaiser Health Plan HMO	Yourself Only
02/07/1951	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
10/01/1938	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
10/17/1953	F	CA	92677	Kaiser Health Plan HMO	Yourself Only
06/26/1977	F	CA	92883	Kaiser Health Plan HMO	Yourself Only
01/06/1962	M	CA	9.29E+08	Kaiser Health Plan HMO	Yourself Only
09/20/1949	M	CA	90803	Kaiser Health Plan HMO	Yourself Only
01/30/1947	M	CA	92865	Kaiser Health Plan HMO	Yourself Only
05/31/1980	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
05/15/1951	F	CA	92551	Kaiser Health Plan HMO	Yourself Only
01/10/1943	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
08/14/1957	M	CA	92832	Kaiser Health Plan HMO	Yourself Only
08/16/1937	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
11/15/1960	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
06/30/1945	F	CA	91745	Kaiser Health Plan HMO	Yourself Only
09/17/1960	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
11/25/1944	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
05/17/1961	M	CA	92831	Kaiser Health Plan HMO	Yourself Only
06/08/1947	F	CA	91792	Kaiser Health Plan HMO	Yourself Only
03/25/1970	F	CA	92627	Kaiser Health Plan HMO	Yourself Only

05/26/1959	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
04/14/1973	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
08/28/1956	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
08/17/1967	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
02/17/1980	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
12/09/1974	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
11/14/1971	M	CA	92683	Kaiser Health Plan HMO	Yourself Only
02/28/1965	M	CA	92626	Kaiser Health Plan HMO	Yourself Only
05/14/1981	F	CA	90031	Kaiser Health Plan HMO	Yourself Only
07/17/1954	M	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
06/01/1957	F	CA	90303	Kaiser Health Plan HMO	Yourself Only
01/26/1962	F	CA	90802	Kaiser Health Plan HMO	Yourself Only
03/24/1967	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
08/13/1978	F	CA	91706	Kaiser Health Plan HMO	Yourself Only
09/20/1978	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
01/07/1961	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
08/20/1969	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
08/23/1940	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
06/14/1979	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
09/01/1981	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
07/05/1948	F	CA	92627	Kaiser Health Plan HMO	Yourself Only
08/13/1971	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
05/14/1971	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
11/19/1984	F	CA	90650	Kaiser Health Plan HMO	Yourself Only
06/16/1949	F	NV	89403	Kaiser Health Plan HMO	Yourself Only
04/20/1972	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
05/13/1980	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
07/11/1979	F	CA	90814	Kaiser Health Plan HMO	Yourself Only
01/03/1981	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
02/04/1952	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
12/07/1954	M	CA	9.06E+08	Kaiser Health Plan HMO	Yourself Only
04/09/1962	F	CA	91744	Kaiser Health Plan HMO	Yourself Only
02/24/1970	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
02/03/1978	F	CA	90606	Kaiser Health Plan HMO	Yourself Only
08/20/1980	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
08/16/1967	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
09/29/1982	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
11/20/1968	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
07/21/1975	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
11/09/1982	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
12/19/1980	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
08/18/1968	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
07/11/1946	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
01/23/1981	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
05/25/1968	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
01/26/1972	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
02/03/1961	F	CA	92392	Kaiser Health Plan HMO	Yourself Only
07/17/1968	F	CA	92553	Kaiser Health Plan HMO	Yourself Only
07/17/1968	F	CA	92553	Kaiser Health Plan HMO	Yourself Only
02/16/1979	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
12/07/1984	F	CA	92865	Kaiser Health Plan HMO	Yourself Only

01/19/1943	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
07/05/1966	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
11/05/1973	M	CA	92054	Kaiser Health Plan HMO	Yourself Only
10/09/1942	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
12/31/1962	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
10/12/1978	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
05/15/1938	M	CA	92654	Kaiser Health Plan HMO	Yourself Only
04/01/1953	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
09/27/1981	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
01/27/1979	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
02/07/1955	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
02/10/1972	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
05/22/1980	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
07/23/1981	F	CA	91765	Kaiser Health Plan HMO	Yourself Only
08/04/1948	F	CA	92881	Kaiser Health Plan HMO	Yourself Only
01/25/1975	F	CA	92672	Kaiser Health Plan HMO	Yourself Only
04/30/1984	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
08/03/1978	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
07/17/1957	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
01/01/1945	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
01/21/1947	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
06/26/1958	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
06/13/1952	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
03/19/1951	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
11/22/1972	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
04/07/1954	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
08/12/1973	F	CA	92585	Kaiser Health Plan HMO	Yourself Only
12/16/1981	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
02/11/1964	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
10/22/1960	F	CA	90804	Kaiser Health Plan HMO	Yourself Only
11/23/1956	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
03/07/1957	F	CA	90063	Kaiser Health Plan HMO	Yourself Only
04/10/1954	M	CA	92844	Kaiser Health Plan HMO	Yourself Only
10/06/1975	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
12/04/1943	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
02/23/1975	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
06/16/1982	F	CA	90605	Kaiser Health Plan HMO	Yourself Only
05/26/1970	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
02/02/1967	M	CA	92802	Kaiser Health Plan HMO	Yourself Only
10/09/1966	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
12/27/1976	M	CA	92831	Kaiser Health Plan HMO	Yourself Only
02/02/1978	F	CA	91741	Kaiser Health Plan HMO	Yourself Only
10/02/1957	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
09/11/1971	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
08/22/1979	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
04/28/1971	F	CA	92835	Kaiser Health Plan HMO	Yourself Only
01/01/1972	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
09/16/1966	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
06/13/1958	F	CA	90601	Kaiser Health Plan HMO	Yourself Only
03/28/1939	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
11/01/1977	M	CA	92630	Kaiser Health Plan HMO	Yourself Only

01/17/1948	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
01/17/1971	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
05/31/1983	F	CA	92091	Kaiser Health Plan HMO	Yourself Only
08/01/1962	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
05/22/1979	F	CA	92054	Kaiser Health Plan HMO	Yourself Only
04/04/1947	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
03/22/1946	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
01/18/1950	F	CA	9.29E+08	Kaiser Health Plan HMO	Yourself Only
12/21/1977	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
04/11/1985	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
04/18/1984	F	CA	90660	Kaiser Health Plan HMO	Yourself Only
12/17/1957	F	CA	92679	Kaiser Health Plan HMO	Yourself Only
07/18/1972	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
02/17/1979	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
12/24/1982	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
05/21/1941	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
05/11/1951	M	CA	92708	Kaiser Health Plan HMO	Yourself Only
06/01/1950	F	CA	92835	Kaiser Health Plan HMO	Yourself Only
10/28/1960	M	CA	92223	Kaiser Health Plan HMO	Yourself Only
02/03/1947	F	CA	92677	Kaiser Health Plan HMO	Yourself Only
01/28/1953	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
12/22/1949	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
12/12/1972	M	CA	91766	Kaiser Health Plan HMO	Yourself Only
07/24/1958	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
12/22/1960	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
01/22/1978	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
11/22/1961	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
12/19/1971	F	CA	92861	Kaiser Health Plan HMO	Yourself Only
06/09/1983	F	CA	92506	Kaiser Health Plan HMO	Yourself Only
08/25/1966	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
03/26/1979	M	CA	92602	Kaiser Health Plan HMO	Yourself Only
12/11/1971	M	CA	90039	Kaiser Health Plan HMO	Yourself Only
10/27/1975	F	CA	90242	Kaiser Health Plan HMO	Yourself Only
10/28/1977	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
07/12/1979	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
04/29/1966	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
12/02/1982	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
06/01/1987	F	CA	90650	Kaiser Health Plan HMO	Yourself Only
05/23/1978	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
11/03/1944	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
07/22/1983	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
12/11/1972	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
10/15/1966	F	CA	92602	Kaiser Health Plan HMO	Yourself Only
11/04/1977	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
06/29/1973	F	CA	91744	Kaiser Health Plan HMO	Yourself Only
11/04/1973	M	CA	92806	Kaiser Health Plan HMO	Yourself Only
03/22/1977	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
10/22/1982	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
09/19/1979	F	CA	90802	Kaiser Health Plan HMO	Yourself Only
05/06/1971	F	CA	92865	Kaiser Health Plan HMO	Yourself Only
09/03/1984	F	CA	92821	Kaiser Health Plan HMO	Yourself Only

08/24/1985	F	CA	92562	Kaiser Health Plan HMO	Yourself Only
10/10/1979	F	CA	90605	Kaiser Health Plan HMO	Yourself Only
07/08/1960	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
03/27/1960	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
12/26/1973	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
12/12/1950	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
05/21/1984	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
06/22/1987	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
10/07/1985	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
02/14/1983	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
04/20/1954	F	CA	92506	Kaiser Health Plan HMO	Yourself Only
08/19/1944	M	CA	92691	Kaiser Health Plan HMO	Yourself Only
10/24/1945	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
05/29/1958	M	CA	90740	Kaiser Health Plan HMO	Yourself Only
09/23/1946	F	CA	90630	Kaiser Health Plan HMO	Yourself Only
01/05/1950	M	CA	92508	Kaiser Health Plan HMO	Yourself Only
07/31/1962	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
02/17/1946	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
04/29/1963	M	CA	92781	Kaiser Health Plan HMO	Yourself Only
08/23/1942	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
02/22/1973	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
10/27/1954	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
01/05/1944	M	CA	92612	Kaiser Health Plan HMO	Yourself Only
11/15/1950	F	CA	92880	Kaiser Health Plan HMO	Yourself Only
03/25/1980	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
12/25/1950	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
07/14/1954	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
12/19/1955	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
08/01/1965	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
07/04/1945	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
07/22/1953	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
09/04/1944	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
03/28/1951	F	CA	92610	Kaiser Health Plan HMO	Yourself Only
12/22/1982	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
02/17/1978	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
12/18/1970	M	CA	92880	Kaiser Health Plan HMO	Yourself Only
01/19/1982	M	CA	92646	Kaiser Health Plan HMO	Yourself Only
07/09/1952	M	CA	92802	Kaiser Health Plan HMO	Yourself Only
09/04/1949	M	CA	9.06E+08	Kaiser Health Plan HMO	Yourself Only
12/11/1973	M	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
06/16/1982	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
02/09/1960	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
02/18/1949	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
06/12/1968	F	CA	91769	Kaiser Health Plan HMO	Yourself Only
10/23/1940	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
01/10/1968	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
03/04/1981	F	CA	92505	Kaiser Health Plan HMO	Yourself Only
03/30/1947	M	CA	92531	Kaiser Health Plan HMO	Yourself Only
03/01/1978	M	CA	92694	Kaiser Health Plan HMO	Yourself Only
08/03/1965	F	CA	92815	Kaiser Health Plan HMO	Yourself Only
04/21/1956	F	CA	92513	Kaiser Health Plan HMO	Yourself Only

02/03/1960	F	CA	92803	Kaiser Health Plan HMO	Yourself Only
09/09/1953	M	CA	92646	Kaiser Health Plan HMO	Yourself Only
06/29/1971	M	CA	92688	Kaiser Health Plan HMO	Yourself Only
08/08/1938	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
02/18/1983	M	CA	92806	Kaiser Health Plan HMO	Yourself Only
05/16/1960	M	CA	92354	Kaiser Health Plan HMO	Yourself Only
02/19/1981	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
02/03/1972	M	CA	92691	Kaiser Health Plan HMO	Yourself Only
01/05/1944	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
02/14/1948	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
07/13/1959	F	CA	92702	Kaiser Health Plan HMO	Yourself Only
07/31/1941	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
12/06/1958	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
06/12/1955	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
05/31/1953	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
02/03/1983	F	CA	92648	Kaiser Health Plan HMO	Yourself Only
06/20/1954	M	CA	92627	Kaiser Health Plan HMO	Yourself Only
12/12/1958	M	CA	92691	Kaiser Health Plan HMO	Yourself Only
04/14/1956	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
09/16/1939	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
06/21/1983	F	CA	90278	Kaiser Health Plan HMO	Yourself Only
12/07/1962	F	CA	92865	Kaiser Health Plan HMO	Yourself Only
11/19/1978	F	CA	92532	Kaiser Health Plan HMO	Yourself Only
06/26/1952	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
04/08/1949	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
01/28/1974	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
11/18/1952	M	CA	92612	Kaiser Health Plan HMO	Yourself Only
11/26/1966	F	CA	92648	Kaiser Health Plan HMO	Yourself Only
04/22/1983	M	CA	92606	Kaiser Health Plan HMO	Yourself Only
05/21/1948	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
01/12/1964	M	CA	92886	Kaiser Health Plan HMO	Yourself Only
08/31/1961	M	CA	92505	Kaiser Health Plan HMO	Yourself Only
10/01/1972	F	CA	92865	Kaiser Health Plan HMO	Yourself Only
05/04/1971	M	CA	92663	Kaiser Health Plan HMO	Yourself Only
07/26/1968	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
07/02/1974	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
11/04/1985	M	CA	92604	Kaiser Health Plan HMO	Yourself Only
12/09/1983	M	CA	92683	Kaiser Health Plan HMO	Yourself Only
02/18/1980	F	CA	90813	Kaiser Health Plan HMO	Yourself Only
11/15/1972	M	CA	92831	Kaiser Health Plan HMO	Yourself Only
06/30/1978	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
05/18/1959	F	CA	92887	Kaiser Health Plan HMO	Yourself Only
09/08/1962	F	CA	92677	Kaiser Health Plan HMO	Yourself Only
12/01/1961	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
04/24/1944	F	CA	92024	Kaiser Health Plan HMO	Yourself Only
02/05/1964	F	CA	92835	Kaiser Health Plan HMO	Yourself Only
04/23/1983	F	CA	90630	Kaiser Health Plan HMO	Yourself Only
08/20/1941	F	CA	90622	Kaiser Health Plan HMO	Yourself Only
05/07/1939	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
07/31/1973	M	CA	92653	Kaiser Health Plan HMO	Yourself Only
09/13/1974	M	CA	92804	Kaiser Health Plan HMO	Yourself Only

11/30/1966	F	CA	90804	Kaiser Health Plan HMO	Yourself Only
12/16/1952	M	CA	9.25E+08	Kaiser Health Plan HMO	Yourself Only
03/15/1968	F	CA	92845	Kaiser Health Plan HMO	Yourself Only
05/24/1966	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
11/15/1979	F	CA	92651	Kaiser Health Plan HMO	Yourself Only
08/21/1978	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
12/09/1976	M	CA	90803	Kaiser Health Plan HMO	Yourself Only
06/05/1983	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
10/10/1960	M	CA	9.26E+08	Kaiser Health Plan HMO	Yourself Only
07/05/1961	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
07/23/1978	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
04/04/1954	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
10/14/1958	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
06/18/1962	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
01/31/1966	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
07/31/1976	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
01/02/1947	F	CA	92618	Kaiser Health Plan HMO	Yourself Only
03/16/1983	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
03/14/1953	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
07/28/1948	F	CA	92887	Kaiser Health Plan HMO	Yourself Only
07/13/1958	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
09/17/1957	F	CA	92845	Kaiser Health Plan HMO	Yourself Only
05/20/1961	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
04/10/1979	F	CA	90814	Kaiser Health Plan HMO	Yourself Only
04/24/1969	F	CA	90650	Kaiser Health Plan HMO	Yourself Only
10/26/1946	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
08/24/1985	F	CA	92880	Kaiser Health Plan HMO	Yourself Only
07/12/1978	F	CA	90746	Kaiser Health Plan HMO	Yourself Only
11/12/1984	M	CA	92865	Kaiser Health Plan HMO	Yourself Only
07/16/1956	M	CA	92503	Kaiser Health Plan HMO	Yourself Only
06/12/1959	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
01/11/1978	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
08/01/1963	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
02/24/1943	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
08/19/1979	F	CA	90713	Kaiser Health Plan HMO	Yourself Only
03/24/1975	F	CA	90650	Kaiser Health Plan HMO	Yourself Only
01/09/1970	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
04/13/1970	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
07/12/1971	M	CA	90670	Kaiser Health Plan HMO	Yourself Only
01/24/1977	F	CA	90602	Kaiser Health Plan HMO	Yourself Only
08/01/1983	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
11/30/1950	M	CA	91761	Kaiser Health Plan HMO	Yourself Only
10/31/1969	F	CA	91784	Kaiser Health Plan HMO	Yourself Only
07/12/1952	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
01/17/1974	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
11/19/1954	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
08/29/1953	F	CA	92692	Kaiser Health Plan HMO	Yourself Only
04/28/1966	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
12/11/1973	M	CA	92868	Kaiser Health Plan HMO	Yourself Only
08/15/1964	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
11/03/1981	M	CA	90005	Kaiser Health Plan HMO	Yourself Only

07/31/1948	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
06/09/1949	F	CA	92648	Kaiser Health Plan HMO	Yourself Only
10/29/1950	F	CA	90731	Kaiser Health Plan HMO	Yourself Only
04/20/1969	M	CA	92507	Kaiser Health Plan HMO	Yourself Only
09/05/1975	M	CA	92865	Kaiser Health Plan HMO	Yourself Only
05/18/1981	F	CA	90255	Kaiser Health Plan HMO	Yourself Only
11/18/1949	M	CA	91711	Kaiser Health Plan HMO	Yourself Only
05/09/1951	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
07/29/1948	F	CA	92627	Kaiser Health Plan HMO	Yourself Only
04/18/1971	F	CA	92692	Kaiser Health Plan HMO	Yourself Only
03/25/1952	F	CA	92570	Kaiser Health Plan HMO	Yourself Only
02/18/1984	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
06/01/1982	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
06/10/1965	F	CA	91709	Kaiser Health Plan HMO	Yourself Only
03/25/1960	M	CA	92683	Kaiser Health Plan HMO	Yourself Only
04/12/1974	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
07/01/1967	M	CA	91765	Kaiser Health Plan HMO	Yourself Only
09/25/1966	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
11/22/1978	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
06/04/1967	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
01/19/1947	M	CA	9.26E+08	Kaiser Health Plan HMO	Yourself Only
05/24/1981	F	CA	92648	Kaiser Health Plan HMO	Yourself Only
05/27/1949	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
04/17/1951	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
03/30/1969	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
07/05/1952	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
06/03/1952	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
08/29/1959	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
09/26/1956	M	CA	90638	Kaiser Health Plan HMO	Yourself Only
09/30/1950	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
08/16/1986	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
07/31/1975	F	CA	92627	Kaiser Health Plan HMO	Yourself Only
01/20/1955	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
08/05/1959	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
08/18/1964	F	CA	92865	Kaiser Health Plan HMO	Yourself Only
11/28/1958	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
02/19/1976	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
09/06/1979	F	CA	92679	Kaiser Health Plan HMO	Yourself Only
10/08/1975	M	CA	92612	Kaiser Health Plan HMO	Yourself Only
05/27/1945	F	CA	92823	Kaiser Health Plan HMO	Yourself Only
04/19/1947	F	CA	90720	Kaiser Health Plan HMO	Yourself Only
01/14/1954	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
07/14/1951	M	CA	92879	Kaiser Health Plan HMO	Yourself Only
06/18/1984	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
10/17/1945	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
04/06/1950	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
04/11/1953	F	CA	90706	Kaiser Health Plan HMO	Yourself Only
11/22/1985	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
05/25/1954	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
10/17/1958	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
03/12/1964	M	CA	92711	Kaiser Health Plan HMO	Yourself Only

08/24/1977	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
09/19/1981	M	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
03/21/1983	F	CA	92057	Kaiser Health Plan HMO	Yourself Only
05/22/1957	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
03/24/1976	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
11/11/1955	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
05/03/1957	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
02/09/1955	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
06/18/1955	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
09/25/1964	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
02/15/1957	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
10/25/1956	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
11/17/1958	F	CA	92587	Kaiser Health Plan HMO	Yourself Only
09/19/1959	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
09/23/1974	F	CA	90623	Kaiser Health Plan HMO	Yourself Only
11/22/1931	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
07/10/1969	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
05/30/1976	F	CA	90047	Kaiser Health Plan HMO	Yourself Only
02/01/1961	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
04/20/1967	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
06/03/1965	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
03/08/1980	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
10/08/1975	F	CA	92506	Kaiser Health Plan HMO	Yourself Only
08/24/1956	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
05/13/1958	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
08/23/1967	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
01/07/1967	M	CA	92688	Kaiser Health Plan HMO	Yourself Only
02/06/1970	F	CA	92688	Kaiser Health Plan HMO	Yourself Only
07/31/1949	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
08/23/1973	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
09/29/1956	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
03/15/1965	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
03/15/1962	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
11/29/1978	F	CA	92627	Kaiser Health Plan HMO	Yourself Only
03/17/1980	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
05/20/1941	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
06/14/1949	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
11/26/1965	M	CA	92802	Kaiser Health Plan HMO	Yourself Only
10/26/1967	F	CA	90808	Kaiser Health Plan HMO	Yourself Only
08/13/1971	F	CA	92551	Kaiser Health Plan HMO	Yourself Only
03/28/1986	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
10/06/1982	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
08/06/1949	M	CA	92553	Kaiser Health Plan HMO	Yourself Only
10/28/1984	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
10/25/1959	M	CA	92865	Kaiser Health Plan HMO	Yourself Only
10/18/1968	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
06/08/1939	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
04/14/1965	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
01/07/1982	M	CA	92881	Kaiser Health Plan HMO	Yourself Only
09/30/1982	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
10/05/1968	F	CA	92708	Kaiser Health Plan HMO	Yourself Only

10/24/1970	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
10/16/1983	F	CA	90755	Kaiser Health Plan HMO	Yourself Only
08/10/1966	M	CA	92845	Kaiser Health Plan HMO	Yourself Only
09/27/1966	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
05/20/1976	F	CA	92587	Kaiser Health Plan HMO	Yourself Only
06/13/1969	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
06/02/1966	M	CA	92883	Kaiser Health Plan HMO	Yourself Only
03/13/1983	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
05/26/1967	M	CA	90305	Kaiser Health Plan HMO	Yourself Only
11/04/1977	M	CA	92870	Kaiser Health Plan HMO	Yourself Only
12/15/1984	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
06/09/1971	M	CA	92708	Kaiser Health Plan HMO	Yourself Only
02/26/1986	M	CA	92603	Kaiser Health Plan HMO	Yourself Only
01/08/1971	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
04/12/1954	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
07/10/1956	F	CA	90807	Kaiser Health Plan HMO	Yourself Only
04/01/1961	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
01/16/1949	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
01/05/1950	M	CA	92503	Kaiser Health Plan HMO	Yourself Only
06/12/1951	M	CA	92867	Kaiser Health Plan HMO	Yourself Only
06/23/1982	M	CA	92691	Kaiser Health Plan HMO	Yourself Only
06/06/1954	M	CA	92688	Kaiser Health Plan HMO	Yourself Only
09/11/1954	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
07/24/1956	M	CA	92626	Kaiser Health Plan HMO	Yourself Only
06/07/1981	M	CA	92886	Kaiser Health Plan HMO	Yourself Only
07/02/1982	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
12/26/1950	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
07/21/1969	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
09/28/1961	M	CA	90802	Kaiser Health Plan HMO	Yourself Only
12/29/1951	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
03/02/1955	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
01/04/1961	F	CA	91766	Kaiser Health Plan HMO	Yourself Only
04/03/1973	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
07/19/1966	M	CA	90745	Kaiser Health Plan HMO	Yourself Only
01/29/1979	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
09/27/1971	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
07/24/1946	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
06/24/1956	M	CA	90703	Kaiser Health Plan HMO	Yourself Only
08/30/1962	M	CA	92629	Kaiser Health Plan HMO	Yourself Only
07/03/1972	M	CA	90602	Kaiser Health Plan HMO	Yourself Only
03/29/1961	F	CA	92692	Kaiser Health Plan HMO	Yourself Only
10/13/1978	F	CA	91402	Kaiser Health Plan HMO	Yourself Only
02/25/1980	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
02/06/1971	F	CA	92648	Kaiser Health Plan HMO	Yourself Only
05/12/1970	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
05/20/1971	F	CA	92679	Kaiser Health Plan HMO	Yourself Only
01/10/1980	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
10/08/1983	M	CA	92606	Kaiser Health Plan HMO	Yourself Only
08/30/1956	F	CA	92648	Kaiser Health Plan HMO	Yourself Only
05/21/1969	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
10/16/1961	M	CA	91763	Kaiser Health Plan HMO	Yourself Only

07/13/1943	M	CA	92056	Kaiser Health Plan HMO	Yourself Only
06/01/1977	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
06/25/1947	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
03/24/1967	M	CA	90670	Kaiser Health Plan HMO	Yourself Only
11/10/1970	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
12/22/1939	M	CA	91791	Kaiser Health Plan HMO	Yourself Only
08/29/1949	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
01/23/1985	F	CA	90201	Kaiser Health Plan HMO	Yourself Only
08/10/1971	M	CA	92663	Kaiser Health Plan HMO	Yourself Only
11/30/1954	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
03/14/1976	M	CA	92870	Kaiser Health Plan HMO	Yourself Only
07/06/1962	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
12/17/1974	F	CA	90640	Kaiser Health Plan HMO	Yourself Only
09/27/1970	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
08/29/1968	F	CA	90606	Kaiser Health Plan HMO	Yourself Only
02/14/1981	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
06/20/1975	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
11/11/1975	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
05/19/1950	F	CA	92324	Kaiser Health Plan HMO	Yourself Only
12/15/1948	F	CA	92610	Kaiser Health Plan HMO	Yourself Only
01/25/1963	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
05/12/1970	M	CA	92845	Kaiser Health Plan HMO	Yourself Only
11/10/1970	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
03/21/1970	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
08/08/1985	M	CA	92706	Kaiser Health Plan HMO	Yourself Only
07/09/1957	M	CA	90808	Kaiser Health Plan HMO	Yourself Only
11/08/1985	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
08/13/1985	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
01/30/1970	M	CA	92857	Kaiser Health Plan HMO	Yourself Only
07/18/1956	F	CA	92677	Kaiser Health Plan HMO	Yourself Only
01/16/1977	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
07/30/1971	F	CA	92557	Kaiser Health Plan HMO	Yourself Only
03/14/1976	F	CA	92815	Kaiser Health Plan HMO	Yourself Only
11/25/1975	M	CA	90638	Kaiser Health Plan HMO	Yourself Only
01/02/1968	M	CA	90809	Kaiser Health Plan HMO	Yourself Only
07/15/1947	F	CA	92655	Kaiser Health Plan HMO	Yourself Only
09/23/1948	M	CA	91709	Kaiser Health Plan HMO	Yourself Only
05/03/1983	M	CA	92867	Kaiser Health Plan HMO	Yourself Only
10/08/1986	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
06/05/1982	M	CA	92831	Kaiser Health Plan HMO	Yourself Only
11/26/1954	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
07/09/1982	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
04/18/1965	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
09/13/1974	F	CA	92672	Kaiser Health Plan HMO	Yourself Only
08/24/1964	F	CA	90745	Kaiser Health Plan HMO	Yourself Only
10/12/1961	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
07/31/1973	M	CA	92345	Kaiser Health Plan HMO	Yourself Only
12/07/1966	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
05/09/1963	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
08/23/1944	F	CA	92395	Kaiser Health Plan HMO	Yourself Only
03/13/1981	M	CA	90621	Kaiser Health Plan HMO	Yourself Only

02/24/1945	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
02/23/1981	M	CA	92677	Kaiser Health Plan HMO	Yourself Only
12/17/1950	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
04/14/1956	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
08/04/1965	F	CA	90805	Kaiser Health Plan HMO	Yourself Only
10/13/1973	M	CA	92570	Kaiser Health Plan HMO	Yourself Only
06/15/1944	F	CA	92887	Kaiser Health Plan HMO	Yourself Only
03/24/1949	F	CA	90604	Kaiser Health Plan HMO	Yourself Only
01/10/1962	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
07/05/1961	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
08/16/1970	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
03/19/1967	F	CA	92618	Kaiser Health Plan HMO	Yourself Only
05/10/1964	M	CA	92879	Kaiser Health Plan HMO	Yourself Only
06/02/1944	M	CA	91765	Kaiser Health Plan HMO	Yourself Only
05/03/1944	M	CA	92508	Kaiser Health Plan HMO	Yourself Only
09/30/1978	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
09/22/1969	M	CA	91730	Kaiser Health Plan HMO	Yourself Only
06/24/1972	M	CA	92692	Kaiser Health Plan HMO	Yourself Only
06/22/1949	F	CA	92505	Kaiser Health Plan HMO	Yourself Only
06/20/1982	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
06/30/1968	M	CA	92677	Kaiser Health Plan HMO	Yourself Only
03/24/1964	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
01/31/1960	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
09/05/1956	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
06/21/1946	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
03/19/1979	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
07/03/1980	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
05/01/1973	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
07/23/1983	F	CA	90301	Kaiser Health Plan HMO	Yourself Only
11/06/1971	M	CA	92835	Kaiser Health Plan HMO	Yourself Only
03/03/1953	M	CA	92691	Kaiser Health Plan HMO	Yourself Only
05/29/1984	M	CA	92886	Kaiser Health Plan HMO	Yourself Only
10/28/1950	F	CA	92625	Kaiser Health Plan HMO	Yourself Only
02/08/1952	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
08/21/1979	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
12/10/1970	M	CA	92626	Kaiser Health Plan HMO	Yourself Only
10/26/1958	F	CA	92651	Kaiser Health Plan HMO	Yourself Only
11/21/1965	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
06/15/1962	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
08/16/1976	M	CA	92868	Kaiser Health Plan HMO	Yourself Only
12/30/1969	M	CA	90630	Kaiser Health Plan HMO	Yourself Only
06/18/1975	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
11/13/1951	M	CA	92870	Kaiser Health Plan HMO	Yourself Only
01/04/1983	F	CA	92629	Kaiser Health Plan HMO	Yourself Only
04/03/1959	F	CA	92863	Kaiser Health Plan HMO	Yourself Only
05/03/1965	M	CA	92672	Kaiser Health Plan HMO	Yourself Only
04/07/1971	M	CA	92860	Kaiser Health Plan HMO	Yourself Only
03/17/1962	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
02/11/1965	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
01/04/1948	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
05/31/1948	M	CA	92805	Kaiser Health Plan HMO	Yourself Only

03/07/1959	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
10/08/1982	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
08/17/1955	F	CA	90715	Kaiser Health Plan HMO	Yourself Only
11/29/1961	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
03/27/1967	M	CA	92867	Kaiser Health Plan HMO	Yourself Only
07/22/1971	F	CA	92054	Kaiser Health Plan HMO	Yourself Only
06/12/1954	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
10/29/1981	F	CA	9.23E+08	Kaiser Health Plan HMO	Yourself Only
02/03/1956	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
02/19/1962	F	CA	92506	Kaiser Health Plan HMO	Yourself Only
08/30/1961	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
06/20/1975	F	CA	91748	Kaiser Health Plan HMO	Yourself Only
12/24/1962	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
08/05/1979	M	CA	92869	Kaiser Health Plan HMO	Yourself Only
12/25/1967	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
03/30/1969	F	CA	91803	Kaiser Health Plan HMO	Yourself Only
07/10/1980	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
09/10/1952	F	CA	90803	Kaiser Health Plan HMO	Yourself Only
09/25/1975	M	CA	90037	Kaiser Health Plan HMO	Yourself Only
03/16/1980	M	CA	92503	Kaiser Health Plan HMO	Yourself Only
05/04/1951	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
12/06/1949	F	CA	91301	Kaiser Health Plan HMO	Yourself Only
06/03/1947	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
03/03/1951	F	CA	92624	Kaiser Health Plan HMO	Yourself Only
07/07/1952	M	CA	92178	Kaiser Health Plan HMO	Yourself Only
04/05/1971	F	CA	92602	Kaiser Health Plan HMO	Yourself Only
08/28/1954	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
10/14/1974	F	CA	91801	Kaiser Health Plan HMO	Yourself Only
11/19/1957	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
07/23/1956	M	CA	92869	Kaiser Health Plan HMO	Yourself Only
08/15/1963	F	CA	91745	Kaiser Health Plan HMO	Yourself Only
02/04/1975	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
06/28/1982	F	CA	92627	Kaiser Health Plan HMO	Yourself Only
11/07/1949	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
09/09/1952	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
03/12/1985	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
03/25/1952	F	CA	92056	Kaiser Health Plan HMO	Yourself Only
04/23/1954	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
04/25/1975	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
04/11/1963	M	CA	90745	Kaiser Health Plan HMO	Yourself Only
05/16/1975	M	CA	91768	Kaiser Health Plan HMO	Yourself Only
07/04/1972	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
08/03/1950	M	CA	90638	Kaiser Health Plan HMO	Yourself Only
04/17/1960	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
10/24/1966	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
11/17/1966	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
02/03/1960	M	CA	92618	Kaiser Health Plan HMO	Yourself Only
02/03/1953	F	CA	91745	Kaiser Health Plan HMO	Yourself Only
03/23/1957	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
10/31/1958	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
01/17/1975	M	CA	92692	Kaiser Health Plan HMO	Yourself Only

10/08/1962	M	CA	92603	Kaiser Health Plan HMO	Yourself Only
08/01/1982	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
08/23/1980	M	CA	90631	Kaiser Health Plan HMO	Yourself Only
05/02/1977	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
03/15/1978	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
12/15/1975	M	CA	90815	Kaiser Health Plan HMO	Yourself Only
02/21/1974	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
11/20/1974	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
04/08/1978	F	CA	92692	Kaiser Health Plan HMO	Yourself Only
06/10/1979	M	CA	90745	Kaiser Health Plan HMO	Yourself Only
11/18/1982	F	CA	92653	Kaiser Health Plan HMO	Yourself Only
06/18/1967	M	CA	90810	Kaiser Health Plan HMO	Yourself Only
01/05/1974	M	CA	92886	Kaiser Health Plan HMO	Yourself Only
11/05/1965	F	CA	92692	Kaiser Health Plan HMO	Yourself Only
03/23/1982	M	CA	92880	Kaiser Health Plan HMO	Yourself Only
08/04/1949	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
10/06/1982	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
02/05/1988	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
04/08/1979	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
01/02/1978	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
10/02/1985	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
06/06/1978	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
11/25/1971	M	CA	91320	Kaiser Health Plan HMO	Yourself Only
05/12/1983	F	CA	90640	Kaiser Health Plan HMO	Yourself Only
04/30/1987	M	CA	92886	Kaiser Health Plan HMO	Yourself Only
04/21/1981	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
01/30/1972	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
05/26/1981	F	CA	90804	Kaiser Health Plan HMO	Yourself Only
03/14/1977	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
02/17/1953	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
07/24/1972	M	CA	92870	Kaiser Health Plan HMO	Yourself Only
09/11/1980	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
10/17/1970	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
08/07/1987	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
10/05/1977	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
12/10/1982	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
10/10/1971	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
06/23/1982	F	CA	90712	Kaiser Health Plan HMO	Yourself Only
03/10/1977	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
01/12/1966	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
07/20/1949	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
09/13/1958	M	CA	92614	Kaiser Health Plan HMO	Yourself Only
07/25/1979	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
03/18/1983	M	CA	90815	Kaiser Health Plan HMO	Yourself Only
04/05/1979	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
11/26/1983	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
07/08/1982	F	CA	90807	Kaiser Health Plan HMO	Yourself Only
09/12/1982	F	CA	92883	Kaiser Health Plan HMO	Yourself Only
07/14/1961	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
02/21/1965	M	CA	92627	Kaiser Health Plan HMO	Yourself Only
02/02/1982	F	CA	90803	Kaiser Health Plan HMO	Yourself Only

05/14/1981	M	CA	90680	Kaiser Health Plan HMO	Yourself Only
01/07/1955	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
11/30/1979	F	CA	90701	Kaiser Health Plan HMO	Yourself Only
10/15/1981	F	CA	90605	Kaiser Health Plan HMO	Yourself Only
09/19/1985	M	CA	92503	Kaiser Health Plan HMO	Yourself Only
09/18/1971	M	CA	90815	Kaiser Health Plan HMO	Yourself Only
04/05/1979	F	CA	92557	Kaiser Health Plan HMO	Yourself Only
10/30/1979	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
09/21/1985	M	CA	92683	Kaiser Health Plan HMO	Yourself Only
10/24/1976	M	CA	91302	Kaiser Health Plan HMO	Yourself Only
02/06/1987	M	CA	92887	Kaiser Health Plan HMO	Yourself Only
06/26/1985	M	CA	92808	Kaiser Health Plan HMO	Yourself Only
07/29/1984	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
03/05/1970	F	CA	92602	Kaiser Health Plan HMO	Yourself Only
03/05/1951	M	CA	92604	Kaiser Health Plan HMO	Yourself Only
10/28/1978	F	CA	91710	Kaiser Health Plan HMO	Yourself Only
02/02/1979	F	CA	90277	Kaiser Health Plan HMO	Yourself Only
06/03/1983	M	CA	92504	Kaiser Health Plan HMO	Yourself Only
02/22/1980	F	CA	92676	Kaiser Health Plan HMO	Yourself Only
11/11/1966	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
04/11/1984	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
01/24/1984	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
02/18/1987	F	CA	91766	Kaiser Health Plan HMO	Yourself Only
02/22/1981	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
03/03/1982	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
03/14/1987	M	CA	92610	Kaiser Health Plan HMO	Yourself Only
11/15/1975	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
03/26/1972	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
04/03/1978	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
09/02/1982	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
09/27/1972	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
02/02/1984	M	CA	92648	Kaiser Health Plan HMO	Yourself Only
02/08/1979	F	CA	90651	Kaiser Health Plan HMO	Yourself Only
10/22/1977	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
03/05/1972	F	CA	92508	Kaiser Health Plan HMO	Yourself Only
09/07/1980	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
11/28/1975	M	CA	92870	Kaiser Health Plan HMO	Yourself Only
01/21/1981	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
12/06/1976	F	CA	90712	Kaiser Health Plan HMO	Yourself Only
10/25/1981	F	CA	92376	Kaiser Health Plan HMO	Yourself Only
02/15/1985	M	CA	92505	Kaiser Health Plan HMO	Yourself Only
10/13/1986	M	CA	92688	Kaiser Health Plan HMO	Yourself Only
05/12/1974	M	CA	92337	Kaiser Health Plan HMO	Yourself Only
12/12/1984	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
04/01/1976	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
08/17/1974	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
09/10/1979	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
10/26/1970	F	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
10/06/1956	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
02/14/1985	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
10/22/1968	M	CA	92866	Kaiser Health Plan HMO	Yourself Only

12/10/1972	M	CA	92880	Kaiser Health Plan HMO	Yourself Only
08/29/1975	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
06/04/1969	M	CA	91302	Kaiser Health Plan HMO	Yourself Only
01/05/1985	F	CA	91706	Kaiser Health Plan HMO	Yourself Only
06/07/1975	F	CA	92008	Kaiser Health Plan HMO	Yourself Only
03/18/1983	F	CA	92629	Kaiser Health Plan HMO	Yourself Only
06/16/1963	F	CA	90630	Kaiser Health Plan HMO	Yourself Only
12/17/1974	M	CA	92869	Kaiser Health Plan HMO	Yourself Only
11/10/1978	M	CA	90713	Kaiser Health Plan HMO	Yourself Only
04/27/1982	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
05/21/1972	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
08/31/1975	F	CA	92602	Kaiser Health Plan HMO	Yourself Only
05/20/1977	M	CA	92604	Kaiser Health Plan HMO	Yourself Only
03/04/1976	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
07/31/1966	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
01/06/1966	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
07/19/1979	M	CA	90680	Kaiser Health Plan HMO	Yourself Only
09/02/1964	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
04/30/1964	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
12/22/1978	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
04/11/1949	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
12/24/1974	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
01/31/1950	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
02/01/1961	M	CA	90650	Kaiser Health Plan HMO	Yourself Only
09/12/1985	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
05/04/1979	M	CA	90680	Kaiser Health Plan HMO	Yourself Only
12/09/1981	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
04/08/1975	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
08/19/1982	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
08/04/1974	F	CA	90604	Kaiser Health Plan HMO	Yourself Only
09/17/1942	F	CA	90712	Kaiser Health Plan HMO	Yourself Only
12/13/1958	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
02/02/1963	F	CA	90802	Kaiser Health Plan HMO	Yourself Only
01/12/1965	F	CA	92835	Kaiser Health Plan HMO	Yourself Only
10/25/1953	F	CA	92629	Kaiser Health Plan HMO	Yourself Only
12/07/1971	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
10/18/1943	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
07/10/1975	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
04/03/1970	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
07/02/1942	M	CA	90803	Kaiser Health Plan HMO	Yourself Only
06/27/1975	M	CA	90621	Kaiser Health Plan HMO	Yourself Only
10/24/1976	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
08/17/1957	M	CA	92656	Kaiser Health Plan HMO	Yourself Only
02/26/1953	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
02/10/1952	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
10/02/1955	F	CA	92835	Kaiser Health Plan HMO	Yourself Only
03/05/1957	F	CA	92624	Kaiser Health Plan HMO	Yourself Only
11/09/1960	F	CA	92887	Kaiser Health Plan HMO	Yourself Only
04/19/1975	F	CA	92627	Kaiser Health Plan HMO	Yourself Only
03/15/1947	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
03/01/1955	F	CA	92673	Kaiser Health Plan HMO	Yourself Only

04/27/1963	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
08/14/1962	M	CA	92629	Kaiser Health Plan HMO	Yourself Only
07/02/1961	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
11/27/1964	M	CA	92649	Kaiser Health Plan HMO	Yourself Only
08/20/1953	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
12/31/1950	F	CA	92883	Kaiser Health Plan HMO	Yourself Only
09/10/1967	F	CA	91784	Kaiser Health Plan HMO	Yourself Only
10/12/1966	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
11/08/1949	F	CA	92672	Kaiser Health Plan HMO	Yourself Only
07/06/1977	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
11/28/1966	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
05/19/1974	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
09/29/1954	F	CA	92619	Kaiser Health Plan HMO	Yourself Only
11/21/1953	F	CA	92880	Kaiser Health Plan HMO	Yourself Only
10/02/1954	F	CA	92845	Kaiser Health Plan HMO	Yourself Only
08/28/1957	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
12/23/1972	F	CA	90007	Kaiser Health Plan HMO	Yourself Only
02/11/1967	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
07/24/1960	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
02/07/1946	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
12/20/1946	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
07/28/1974	F	CA	92649	Kaiser Health Plan HMO	Yourself Only
06/01/1949	F	CA	92845	Kaiser Health Plan HMO	Yourself Only
01/12/1949	F	CA	92835	Kaiser Health Plan HMO	Yourself Only
03/18/1949	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
02/16/1969	F	CA	92692	Kaiser Health Plan HMO	Yourself Only
05/05/1950	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
04/29/1951	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
02/03/1982	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
10/31/1976	M	CA	91745	Kaiser Health Plan HMO	Yourself Only
12/25/1949	M	CA	92688	Kaiser Health Plan HMO	Yourself Only
10/08/1968	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
04/08/1963	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
01/02/1947	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
05/11/1952	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
07/15/1969	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
08/21/1958	F	CA	92607	Kaiser Health Plan HMO	Yourself Only
08/30/1966	F	CA	91765	Kaiser Health Plan HMO	Yourself Only
01/23/1966	F	CA	91803	Kaiser Health Plan HMO	Yourself Only
09/03/1980	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
08/27/1973	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
03/12/1982	F	CA	92677	Kaiser Health Plan HMO	Yourself Only
09/27/1953	M	CA	92620	Kaiser Health Plan HMO	Yourself Only
09/25/1968	M	CA	90638	Kaiser Health Plan HMO	Yourself Only
07/12/1963	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
01/21/1958	F	CA	91752	Kaiser Health Plan HMO	Yourself Only
08/17/1982	F	CA	91506	Kaiser Health Plan HMO	Yourself Only
11/24/1971	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
01/04/1948	F	CA	90604	Kaiser Health Plan HMO	Yourself Only
06/19/1974	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
06/15/1946	F	CA	92708	Kaiser Health Plan HMO	Yourself Only

08/30/1970	M	CA	92508	Kaiser Health Plan HMO	Yourself Only
07/08/1953	F	CA	92845	Kaiser Health Plan HMO	Yourself Only
10/28/1981	F	CA	90723	Kaiser Health Plan HMO	Yourself Only
05/04/1967	M	CA	92694	Kaiser Health Plan HMO	Yourself Only
08/02/1951	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
07/12/1964	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
10/05/1955	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
02/03/1978	F	CA	90803	Kaiser Health Plan HMO	Yourself Only
03/24/1975	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
10/23/1952	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
10/06/1955	F	CA	92562	Kaiser Health Plan HMO	Yourself Only
04/21/1978	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
10/29/1947	M	CA	92673	Kaiser Health Plan HMO	Yourself Only
10/17/1950	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
04/21/1949	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
12/03/1954	F	CA	92694	Kaiser Health Plan HMO	Yourself Only
05/01/1976	F	CA	91001	Kaiser Health Plan HMO	Yourself Only
02/10/1965	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
10/16/1945	M	CA	92620	Kaiser Health Plan HMO	Yourself Only
06/28/1974	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
11/14/1974	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
08/27/1970	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
07/22/1980	F	CA	90815	Kaiser Health Plan HMO	Yourself Only
05/24/1977	F	CA	92078	Kaiser Health Plan HMO	Yourself Only
06/20/1968	F	CA	92861	Kaiser Health Plan HMO	Yourself Only
03/10/1965	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
08/09/1965	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
12/20/1965	M	CA	90638	Kaiser Health Plan HMO	Yourself Only
02/08/1963	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
11/26/1984	F	CA	92509	Kaiser Health Plan HMO	Yourself Only
10/13/1976	F	CA	92530	Kaiser Health Plan HMO	Yourself Only
08/05/1972	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
10/20/1986	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
11/14/1973	M	CA	92688	Kaiser Health Plan HMO	Yourself Only
10/04/1966	F	CA	90804	Kaiser Health Plan HMO	Yourself Only
04/05/1963	F	CA	92865	Kaiser Health Plan HMO	Yourself Only
10/27/1974	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
11/28/1947	F	CA	90815	Kaiser Health Plan HMO	Yourself Only
07/22/1950	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
01/18/1953	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
08/24/1973	F	CA	92651	Kaiser Health Plan HMO	Yourself Only
10/09/1955	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
10/23/1961	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
05/10/1947	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
10/07/1971	M	CA	90803	Kaiser Health Plan HMO	Yourself Only
01/22/1975	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
07/06/1964	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
03/27/1980	F	CA	91744	Kaiser Health Plan HMO	Yourself Only
09/19/1983	F	CA	91802	Kaiser Health Plan HMO	Yourself Only
03/04/1961	F	CA	92553	Kaiser Health Plan HMO	Yourself Only
01/19/1968	M	CA	92656	Kaiser Health Plan HMO	Yourself Only

12/23/1975	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
06/07/1985	F	CA	92880	Kaiser Health Plan HMO	Yourself Only
04/15/1982	F	CA	91732	Kaiser Health Plan HMO	Yourself Only
05/14/1966	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
10/15/1982	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
06/24/1977	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
12/05/1956	F	CA	92835	Kaiser Health Plan HMO	Yourself Only
03/15/1968	M	CA	92646	Kaiser Health Plan HMO	Yourself Only
09/15/1976	M	CA	92879	Kaiser Health Plan HMO	Yourself Only
08/10/1980	M	CA	92683	Kaiser Health Plan HMO	Yourself Only
06/06/1984	F	CA	91739	Kaiser Health Plan HMO	Yourself Only
08/13/1947	F	CA	92603	Kaiser Health Plan HMO	Yourself Only
05/15/1984	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
12/02/1974	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
02/24/1977	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
06/07/1978	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
10/08/1987	M	CA	92835	Kaiser Health Plan HMO	Yourself Only
09/25/1966	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
03/25/1968	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
09/28/1955	M	CA	92604	Kaiser Health Plan HMO	Yourself Only
08/03/1960	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
10/04/1955	F	CA	92871	Kaiser Health Plan HMO	Yourself Only
09/28/1954	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
04/26/1959	M	CA	92865	Kaiser Health Plan HMO	Yourself Only
04/27/1957	F	CA	92614	Kaiser Health Plan HMO	Yourself Only
09/13/1961	M	CA	92619	Kaiser Health Plan HMO	Yourself Only
01/10/1954	M	CA	92509	Kaiser Health Plan HMO	Yourself Only
12/08/1950	M	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
04/20/1974	F	CA	92602	Kaiser Health Plan HMO	Yourself Only
09/15/1966	M	CA	92782	Kaiser Health Plan HMO	Yourself Only
12/24/1960	M	CA	90803	Kaiser Health Plan HMO	Yourself Only
12/10/1950	M	CA	92677	Kaiser Health Plan HMO	Yourself Only
08/15/1955	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
03/28/1959	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
03/11/1966	M	CA	92656	Kaiser Health Plan HMO	Yourself Only
09/25/1956	F	CA	90815	Kaiser Health Plan HMO	Yourself Only
01/30/1957	M	CA	92868	Kaiser Health Plan HMO	Yourself Only
08/07/1970	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
08/07/1954	F	CA	92661	Kaiser Health Plan HMO	Yourself Only
10/08/1954	M	CA	90670	Kaiser Health Plan HMO	Yourself Only
06/17/1957	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
02/12/1957	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
05/31/1951	M	CA	91748	Kaiser Health Plan HMO	Yourself Only
05/11/1960	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
10/04/1964	F	CA	90814	Kaiser Health Plan HMO	Yourself Only
12/08/1970	M	CA	92821	Kaiser Health Plan HMO	Yourself Only
02/25/1966	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
01/23/1966	F	CA	92673	Kaiser Health Plan HMO	Yourself Only
08/09/1956	M	CA	92606	Kaiser Health Plan HMO	Yourself Only
10/10/1963	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
08/23/1953	M	CA	92677	Kaiser Health Plan HMO	Yourself Only

09/30/1951	F	CA	92692	Kaiser Health Plan HMO	Yourself Only
04/09/1967	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
03/23/1962	F	CA	92672	Kaiser Health Plan HMO	Yourself Only
03/15/1969	F	CA	90803	Kaiser Health Plan HMO	Yourself Only
02/24/1950	F	CA	92675	Kaiser Health Plan HMO	Yourself Only
10/28/1961	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
07/18/1959	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
04/09/1960	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
03/26/1947	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
01/04/1967	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
03/19/1958	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
05/11/1964	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
11/01/1956	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
10/25/1951	F	CA	91770	Kaiser Health Plan HMO	Yourself Only
03/03/1955	F	CA	92677	Kaiser Health Plan HMO	Yourself Only
02/26/1976	M	CA	92649	Kaiser Health Plan HMO	Yourself Only
09/19/1977	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
03/27/1956	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
01/13/1961	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
02/04/1961	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
04/07/1961	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
04/26/1951	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
11/16/1944	M	CA	92672	Kaiser Health Plan HMO	Yourself Only
06/05/1969	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
07/04/1967	F	CA	92845	Kaiser Health Plan HMO	Yourself Only
07/05/1957	M	CA	91801	Kaiser Health Plan HMO	Yourself Only
05/17/1972	F	CA	90019	Kaiser Health Plan HMO	Yourself Only
10/29/1948	M	CA	92660	Kaiser Health Plan HMO	Yourself Only
08/13/1961	F	CA	92555	Kaiser Health Plan HMO	Yourself Only
01/09/1957	M	CA	90638	Kaiser Health Plan HMO	Yourself Only
03/30/1957	F	CA	9.29E+08	Kaiser Health Plan HMO	Yourself Only
03/29/1953	F	CA	92610	Kaiser Health Plan HMO	Yourself Only
10/15/1950	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
09/06/1943	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
08/22/1971	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
06/09/1959	M	CA	92336	Kaiser Health Plan HMO	Yourself Only
01/25/1972	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
10/07/1970	M	CA	92678	Kaiser Health Plan HMO	Yourself Only
08/02/1965	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
05/24/1971	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
04/06/1979	F	CA	92702	Kaiser Health Plan HMO	Yourself Only
08/21/1950	M	CA	92886	Kaiser Health Plan HMO	Yourself Only
06/20/1979	M	CA	91803	Kaiser Health Plan HMO	Yourself Only
10/05/1976	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
09/12/1957	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
09/14/1969	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
09/26/1952	F	CA	9.07E+08	Kaiser Health Plan HMO	Yourself Only
02/23/1971	F	CA	9.26E+08	Kaiser Health Plan HMO	Yourself Only
08/02/1979	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
01/14/1961	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
05/30/1967	F	CA	92807	Kaiser Health Plan HMO	Yourself Only

01/18/1970	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
12/31/1954	F	CA	92688	Kaiser Health Plan HMO	Yourself Only
05/22/1979	M	CA	90802	Kaiser Health Plan HMO	Yourself Only
04/03/1985	F	CA	92618	Kaiser Health Plan HMO	Yourself Only
06/15/1982	M	CA	92865	Kaiser Health Plan HMO	Yourself Only
03/15/1976	M	CA	92656	Kaiser Health Plan HMO	Yourself Only
06/07/1982	M	CA	92866	Kaiser Health Plan HMO	Yourself Only
01/01/1977	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
10/12/1973	F	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
11/06/1961	M	CA	92835	Kaiser Health Plan HMO	Yourself Only
08/10/1953	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
08/25/1952	F	CA	92648	Kaiser Health Plan HMO	Yourself Only
12/13/1951	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
02/10/1959	F	CA	92616	Kaiser Health Plan HMO	Yourself Only
08/30/1947	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
06/21/1979	M	CA	92505	Kaiser Health Plan HMO	Yourself Only
06/25/1978	M	CA	92404	Kaiser Health Plan HMO	Yourself Only
12/08/1960	M	CA	9.08E+08	Kaiser Health Plan HMO	Yourself Only
05/07/1964	M	CA	91752	Kaiser Health Plan HMO	Yourself Only
01/28/1950	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
11/12/1959	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
12/14/1974	M	CA	92649	Kaiser Health Plan HMO	Yourself Only
06/14/1960	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
05/27/1954	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
11/14/1960	M	CA	90680	Kaiser Health Plan HMO	Yourself Only
11/11/1984	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
07/16/1954	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
02/14/1970	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
02/15/1951	M	CA	90631	Kaiser Health Plan HMO	Yourself Only
10/05/1971	M	CA	92865	Kaiser Health Plan HMO	Yourself Only
08/24/1975	M	CA	92562	Kaiser Health Plan HMO	Yourself Only
04/24/1969	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
03/25/1953	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
07/13/1953	M	CA	92860	Kaiser Health Plan HMO	Yourself Only
09/04/1973	M	CA	91744	Kaiser Health Plan HMO	Yourself Only
07/04/1977	M	CA	91710	Kaiser Health Plan HMO	Yourself Only
09/23/1963	M	CA	92627	Kaiser Health Plan HMO	Yourself Only
04/04/1966	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
06/12/1980	M	CA	92672	Kaiser Health Plan HMO	Yourself Only
09/01/1959	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
11/21/1971	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
03/31/1955	M	CA	92627	Kaiser Health Plan HMO	Yourself Only
04/20/1958	M	CA	92869	Kaiser Health Plan HMO	Yourself Only
09/09/1960	M	CA	92530	Kaiser Health Plan HMO	Yourself Only
06/16/1982	M	CA	92555	Kaiser Health Plan HMO	Yourself Only
07/23/1968	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
08/01/1983	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
11/01/1961	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
01/29/1965	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
07/29/1967	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
08/26/1962	M	CA	92833	Kaiser Health Plan HMO	Yourself Only

03/10/1981	M	CA	92624	Kaiser Health Plan HMO	Yourself Only
12/27/1976	M	CA	92057	Kaiser Health Plan HMO	Yourself Only
02/28/1982	M	CA	92860	Kaiser Health Plan HMO	Yourself Only
10/05/1979	M	CA	92860	Kaiser Health Plan HMO	Yourself Only
12/06/1975	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
10/07/1952	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
09/03/1969	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
12/10/1972	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
09/10/1946	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
09/12/1978	M	CA	92706	Kaiser Health Plan HMO	Yourself Only
09/24/1949	M	CA	92802	Kaiser Health Plan HMO	Yourself Only
01/26/1982	M	CA	91761	Kaiser Health Plan HMO	Yourself Only
10/08/1974	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
04/10/1977	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
07/21/1981	M	CA	92530	Kaiser Health Plan HMO	Yourself Only
02/26/1962	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
02/19/1961	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
07/21/1968	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
02/10/1977	M	CA	90640	Kaiser Health Plan HMO	Yourself Only
01/03/1980	M	CA	92683	Kaiser Health Plan HMO	Yourself Only
04/16/1947	F	CA	91768	Kaiser Health Plan HMO	Yourself Only
09/30/1957	M	CA	92880	Kaiser Health Plan HMO	Yourself Only
10/08/1950	M	CA	92867	Kaiser Health Plan HMO	Yourself Only
04/03/1950	M	CA	9.26E+08	Kaiser Health Plan HMO	Yourself Only
10/28/1954	M	CA	92530	Kaiser Health Plan HMO	Yourself Only
05/19/1950	F	CA	9.21E+08	Kaiser Health Plan HMO	Yourself Only
10/22/1956	M	CA	92604	Kaiser Health Plan HMO	Yourself Only
03/18/1959	M	CA	92653	Kaiser Health Plan HMO	Yourself Only
09/06/1985	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
08/28/1983	M	CA	91709	Kaiser Health Plan HMO	Yourself Only
09/13/1973	M	CA	92627	Kaiser Health Plan HMO	Yourself Only
11/23/1973	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
08/13/1987	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
05/03/1970	M	CA	90745	Kaiser Health Plan HMO	Yourself Only
03/23/1967	M	CA	92806	Kaiser Health Plan HMO	Yourself Only
06/13/1978	M	CA	92505	Kaiser Health Plan HMO	Yourself Only
01/10/1983	M	CA	92505	Kaiser Health Plan HMO	Yourself Only
08/07/1975	M	CA	91737	Kaiser Health Plan HMO	Yourself Only
08/04/1987	M	CA	91789	Kaiser Health Plan HMO	Yourself Only
10/07/1980	M	CA	92024	Kaiser Health Plan HMO	Yourself Only
10/30/1987	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
12/01/1965	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
12/12/1965	M	CA	92675	Kaiser Health Plan HMO	Yourself Only
01/20/1957	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
03/31/1978	M	CA	92881	Kaiser Health Plan HMO	Yourself Only
02/27/1974	F	CA	92825	Kaiser Health Plan HMO	Yourself Only
10/08/1956	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
02/09/1967	F	CA	92879	Kaiser Health Plan HMO	Yourself Only
10/09/1972	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
09/18/1960	M	CA	92860	Kaiser Health Plan HMO	Yourself Only
02/24/1976	F	CA	91762	Kaiser Health Plan HMO	Yourself Only

06/18/1974	F	CA	90660	Kaiser Health Plan HMO	Yourself Only
03/26/1959	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
02/04/1978	F	CA	92688	Kaiser Health Plan HMO	Yourself Only
07/04/1963	M	CA	91765	Kaiser Health Plan HMO	Yourself Only
10/10/1952	M	CA	92629	Kaiser Health Plan HMO	Yourself Only
07/03/1973	M	CA	91765	Kaiser Health Plan HMO	Yourself Only
04/29/1970	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
04/12/1949	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
05/20/1978	M	CA	90278	Kaiser Health Plan HMO	Yourself Only
07/01/1957	M	CA	90755	Kaiser Health Plan HMO	Yourself Only
08/09/1967	M	CA	91748	Kaiser Health Plan HMO	Yourself Only
07/21/1980	F	CA	91730	Kaiser Health Plan HMO	Yourself Only
09/05/1950	M	CA	90230	Kaiser Health Plan HMO	Yourself Only
04/09/1961	F	CA	90802	Kaiser Health Plan HMO	Yourself Only
06/19/1981	M	CA	92532	Kaiser Health Plan HMO	Yourself Only
09/17/1973	F	CA	92376	Kaiser Health Plan HMO	Yourself Only
01/12/1948	M	CA	92505	Kaiser Health Plan HMO	Yourself Only
07/11/1948	F	CA	92584	Kaiser Health Plan HMO	Yourself Only
01/04/1963	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
10/31/1978	F	CA	91733	Kaiser Health Plan HMO	Yourself Only
12/12/1970	M	CA	90004	Kaiser Health Plan HMO	Yourself Only
09/26/1984	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
11/22/1969	F	CA	92517	Kaiser Health Plan HMO	Yourself Only
06/08/1972	M	CA	92618	Kaiser Health Plan HMO	Yourself Only
06/05/1965	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
09/24/1981	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
11/26/1958	M	CA	92551	Kaiser Health Plan HMO	Yourself Only
10/19/1965	F	CA	92508	Kaiser Health Plan HMO	Yourself Only
05/08/1968	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
09/21/1951	M	CA	92620	Kaiser Health Plan HMO	Yourself Only
02/12/1981	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
04/08/1983	F	CA	90034	Kaiser Health Plan HMO	Yourself Only
05/09/1969	M	CA	91345	Kaiser Health Plan HMO	Yourself Only
08/24/1950	M	CA	92545	Kaiser Health Plan HMO	Yourself Only
06/28/1971	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
12/06/1979	F	CA	90262	Kaiser Health Plan HMO	Yourself Only
06/16/1984	F	CA	92316	Kaiser Health Plan HMO	Yourself Only
05/26/1963	F	CA	90706	Kaiser Health Plan HMO	Yourself Only
12/07/1977	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
07/29/1979	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
12/17/1982	F	CA	92688	Kaiser Health Plan HMO	Yourself Only
12/24/1972	M	CA	92806	Kaiser Health Plan HMO	Yourself Only
07/05/1977	M	CA	91352	Kaiser Health Plan HMO	Yourself Only
05/29/1966	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
05/28/1982	M	CA	92880	Kaiser Health Plan HMO	Yourself Only
02/02/1971	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
10/04/1967	M	CA	90755	Kaiser Health Plan HMO	Yourself Only
06/02/1972	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
12/14/1977	F	CA	92879	Kaiser Health Plan HMO	Yourself Only
02/06/1980	M	CA	92808	Kaiser Health Plan HMO	Yourself Only
01/06/1976	F	CA	91504	Kaiser Health Plan HMO	Yourself Only

06/22/1978	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
09/12/1977	F	CA	92562	Kaiser Health Plan HMO	Yourself Only
12/28/1974	M	CA	90304	Kaiser Health Plan HMO	Yourself Only
08/29/1967	M	CA	90249	Kaiser Health Plan HMO	Yourself Only
03/18/1965	F	CA	91766	Kaiser Health Plan HMO	Yourself Only
10/12/1974	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
07/04/1980	F	CA	91706	Kaiser Health Plan HMO	Yourself Only
11/22/1979	F	CA	91762	Kaiser Health Plan HMO	Yourself Only
12/15/1969	F	CA	92618	Kaiser Health Plan HMO	Yourself Only
12/20/1982	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
12/21/1982	M	CA	92861	Kaiser Health Plan HMO	Yourself Only
02/13/1977	F	CA	93015	Kaiser Health Plan HMO	Yourself Only
04/24/1969	F	CA	90806	Kaiser Health Plan HMO	Yourself Only
02/03/1961	F	CA	92587	Kaiser Health Plan HMO	Yourself Only
10/27/1982	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
12/12/1967	F	CA	90803	Kaiser Health Plan HMO	Yourself Only
01/15/1983	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
09/22/1982	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
03/31/1980	M	CA	90650	Kaiser Health Plan HMO	Yourself Only
05/04/1967	M	CA	90026	Kaiser Health Plan HMO	Yourself Only
07/06/1965	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
03/23/1965	F	CA	92860	Kaiser Health Plan HMO	Yourself Only
01/10/1977	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
02/14/1961	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
03/01/1978	M	CA	90044	Kaiser Health Plan HMO	Yourself Only
12/17/1970	M	CA	92879	Kaiser Health Plan HMO	Yourself Only
10/12/1977	M	CA	91791	Kaiser Health Plan HMO	Yourself Only
09/28/1970	M	CA	92886	Kaiser Health Plan HMO	Yourself Only
09/27/1970	M	CA	92626	Kaiser Health Plan HMO	Yourself Only
10/31/1955	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
01/21/1969	F	CA	92506	Kaiser Health Plan HMO	Yourself Only
10/15/1963	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
02/05/1978	F	CA	92530	Kaiser Health Plan HMO	Yourself Only
06/21/1984	F	CA	90044	Kaiser Health Plan HMO	Yourself Only
07/20/1982	M	CA	90221	Kaiser Health Plan HMO	Yourself Only
06/18/1967	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
06/04/1981	F	CA	90723	Kaiser Health Plan HMO	Yourself Only
08/12/1985	M	CA	90744	Kaiser Health Plan HMO	Yourself Only
06/16/1961	F	CA	91732	Kaiser Health Plan HMO	Yourself Only
09/13/1984	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
04/20/1979	M	CA	90241	Kaiser Health Plan HMO	Yourself Only
08/24/1976	M	CA	92673	Kaiser Health Plan HMO	Yourself Only
04/10/1982	F	CA	92663	Kaiser Health Plan HMO	Yourself Only
03/20/1982	F	CA	90805	Kaiser Health Plan HMO	Yourself Only
02/02/1971	F	CA	92835	Kaiser Health Plan HMO	Yourself Only
07/02/1977	M	CA	92532	Kaiser Health Plan HMO	Yourself Only
11/15/1968	F	CA	90712	Kaiser Health Plan HMO	Yourself Only
05/13/1975	M	CA	92505	Kaiser Health Plan HMO	Yourself Only
05/04/1981	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
03/30/1969	F	CA	90804	Kaiser Health Plan HMO	Yourself Only
02/20/1977	F	CA	90242	Kaiser Health Plan HMO	Yourself Only

12/19/1969	F	CA	90814	Kaiser Health Plan HMO	Yourself Only
02/25/1967	F	CA	91732	Kaiser Health Plan HMO	Yourself Only
03/27/1983	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
11/25/1974	F	CA	90220	Kaiser Health Plan HMO	Yourself Only
03/09/1979	F	CA	90703	Kaiser Health Plan HMO	Yourself Only
05/01/1973	M	CA	92656	Kaiser Health Plan HMO	Yourself Only
03/22/1985	F	CA	90706	Kaiser Health Plan HMO	Yourself Only
03/10/1982	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
05/08/1973	F	CA	92822	Kaiser Health Plan HMO	Yourself Only
08/05/1975	M	CA	92833	Kaiser Health Plan HMO	Yourself Only
08/05/1979	F	CA	90605	Kaiser Health Plan HMO	Yourself Only
03/22/1979	F	CA	90303	Kaiser Health Plan HMO	Yourself Only
07/17/1977	F	CA	92336	Kaiser Health Plan HMO	Yourself Only
07/19/1970	F	CA	90601	Kaiser Health Plan HMO	Yourself Only
08/20/1975	F	CA	90755	Kaiser Health Plan HMO	Yourself Only
04/26/1977	M	CA	92860	Kaiser Health Plan HMO	Yourself Only
03/22/1986	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
05/18/1982	M	CA	91750	Kaiser Health Plan HMO	Yourself Only
02/22/1948	M	CA	91709	Kaiser Health Plan HMO	Yourself Only
12/13/1978	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
11/24/1978	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
10/15/1970	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
05/29/1973	M	CA	91791	Kaiser Health Plan HMO	Yourself Only
04/27/1972	F	CA	92084	Kaiser Health Plan HMO	Yourself Only
11/02/1975	F	CA	90744	Kaiser Health Plan HMO	Yourself Only
11/22/1977	M	CA	90740	Kaiser Health Plan HMO	Yourself Only
02/28/1984	F	CA	92504	Kaiser Health Plan HMO	Yourself Only
09/03/1986	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
09/11/1981	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
10/24/1984	F	CA	92649	Kaiser Health Plan HMO	Yourself Only
07/20/1978	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
01/06/1983	F	CA	90805	Kaiser Health Plan HMO	Yourself Only
10/18/1984	F	CA	92880	Kaiser Health Plan HMO	Yourself Only
09/07/1979	F	CA	90802	Kaiser Health Plan HMO	Yourself Only
07/07/1984	M	CA	91709	Kaiser Health Plan HMO	Yourself Only
04/23/1985	F	CA	92026	Kaiser Health Plan HMO	Yourself Only
08/03/1976	F	CA	91710	Kaiser Health Plan HMO	Yourself Only
12/13/1981	M	CA	92831	Kaiser Health Plan HMO	Yourself Only
08/26/1980	F	CA	91768	Kaiser Health Plan HMO	Yourself Only
08/28/1973	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
07/12/1976	F	CA	91709	Kaiser Health Plan HMO	Yourself Only
07/02/1976	M	CA	91755	Kaiser Health Plan HMO	Yourself Only
04/27/1981	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
11/09/1983	F	CA	92831	Kaiser Health Plan HMO	Yourself Only
12/28/1978	M	CA	90631	Kaiser Health Plan HMO	Yourself Only
06/13/1983	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
09/10/1984	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
10/28/1966	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
07/04/1971	M	CA	92869	Kaiser Health Plan HMO	Yourself Only
10/18/1962	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
12/12/1977	M	CA	92808	Kaiser Health Plan HMO	Yourself Only

10/01/1950	F	CA	92866	Kaiser Health Plan HMO	Yourself Only
02/27/1964	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
10/10/1963	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
10/04/1949	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
11/26/1976	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
07/12/1960	M	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
01/08/1954	F	CA	9.25E+08	Kaiser Health Plan HMO	Yourself Only
11/10/1967	F	CA	92688	Kaiser Health Plan HMO	Yourself Only
06/15/1973	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
02/18/1948	M	CA	92845	Kaiser Health Plan HMO	Yourself Only
07/22/1955	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
03/02/1965	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
07/03/1979	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
10/28/1980	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
06/21/1979	M	CA	92677	Kaiser Health Plan HMO	Yourself Only
10/21/1975	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
04/12/1963	F	CA	92629	Kaiser Health Plan HMO	Yourself Only
03/06/1962	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
09/16/1977	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
02/17/1972	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
03/20/1977	M	CA	92861	Kaiser Health Plan HMO	Yourself Only
05/18/1980	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
01/19/1952	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
08/17/1960	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
07/22/1973	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
08/11/1977	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
04/28/1947	M	CA	92683	Kaiser Health Plan HMO	Yourself Only
07/30/1975	F	CA	90805	Kaiser Health Plan HMO	Yourself Only
03/12/1952	F	CA	91730	Kaiser Health Plan HMO	Yourself Only
12/01/1970	F	CA	92649	Kaiser Health Plan HMO	Yourself Only
05/23/1973	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
12/30/1948	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
01/08/1982	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
07/17/1984	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
10/19/1986	F	CA	90242	Kaiser Health Plan HMO	Yourself Only
12/18/1979	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
01/04/1949	M	CA	92835	Kaiser Health Plan HMO	Yourself Only
05/04/1955	F	CA	90221	Kaiser Health Plan HMO	Yourself Only
10/07/1975	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
07/08/1958	F	CA	90720	Kaiser Health Plan HMO	Yourself Only
07/22/1963	M	CA	90631	Kaiser Health Plan HMO	Yourself Only
02/14/1981	M	CA	92832	Kaiser Health Plan HMO	Yourself Only
02/15/1985	M	CA	91709	Kaiser Health Plan HMO	Yourself Only
08/15/1970	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
11/11/1962	F	CA	91784	Kaiser Health Plan HMO	Yourself Only
06/23/1980	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
02/17/1972	M	CA	92506	Kaiser Health Plan HMO	Yourself Only
07/08/1949	M	CA	92626	Kaiser Health Plan HMO	Yourself Only
08/20/1980	F	CA	91801	Kaiser Health Plan HMO	Yourself Only
01/27/1950	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
06/29/1953	F	CA	92692	Kaiser Health Plan HMO	Yourself Only

08/09/1950	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
07/28/1954	F	CA	92123	Kaiser Health Plan HMO	Yourself Only
08/05/1954	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
12/07/1955	F	CA	9.18E+08	Kaiser Health Plan HMO	Yourself Only
08/17/1961	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
12/04/1959	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
11/27/1974	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
08/25/1978	F	CA	90713	Kaiser Health Plan HMO	Yourself Only
04/30/1956	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
01/13/1950	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
11/06/1946	F	CA	90712	Kaiser Health Plan HMO	Yourself Only
07/30/1984	F	CA	91767	Kaiser Health Plan HMO	Yourself Only
11/04/1952	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
11/24/1954	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
01/20/1962	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
08/16/1980	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
09/09/1981	F	CA	92629	Kaiser Health Plan HMO	Yourself Only
02/03/1975	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
10/22/1981	F	CA	91748	Kaiser Health Plan HMO	Yourself Only
10/19/1962	F	CA	90604	Kaiser Health Plan HMO	Yourself Only
04/18/1971	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
12/14/1982	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
08/13/1955	F	CA	90670	Kaiser Health Plan HMO	Yourself Only
07/17/1978	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
04/11/1965	F	CA	92879	Kaiser Health Plan HMO	Yourself Only
04/30/1983	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
09/16/1983	M	CA	90805	Kaiser Health Plan HMO	Yourself Only
11/28/1961	F	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
11/06/1977	F	CA	90605	Kaiser Health Plan HMO	Yourself Only
12/09/1963	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
08/26/1981	F	CA	90011	Kaiser Health Plan HMO	Yourself Only
10/02/1962	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
11/19/1981	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
05/17/1962	M	CA	92821	Kaiser Health Plan HMO	Yourself Only
05/02/1952	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
01/22/1943	F	CA	92845	Kaiser Health Plan HMO	Yourself Only
11/10/1977	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
02/06/1951	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
09/25/1961	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
08/28/1947	M	CA	92886	Kaiser Health Plan HMO	Yourself Only
08/12/1982	M	CA	92602	Kaiser Health Plan HMO	Yourself Only
03/30/1978	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
11/27/1951	F	CA	92883	Kaiser Health Plan HMO	Yourself Only
12/31/1964	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
01/11/1945	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
11/26/1947	M	CA	91789	Kaiser Health Plan HMO	Yourself Only
03/19/1953	F	CA	92530	Kaiser Health Plan HMO	Yourself Only
01/29/1968	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
05/05/1951	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
09/26/1959	F	CA	90630	Kaiser Health Plan HMO	Yourself Only
12/15/1975	F	CA	92831	Kaiser Health Plan HMO	Yourself Only

07/05/1977	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
09/21/1981	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
05/07/1978	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
05/09/1967	M	CA	90620	Kaiser Health Plan HMO	Yourself Only
10/03/1965	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
03/04/1961	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
08/30/1980	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
11/20/1950	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
10/16/1985	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
09/03/1982	M	CA	92614	Kaiser Health Plan HMO	Yourself Only
08/09/1945	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
08/11/1956	F	CA	92625	Kaiser Health Plan HMO	Yourself Only
07/03/1960	F	CA	92662	Kaiser Health Plan HMO	Yourself Only
03/27/1968	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
03/04/1984	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
10/27/1961	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
10/21/1966	M	CA	92845	Kaiser Health Plan HMO	Yourself Only
04/30/1969	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
07/07/1983	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
03/14/1979	M	CA	92649	Kaiser Health Plan HMO	Yourself Only
07/26/1973	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
11/05/1983	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
05/13/1986	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
10/13/1986	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
12/07/1962	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
11/09/1973	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
07/30/1964	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
02/18/1982	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
03/30/1981	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
09/29/1978	M	CA	92706	Kaiser Health Plan HMO	Yourself Only
02/17/1983	M	CA	92843	Kaiser Health Plan HMO	Yourself Only
12/22/1971	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
01/13/1987	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
05/09/1976	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
02/27/1979	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
12/19/1963	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
06/17/1968	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
07/20/1978	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
06/27/1984	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
12/04/1979	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
11/02/1981	F	CA	92614	Kaiser Health Plan HMO	Yourself Only
04/23/1983	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
10/15/1982	F	CA	92557	Kaiser Health Plan HMO	Yourself Only
04/20/1983	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
11/04/1985	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
11/25/1975	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
11/09/1983	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
12/25/1971	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
02/04/1989	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
11/30/1971	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
08/04/1983	F	CA	91789	Kaiser Health Plan HMO	Yourself Only

10/29/1975	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
05/25/1960	F	CA	92865	Kaiser Health Plan HMO	Yourself Only
04/25/1955	F	CA	91765	Kaiser Health Plan HMO	Yourself Only
07/31/1950	F	CA	92688	Kaiser Health Plan HMO	Yourself Only
06/10/1945	M	CA	9.28E+08	Kaiser Health Plan HMO	Yourself Only
08/28/1946	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
07/23/1953	F	CA	92871	Kaiser Health Plan HMO	Yourself Only
04/25/1952	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
02/26/1965	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
07/24/1963	M	CA	9.25E+08	Kaiser Health Plan HMO	Yourself Only
03/09/1967	M	CA	92879	Kaiser Health Plan HMO	Yourself Only
10/24/1963	F	CA	90604	Kaiser Health Plan HMO	Yourself Only
05/23/1959	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
08/29/1960	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
08/23/1954	M	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
04/12/1950	M	CA	9.27E+08	Kaiser Health Plan HMO	Yourself Only
06/12/1959	M	CA	92868	Kaiser Health Plan HMO	Yourself Only
09/18/1959	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
01/31/1953	F	CA	92863	Kaiser Health Plan HMO	Yourself Only
12/23/1951	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
05/01/1967	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
07/05/1974	M	CA	92604	Kaiser Health Plan HMO	Yourself Only
03/26/1961	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
03/25/1940	F	CA	92865	Kaiser Health Plan HMO	Yourself Only
04/14/1968	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
04/13/1970	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
11/02/1957	F	CA	92886	Kaiser Health Plan HMO	Yourself Only
08/14/1949	F	CA	92337	Kaiser Health Plan HMO	Yourself Only
09/11/1962	F	CA	92056	Kaiser Health Plan HMO	Yourself Only
11/11/1948	F	CA	90804	Kaiser Health Plan HMO	Yourself Only
06/08/1950	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
04/02/1954	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
04/24/1964	F	CA	92702	Kaiser Health Plan HMO	Yourself Only
07/20/1969	M	CA	92868	Kaiser Health Plan HMO	Yourself Only
03/25/1949	F	CA	92557	Kaiser Health Plan HMO	Yourself Only
10/07/1937	F	CA	92675	Kaiser Health Plan HMO	Yourself Only
09/28/1975	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
05/19/1956	M	CA	92886	Kaiser Health Plan HMO	Yourself Only
09/09/1949	M	CA	90814	Kaiser Health Plan HMO	Yourself Only
05/15/1977	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
12/19/1968	F	CA	92702	Kaiser Health Plan HMO	Yourself Only
05/16/1958	M	CA	90621	Kaiser Health Plan HMO	Yourself Only
09/10/1954	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
04/28/1976	M	CA	91744	Kaiser Health Plan HMO	Yourself Only
06/10/1945	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
09/29/1967	M	CA	92704	Kaiser Health Plan HMO	Yourself Only
11/30/1961	M	CA	90814	Kaiser Health Plan HMO	Yourself Only
05/08/1972	F	CA	92880	Kaiser Health Plan HMO	Yourself Only
06/02/1980	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
06/15/1947	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
03/05/1959	F	CA	92692	Kaiser Health Plan HMO	Yourself Only

08/24/1959	F	CA	92612	Kaiser Health Plan HMO	Yourself Only
10/07/1945	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
05/06/1970	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
03/30/1969	M	CA	91765	Kaiser Health Plan HMO	Yourself Only
10/12/1973	F	CA	9.18E+08	Kaiser Health Plan HMO	Yourself Only
11/29/1970	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
04/05/1962	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
01/11/1943	M	CA	9.26E+08	Kaiser Health Plan HMO	Yourself Only
08/14/1966	F	CA	92557	Kaiser Health Plan HMO	Yourself Only
04/27/1986	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
10/20/1953	F	CA	92629	Kaiser Health Plan HMO	Yourself Only
08/09/1959	M	CA	92562	Kaiser Health Plan HMO	Yourself Only
03/31/1956	F	CA	92626	Kaiser Health Plan HMO	Yourself Only
10/09/1974	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
03/26/1968	M	CA	92808	Kaiser Health Plan HMO	Yourself Only
03/04/1963	M	CA	92806	Kaiser Health Plan HMO	Yourself Only
06/16/1957	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
05/22/1964	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
02/24/1951	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
10/09/1947	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
03/17/1985	M	CA	92866	Kaiser Health Plan HMO	Yourself Only
07/28/1961	M	CA	92845	Kaiser Health Plan HMO	Yourself Only
01/21/1955	F	CA	92780	Kaiser Health Plan HMO	Yourself Only
10/13/1954	F	CA	92691	Kaiser Health Plan HMO	Yourself Only
01/17/1961	F	CA	92865	Kaiser Health Plan HMO	Yourself Only
04/10/1947	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
08/12/1949	M	CA	91761	Kaiser Health Plan HMO	Yourself Only
08/18/1951	F	CA	92879	Kaiser Health Plan HMO	Yourself Only
06/25/1969	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
01/02/1957	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
06/12/1962	M	CA	92505	Kaiser Health Plan HMO	Yourself Only
04/23/1965	F	CA	92705	Kaiser Health Plan HMO	Yourself Only
08/06/1964	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
11/16/1979	F	CA	92707	Kaiser Health Plan HMO	Yourself Only
11/16/1967	M	CA	92630	Kaiser Health Plan HMO	Yourself Only
10/31/1963	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
01/07/1969	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
05/31/1977	M	CA	92879	Kaiser Health Plan HMO	Yourself Only
02/07/1954	M	CA	92782	Kaiser Health Plan HMO	Yourself Only
09/10/1972	F	CA	92610	Kaiser Health Plan HMO	Yourself Only
07/08/1958	M	CA	91732	Kaiser Health Plan HMO	Yourself Only
05/07/1961	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
08/04/1966	M	CA	92805	Kaiser Health Plan HMO	Yourself Only
11/16/1956	M	CA	92868	Kaiser Health Plan HMO	Yourself Only
06/28/1965	F	CA	92833	Kaiser Health Plan HMO	Yourself Only
02/28/1952	F	CA	92807	Kaiser Health Plan HMO	Yourself Only
04/22/1953	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
10/28/1950	F	CA	92676	Kaiser Health Plan HMO	Yourself Only
08/01/1950	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
07/06/1974	F	CA	92708	Kaiser Health Plan HMO	Yourself Only
12/14/1962	F	CA	92336	Kaiser Health Plan HMO	Yourself Only

04/01/1946	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
01/25/1966	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
11/12/1957	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
11/26/1949	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
10/03/1967	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
08/07/1953	F	CA	92651	Kaiser Health Plan HMO	Yourself Only
11/25/1955	M	CA	92692	Kaiser Health Plan HMO	Yourself Only
10/15/1958	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
04/26/1976	M	CA	90723	Kaiser Health Plan HMO	Yourself Only
09/30/1957	F	CA	92602	Kaiser Health Plan HMO	Yourself Only
02/06/1957	F	CA	92532	Kaiser Health Plan HMO	Yourself Only
11/22/1964	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
02/16/1965	F	CA	92614	Kaiser Health Plan HMO	Yourself Only
01/29/1958	M	CA	91762	Kaiser Health Plan HMO	Yourself Only
12/30/1951	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
01/02/1980	M	CA	90815	Kaiser Health Plan HMO	Yourself Only
03/03/1961	M	CA	92679	Kaiser Health Plan HMO	Yourself Only
04/21/1960	F	CA	91765	Kaiser Health Plan HMO	Yourself Only
05/28/1950	M	CA	92705	Kaiser Health Plan HMO	Yourself Only
04/19/1960	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
09/27/1961	M	CA	92505	Kaiser Health Plan HMO	Yourself Only
05/06/1945	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
02/22/1961	M	CA	91709	Kaiser Health Plan HMO	Yourself Only
09/22/1964	M	CA	92859	Kaiser Health Plan HMO	Yourself Only
03/24/1965	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
01/09/1948	F	CA	92647	Kaiser Health Plan HMO	Yourself Only
11/22/1954	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
03/07/1956	M	CA	92647	Kaiser Health Plan HMO	Yourself Only
02/28/1955	M	CA	92570	Kaiser Health Plan HMO	Yourself Only
12/21/1956	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
04/29/1966	M	CA	92691	Kaiser Health Plan HMO	Yourself Only
04/10/1979	F	CA	92503	Kaiser Health Plan HMO	Yourself Only
11/23/1950	F	CA	90630	Kaiser Health Plan HMO	Yourself Only
01/11/1957	F	CA	91710	Kaiser Health Plan HMO	Yourself Only
02/22/1959	F	CA	92883	Kaiser Health Plan HMO	Yourself Only
06/24/1970	F	CA	92808	Kaiser Health Plan HMO	Yourself Only
05/09/1951	F	CA	92821	Kaiser Health Plan HMO	Yourself Only
01/13/1959	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
11/08/1979	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
04/06/1971	F	CA	90603	Kaiser Health Plan HMO	Yourself Only
07/24/1965	M	CA	92886	Kaiser Health Plan HMO	Yourself Only
08/22/1946	M	CA	92840	Kaiser Health Plan HMO	Yourself Only
11/04/1962	M	CA	92870	Kaiser Health Plan HMO	Yourself Only
08/18/1965	F	CA	92806	Kaiser Health Plan HMO	Yourself Only
09/02/1950	F	CA	92844	Kaiser Health Plan HMO	Yourself Only
09/15/1964	M	CA	92656	Kaiser Health Plan HMO	Yourself Only
10/28/1962	M	CA	92503	Kaiser Health Plan HMO	Yourself Only
02/08/1979	M	CA	92627	Kaiser Health Plan HMO	Yourself Only
07/14/1967	F	CA	92563	Kaiser Health Plan HMO	Yourself Only
07/25/1974	F	CA	92505	Kaiser Health Plan HMO	Yourself Only
05/07/1966	M	CA	92782	Kaiser Health Plan HMO	Yourself Only

04/01/1959	F	CA	92837	Kaiser Health Plan HMO	Yourself Only
01/06/1964	F	CA	92336	Kaiser Health Plan HMO	Yourself Only
02/18/1948	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
01/15/1954	M	CA	92801	Kaiser Health Plan HMO	Yourself Only
01/29/1949	F	CA	90630	Kaiser Health Plan HMO	Yourself Only
05/16/1964	F	CA	90621	Kaiser Health Plan HMO	Yourself Only
08/21/1965	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
12/09/1955	M	CA	92845	Kaiser Health Plan HMO	Yourself Only
07/05/1956	M	CA	92806	Kaiser Health Plan HMO	Yourself Only
12/10/1973	F	CA	92843	Kaiser Health Plan HMO	Yourself Only
10/27/1946	F	CA	90740	Kaiser Health Plan HMO	Yourself Only
10/25/1958	F	CA	92506	Kaiser Health Plan HMO	Yourself Only
06/29/1966	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
05/17/1971	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
05/27/1952	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
11/04/1952	M	CA	91709	Kaiser Health Plan HMO	Yourself Only
03/09/1953	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
11/21/1955	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
02/05/1958	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
05/23/1954	M	CA	9.26E+08	Kaiser Health Plan HMO	Yourself Only
04/27/1953	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
03/28/1967	F	CA	92782	Kaiser Health Plan HMO	Yourself Only
05/17/1969	F	CA	92618	Kaiser Health Plan HMO	Yourself Only
03/03/1952	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
01/11/1961	M	CA	90680	Kaiser Health Plan HMO	Yourself Only
06/30/1974	F	CA	92879	Kaiser Health Plan HMO	Yourself Only
07/22/1980	F	CA	90631	Kaiser Health Plan HMO	Yourself Only
06/18/1943	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
10/26/1984	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
10/04/1976	F	CA	90680	Kaiser Health Plan HMO	Yourself Only
07/30/1988	F	CA	92869	Kaiser Health Plan HMO	Yourself Only
06/06/1973	F	CA	92646	Kaiser Health Plan HMO	Yourself Only
07/18/1984	M	CA	92675	Kaiser Health Plan HMO	Yourself Only
02/15/1983	F	CA	90638	Kaiser Health Plan HMO	Yourself Only
08/24/1959	M	CA	92870	Kaiser Health Plan HMO	Yourself Only
01/30/1975	M	CA	92679	Kaiser Health Plan HMO	Yourself Only
10/28/1953	F	CA	92612	Kaiser Health Plan HMO	Yourself Only
09/23/1980	M	CA	92841	Kaiser Health Plan HMO	Yourself Only
02/05/1974	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
03/08/1984	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
12/19/1962	F	CA	92868	Kaiser Health Plan HMO	Yourself Only
08/28/1976	F	CA	92832	Kaiser Health Plan HMO	Yourself Only
06/27/1971	F	CA	92870	Kaiser Health Plan HMO	Yourself Only
04/16/1977	F	CA	90701	Kaiser Health Plan HMO	Yourself Only
03/25/1951	F	CA	92805	Kaiser Health Plan HMO	Yourself Only
05/10/1980	F	CA	92606	Kaiser Health Plan HMO	Yourself Only
05/15/1956	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
12/13/1973	F	CA	92506	Kaiser Health Plan HMO	Yourself Only
09/25/1963	F	CA	92865	Kaiser Health Plan HMO	Yourself Only
12/28/1981	M	CA	92807	Kaiser Health Plan HMO	Yourself Only
02/04/1959	F	CA	92782	Kaiser Health Plan HMO	Yourself Only

07/21/1979	F	CA	92840	Kaiser Health Plan HMO	Yourself Only
09/12/1978	F	CA	92801	Kaiser Health Plan HMO	Yourself Only
02/03/1974	M	CA	92711	Kaiser Health Plan HMO	Yourself Only
03/27/1962	F	CA	92883	Kaiser Health Plan HMO	Yourself Only
03/20/1962	M	CA	92808	Kaiser Health Plan HMO	Yourself Only
10/29/1975	M	CA	92808	Kaiser Health Plan HMO	Yourself Only
06/08/1965	M	CA	92804	Kaiser Health Plan HMO	Yourself Only
11/09/1966	M	CA	92869	Kaiser Health Plan HMO	Yourself Only
07/11/1975	F	CA	92336	Kaiser Health Plan HMO	Yourself Only
05/28/1965	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
10/19/1966	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
06/04/1963	M	CA	92691	Kaiser Health Plan HMO	Yourself Only
12/26/1978	F	CA	90620	Kaiser Health Plan HMO	Yourself Only
08/21/1963	M	CA	90680	Kaiser Health Plan HMO	Yourself Only
06/17/1979	F	CA	92867	Kaiser Health Plan HMO	Yourself Only
09/09/1975	M	CA	90814	Kaiser Health Plan HMO	Yourself Only
07/16/1969	F	CA	92704	Kaiser Health Plan HMO	Yourself Only
09/21/1961	M	CA	91709	Kaiser Health Plan HMO	Yourself Only
04/24/1963	F	CA	92688	Kaiser Health Plan HMO	Yourself Only
02/18/1964	M	CA	92708	Kaiser Health Plan HMO	Yourself Only
11/24/1970	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
11/24/1971	M	CA	90630	Kaiser Health Plan HMO	Yourself Only
06/25/1946	M	CA	92882	Kaiser Health Plan HMO	Yourself Only
04/22/1975	M	CA	92708	Kaiser Health Plan HMO	Yourself Only
04/13/1980	F	CA	92703	Kaiser Health Plan HMO	Yourself Only
01/23/1962	M	CA	90036	Kaiser Health Plan HMO	Yourself Only
07/22/1983	M	CA	90723	Kaiser Health Plan HMO	Yourself Only
10/29/1972	M	CA	92806	Kaiser Health Plan HMO	Yourself Only
01/01/1972	M	CA	91710	Kaiser Health Plan HMO	Yourself Only
01/26/1975	M	CA	92656	Kaiser Health Plan HMO	Yourself Only
09/17/1984	M	CA	92870	Kaiser Health Plan HMO	Yourself Only
01/30/1989	M	CA	92591	Kaiser Health Plan HMO	Yourself Only
04/18/1986	M	CA	92604	Kaiser Health Plan HMO	Yourself Only
02/08/1978	F	CA	92879	Kaiser Health Plan HMO	Yourself Only
04/29/1987	M	CA	92780	Kaiser Health Plan HMO	Yourself Only
04/10/1985	F	CA	92882	Kaiser Health Plan HMO	Yourself Only
02/01/1977	M	CA	91708	Kaiser Health Plan HMO	Yourself Only
04/07/1986	F	CA	92686	Kaiser Health Plan HMO	Yourself Only
12/25/1979	M	CA	92703	Kaiser Health Plan HMO	Yourself Only
12/27/1988	M	CA	92562	Kaiser Health Plan HMO	Yourself Only
06/24/1962	M	CA	92707	Kaiser Health Plan HMO	Yourself Only
06/07/1954	F	CA	92887	Kaiser Health Plan HMO	Yourself Only
08/01/1956	F	CA	92630	Kaiser Health Plan HMO	Yourself Only
10/04/1955	M	CA	90814	Kaiser Health Plan HMO	Yourself Only
03/12/1963	F	CA	92802	Kaiser Health Plan HMO	Yourself Only
11/04/1944	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
01/22/1949	F	CA	92706	Kaiser Health Plan HMO	Yourself Only
07/25/1957	F	CA	90808	Kaiser Health Plan HMO	Yourself Only
03/26/1956	F	CA	92620	Kaiser Health Plan HMO	Yourself Only
09/02/1952	F	CA	92841	Kaiser Health Plan HMO	Yourself Only
07/25/1969	F	CA	92843	Kaiser Health Plan HMO	Yourself Only

01/08/1953	F	CA	92835	Kaiser Health Plan HMO	Yourself Only
12/28/1970	F	CA	92701	Kaiser Health Plan HMO	Yourself Only
02/25/1964	F	CA	92656	Kaiser Health Plan HMO	Yourself Only
11/05/1977	F	CA	92683	Kaiser Health Plan HMO	Yourself Only
04/30/1969	F	CA	92804	Kaiser Health Plan HMO	Yourself Only
08/04/1984	F	CA	90806	Kaiser Health Plan HMO	Yourself Only
08/04/1984	F	CA	90806	Kaiser Health Plan HMO	Yourself Only
01/22/1984	F	CA	91745	Kaiser Health Plan HMO	Yourself Only
09/24/1953	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
05/25/1966	M	CA	92336	Kaiser Health Plan HMO	Yourself Only
02/11/1967	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
11/28/1934	M	CA	92701	Kaiser Health Plan HMO	Yourself Only
01/20/1954	M	CA	90740	Kaiser Health Plan HMO	Yourself Only

Revision History

Ver No	Author Name	Updated by	Description	Tab
0	ACS			
1		Dana Miller	Updated ICM01 to be a constant of blank	Tables

Field updated	Date	TSR/CRF#
	7/13/2009	83303
Table 9 (ICM01)	11/16/2009	

Please note: The shaded cells cannot be updated. They contain standard logic.
The rows with a Field Status of 'Flex Table' can be updated in the ANSI Tables Tab

Field #	ANSI Ref. Des.	ACS Internal Name	ANSI Field Name	Flat File Starting Position	Flat File Length	Valid Values	Field Status	ACS Condition Code	ACS Action Code	Additional Comments
	Loop 2000 - Member Level Detail (REQUIRED)									
1	INS01	SUBIND	Subscriber Indicator	1	1	Y, N	**Fixed**	**If Record_type = 'E'**	**SUBIND='Y'**	
							Fixed	**If Record_type = 'D'**	**SUBIND='N'**	
2	INS02	RELCD	Individual relationship code	2	2	See Table 1	**Fixed**	**If Record_type = 'E'**	**RELCD= '18'**	
							Flex Table	**If Record_type = 'D'**	**See Table 1**	
3	INS03	MTCD	Maintenance Type Code	4	3	See Table 2	**Flex Table**		**See Table 2**	
4	INS04	MRCD	Maintenance Reason Code	7	3	See Table 3	**Fixed**		**See Table 3**	
5	INS05	BSCD	Benefit Status Code	10	1	See Table 4	**Flex Table**		**See Table 4**	
6	INS06	MPCD	Medicare Plan Code	11	1	See Table 4.25	**Flex Table**		**See Table 4.25**	
7	INS07	COBRAQ	COBRA Qualifying	12	2	See Table 4.5	**Fixed**	**If BSCD = 'C'**	**COBRAQ = '1'**	
								Else	**COBRAQ = ''**	
8	INS08	EMPSTACD	Employment Status Code	14	2	See Table 5	**Flex Table**	**If Record_type = 'E'**	**See Table 5**	
							Fixed	**Else**	**EMPSTACD= ''**	
9	INS09	STUSTACD	Student Status Code	16	1		**Flex Table**		**See Table 6**	
10	INS10	HCIND	Handicap Indicator	17	1	Y, N	**Flexible**	If relation_cd ='H'	**HCIND='Y'**	
							Flexible	**Else**	**HCIND=''**	
11	INS11	IDHDTFQ	DTP Format Qualifier	18	3	D8	**Fixed**	**IF IDHDT NOT = ''**	**IDHDTFQ = 'D8'**	
12	INS12	IDHDT	Insured Individual Death Date	21	8		**Flexible**		**IDHDT=''**	
13	INS17	BHSEQNO	Birth Sequence Number	29	2		**Fixed**		**BHSEQNO = PersonHistory.id_nr**	
	Loop 2000 - Subscriber Number (REQUIRED)									
14	REF01	SUBIDIQ	Reference ID Qualifier	31	3	0F	**Fixed**		**SUBIDIQ='0F'**	
15	REF02	SUBID	Subscriber Identifier	34	9		**Fixed**		**SUBID=EMPLT.SSNN**	
	Loop 2000 - Member Policy Number (SITUATIONAL)									
16	REF01	POLIDIQ	Reference ID Qualifier	43	3	**1L - This qualifier can be used in this Loop (2000) or Loop 2300 (HCPOLID), but not both**	**Fixed**	**IF POLID NOT = ''**	**POLIDIQ = '1L'**	
17	REF02	POLID	Insured Group/Policy Number	46	30		**Flexible**		**POLID= AGROUPCD**	
	Loop 2000 - Member ID Number (SITUATIONAL)									
18	REF01	POLIDQ1	Reference ID Qualifier	76	3	See Table 7	**Fixed**	**IF POLID1 NOT = ''**	**POLIDQ1 = '23'**	
19	REF02	POLID1	Subscriber Supplemental Identifier	79	30		**Fixed**	**IF Record_type = 'D'**	**POLID1=PersonHistory.ssn**	
							Standard	IF Record_type = 'D' and PersonHistory.ssn = ''	POLID1 = '000000000'	Options for Blank ssn is blanks or '000000000'
20	REF01	POLIDQ2	Reference ID Qualifier	109	3	3H, DX, F6, Q4, ZZ, 6O	**Flexible**	**IF POLID2 NOT = ''**	POLIDQ2 = 'DX'	
21	REF02	POLID2	Subscriber Supplemental Identifier	112	30		**Flexible**	'Administrator Code' + 'Group/Division Code' + Eligibility Code' + 'Plan Code' + 'Union Code'	See BMPC Table 1 + EMPLT.GROP + BMPC Table 2 + BMPC Table 3 + BMPC Table 4	
22	REF01	POLIDQ3	Reference ID Qualifier	142	3	3H, DX, F6, Q4, ZZ, 6O	**Flexible**	**IF POLID3 NOT = ''**	POLIDQ3 = 'ZZ'	

23	REF02	POLID3	Subscriber Supplemental Identifier	145	30		Flexible	Pay Type + Annuity Commencement	BMPC Table 6 + (where AGROUPCD = 'R' or 'S' then EMPLT.P2D6'	
24	REF01	POLIDQ4	Reference ID Qualifier	175	3	3H, DX, F6, Q4, ZZ, 6O	Flexible	IF POLID4 NOT = ''	POLIDQ4 = ''	
25	REF02	POLID4	Subscriber Supplemental Identifier	178	30		Flexible		POLID4 = ''	
26	REF01	POLIDQ5	Reference ID Qualifier	208	3	3H, DX, F6, Q4, ZZ, 6O	Flexible	IF POLID5 NOT = ''	POLIDQ5 = ''	
27	REF02	POLID5	Subscriber Supplemental Identifier	211	30		Flexible		POLID5 = ''	
	LOOP 2000 - Member Level Dates (SITUATIONAL)									
28	DTP01	RETDTQ	Date/Time Qualifier	241	3	286	Fixed	IF RETDT NOT = ''	RETDTQ = '286'	
29	DTP02	RETDTFQ	Date/Time Format Qualifier	244	2	D8	Fixed	IF RETDT NOT = ''	RETDTFQ = 'D8'	
30	DTP03	RETDT	Retirement	246	8		Standard		RETDT = 'EMPLT.P2D6'	
31	DTP01	QEDTQ	Date/Time Qualifier	254	3	301	Fixed	IF QEDT NOT = ''	QEDTQ = '301'	
32	DTP02	QEDTFQ	Date/Time Format Qualifier	257	2	D8	Fixed	IF QEDT NOT = ''	QEDTFQ = 'D8'	
33	DTP03	QEDT	COBRA Qualifying Event	259	8		Standard		QEDT = ''	
34	DTP01	MNTEFFQ	Date/Time Qualifier	267	3	303	Fixed	IF MNTEFF NOT = ''	MNTEFFQ = '303'	
35	DTP02	MNTEFFFQ	Date/Time Format Qualifier	270	2	D8	Fixed	MNTEFF NOT = ''	MNTEFFFQ = 'D8'	
36	DTP03	MNTEFF	Maintenance Effective	272	8		Standard		MNTEFF = ''	
37	DTP01	EMPBEGQ	Date/Time Qualifier	280	3	336	Fixed	IF EMPBEG NOT = ''	EMPBEGQ = '336'	
38	DTP02	EMPBEGFQ	Date/Time Format Qualifier	283	2	D8	Fixed	IF EMPBEG NOT = ''	EMPBEGFQ = 'D8'	
39	DTP03	EMPBEG	Employment Begin	285	8		Standard		EMPBEG = ''	
40	DTP01	EMPENDQ	Date/Time Qualifier	293	3	337	Fixed	IF EMPEND NOT = ''	EMPENDQ = '337'	
41	DTP02	EMPENDFQ	Date/Time Format Qualifier	296	2	D8	Fixed	IF EMPEND NOT = ''	EMPENDFQ = 'D8'	
42	DTP03	EMPEND	Employment End	298	8		Standard		EMPEND = ''	
43	DTP01	MEDBEGQ	Date/Time Qualifier	306	3	338	Fixed	IF MEDBEG NOT = ''	MEDBEGQ = '338'	
44	DTP02	MEDBEGFQ	Date/Time Format Qualifier	309	2	D8	Fixed	IF MEDBEG NOT = ''	MEDBEGFQ = 'D8'	
45	DTP03	MEDBEG	Medicare Begin	311	8		Standard		MEDBEG = ''	
46	DTP01	MEDENDQ	Date/Time Qualifier	319	3	339	Fixed	IF MEDEND NOT = ''	MEDENDQ = '339'	
47	DTP02	MEDENDFQ	Date/Time Format Qualifier	322	2	D8	Fixed	IF MEDEND NOT = ''	MEDENDFQ = 'D8'	
48	DTP03	MEDEND	Medicare End	324	8		Standard		MEDEND = ''	
49	DTP01	COBBEGQ	Date/Time Qualifier	332	3	340	Fixed	IF COBBEG NOT = ''	THEN COBBEGQ = '340'	
50	DTP02	COBBEGFQ	Date/Time Format Qualifier	335	2	D8	Fixed	IF COBBEG NOT = ''	COBBEGFQ = 'D8'	
51	DTP03	COBBEG	COBRA Begin	337	8		Standard		COBBEG = ''	
52	DTP01	COBENDQ	Date/Time Qualifier	345	3	341	Fixed	IF COBEND NOT = ''	COBENDQ = '341'	
53	DTP02	COBENDFQ	Date/Time Format Qualifier	348	2	D8	Fixed	IF COBEND NOT = ''	COBENDFQ = 'D8'	
54	DTP03	COBEND	COBRA End	350	8		Standard		COBEND = ''	
55	DTP01	ELGBEGQ	Date/Time Qualifier	358	3	356	Fixed	IF ELGBEG NOT = ''	ELGBEGQ = '356'	
56	DTP02	ELGBEGFQ	Date/Time Format Qualifier	361	2	D8	Fixed	IF ELGBEG NOT = ''	ELGBEGFQ = 'D8'	

57	DTP03	ELGBEG	Eligibility Begin	363	8		**Standard**		ELGBEG = ''	
58	DTP01	ELGENDQ	Date/Time Qualifier	371	3	357	**Fixed**	**IF ELGEND NOT = ''**	**ELGENDQ = '357'**	
59	DTP02	ELGENDFQ	Date/Time Format Qualifier	374	2	D8	**Fixed**	**IF ELGEND NOT = ''**	**ELGENDFQ = 'D8'**	
60	DTP03	ELGEND	Eligibility End	376	8		**Standard**		ELGEND = ''	
61	DTP01	RHDTQ	Date/Time Qualifier	384	3	394	**Fixed**	**IF RHDT NOT = ''**	**RHDTQ = '394'**	
62	DTP02	RHDTFQ	Date/Time Format Qualifier	387	2	D8	**Fixed**	**IF RHDT NOT = ''**	**RHDTFQ = 'D8'**	
59	DTP03	RHDT	Rehire	389	8		**Standard**		RHDT = ''	
	Loop 2100A - Member Name (REQUIRED)									
63	NM101	ENIDCD	Entity Identifier Code	397	3	74, IL	**Fixed**		**ENIDCD = 'IL'**	
64	NM102	ENTQ	Entity Type Qualifier	400	1	1	**Fixed**		**ENTQ = '1'**	
65	NM103	SUBLNAM	Subscriber Last Name	401	30		**Standard**	IF Record_type = 'E'	SUBLNAM = EMPLT.NAMS_last	
							Fixed	**IF Record_type = 'D'**	**SUBLNAM = PersonHistory.last_name**	
66	NM104	SUBFNAM	Subscriber First Name	431	30		**Standard**	IF Record_type = 'E'	SUBFNAM = EMPLT.NAMS_first	
							Fixed	**IF Record_type = 'D'**	**SUBFNAM = PersonHistory.first_name**	
67	NM105	SUBMNAM	Subscriber Middle Name	461	1		**Standard**	IF Record_type = 'E'	SUBMNAM = EMPLT.NAMS_mi	
							Fixed	**IF Record_type = 'D'**	**SUBMNAM = PersonHistory.mi**	
68	NM106	SUBPFIX	Subscriber Name Prefix	462	10		**Fixed**		**SUBPFIX = ''**	
69	NM107	SUBSFIX	Subscriber Name Suffix	472	10		**Fixed**	**IF Record_type = 'E'**	**SUBSFIX = NSUFFIX**	
							Fixed	**IF Record_type = 'D'**	**SUBSFIX = DNSUFFIX**	
70	NM108	IDCDQ	ID Code Qualifier	482	2	34, ZZ	**Fixed**	**IF IDCD NOT = ''**	**IDCDQ = '34'**	
71	NM109	IDCD	ID Code	484	9		**Fixed**	**IF Record_type = 'E'**	**IDCD = EMPLT.SSNN**	
							Fixed	**IF Record_type = 'D'**	**IDCD = PersonHistory.ssn**	
							Standard	Else if Record_type = 'D' AND PersonHistory.ssn = ''	IDCD = '000000000'	
	Loop 2100A - Member Communications Numbers (SITUATIONAL for adds or changes to contact information)									
72	PER01	CFCD	Contact Function Code	493	2	IP	**Fixed**		**CFCD = 'IP'**	
73	PER03	HPQ	Communication Number Qualifier	495	2	HP	**Fixed**	**IF HPNO NOT = ''**	**HPQ = 'HP'**	
74	PER04	HPNO	Communication Number	497	10	AAABBBCCCC	**Standard**	IF Record_type = 'E'	HPNO = ADDRT.TELE	
75	PER05	WPQ	Communication Number Qualifier	507	2	WP	**Fixed**	**IF WPNO NOT = ''**	**WPQ = 'WP'**	
76	PER06	WPNO	Communication Number	509	10	AAABBBCCCC	**Standard**	IF Record_type = 'E'	WPNO = ADDRT.TEL2	
	Loop 2100A - Member Residence Street Address (REQUIRED for adds or changes to member's address)									
77	N301	SUBADD1	Subscriber Address Line	519	30		**Fixed**	**IF Record_type = 'E'**	**SUBADD1 = ADDRT.STR1**	
78	N302	SUBADD2	Subscriber Address Line	549	30		**Fixed**	**IF Record_type = 'E'**	**SUBADD2 = ADDRT.STR2**	
	Loop 2100A - Member Residence City, State, ZIP Code (REQUIRED for adds or changes to member's address)									
79	N401	SUBCITY	Subscriber City Name	579	25		**Fixed**	**IF Record_type = 'E'**	**SUBCITY = ADDRT.CITY**	
80	N402	SUBSTAE	Subscriber State Code	604	2		**Fixed**	**IF Record_type = 'E'**	**SUBSTAE = ADDRT.STAE**	
81	N403	SUBPSTC	Subscriber ZIP Code	606	9		**Fixed**	**IF Record_type = 'E'**	**SUBPSTC = ADDRT.PSTC**	

82	N404	SUBCNTR	Subscriber Country Code	615	3		Fixed	IF Record_type = 'E'	SUBCNTR = ADDRT.CNTR	
83	N405	SUBLOCQ	Location Qualifier	618	2	60, CY	Not used		SUBLOCQ = ''	
84	N406	SUBLOC	Location Identifier	620	30		Not used		SUBLOC = ''	
	Loop 2100A - Member Demographics (REQUIRED for adds and changes to member's demographic data)									
85	DMG01	MBHDTFQ	Date Time Period Format Qualifier	650	3	D8	Fixed	IF MBHDT NOT = ''	MBHDTFQ = 'D8'	
86	DMG02	MBHDT	Member Birth Date	653	8		Fixed	IF Record_type = 'E'	MBHDT = EMPLT.BHDT. Converts date variable to character variable CCYYMMDD.	
							Fixed	IF Record_type = 'D'	MBHDT = PersonHistory.birth. Converts date variable to character variable CCYYMMDD.	
87	DMG03	GENDCD	Gender Code	661	1	F, M, U	Standard	IF Record_type = 'E' AND (EMPLT.SEXC = 'M' OR EMPLT.SEXC = 'F')	GENDCD = SEXC	
							Standard	ELSE IF Record_type = 'E' AND (EMPLT.SEXC NOT= 'M' AND EMPLT.SEXC NOT= 'F')	GENDCD = 'U'	
							Standard	IF Record_type = 'D' AND (PersonHistory.sex_cd = 'M' OR PersonHistory.sex_cd = 'F')	GENDCD = PersonHistory.sex_cd	
							Standard	IF Record_type = 'D' AND (PersonHistory.sex_cd NOT= 'M' AND PersonHistory.sex_cd NOT= 'F')	GENDCD = 'U'	
88	DMG04	MARSTA	Marital Status	662	1	See Table 8	Flex Table	IF Record_type = 'E'	See Table 8	
							Fixed	IF Record_type = 'D'	MARSTA=''	
	DMG05	no provision for	Race or Ethnicity				Not used		blank	
	DMG06	no provision for	Citizenship Status Code				Not used		blank	
	Loop 2100A - Member Income (SITUATIONAL)									
89	ICM01	ICMFREQ	Frequency Code (pay frequency)	663	1	See Table 9	Fixed		See Table 9	
90	ICM02	ICMWAGE	Wage Amount	664	18		Fixed		ICMWAGE = ''	
91	ICM03	ICMHOURS	Work Hours Count	682	15		Fixed		ICMHOURS = ''	
92	ICM04	ICMLOC	Location Identifier	697	30		Fixed		ICMLOC = ''	
93	ICM05	ICMGRADE	Salary Grade	727	5		Fixed		ICMGRADE = ''	
	Loop 2100A - Member Policy Amounts (SITUATIONAL)									
94	AMT01	AMTQCD5	Amount Qualifier Code	732	3	B9	Fixed	IF COINSAC1 NOT = ''	AMTQCD5 = 'B9'	
95	AMT02	COINSAC1	Co-insurance amount	735	18		Fixed		COINSAC1 = ''	
96	AMT01	AMTQCD6	Amount Qualifier Code	753	3	C1	Fixed	IF COPAYAM1 NOT = ''	AMTQCD6 = 'C1'	
97	AMT02	COPAYAM1	Co-Payment Amount	756	18		Fixed		COPAYAM1 = ''	
98	AMT01	AMTQCD7	Amount Qualifier Code	774	3	D2	Fixed	IF DECDUAM1 NOT = ''	AMTQCD7 = 'D2'	
99	AMT02	DECDUAM1	Deductible Amount	777	18		Fixed		DECDUAM1 = ''	
100	AMT01	AMTQCD8	Amount Qualifier Code	795	3	P3	Fixed	IF PREMAM1 NOT = ''	AMTQCD8 = 'P3'	
101	AMT02	PREMAM1	Premium Amount	798	18		Fixed		PREMAM1 = ''	
102	AMT01	AMTQCD9	Amount Qualifier Code	816	3	P3	Fixed		AMTQCD9 = ''	

103	AMT02	PREMAM2	Premium Amount	819	18		Fixed		PREMAM2 = ''	
	Loop 2100C - Member Mailing Address (SITUATIONAL if mailing is different from residence address or change in mailing)									
104	NM101	ENTID	Entity Identifier Code	837	3	31	Fixed		ENTID = ''	
105	NM102	ENTIDQ	Entity Type Qualifier	840	1	1	Fixed	IF ENTID NOT = ''	1	
	Loop 2100C - Member Mailing Street Address (SITUATIONAL)									
106	N301	MSUBADD1	Subscriber Address Line	841	30		Fixed		MSUBADD1 = ''	
107	N302	MSUBADD2	Subscriber Address Line	871	30		Fixed		MSUBADD2 = ''	
	Loop 2100C - Member Mailing City, State, ZIP Code (SITUATIONAL)									
108	N401	MSUBCITY	Subscriber City Name	901	25		Fixed		MSUBCITY = ''	
109	N402	MSUBSTAE	Subscriber State Code	926	2		Fixed		MSUBSTAE = ''	
110	N403	MSUBPSTC	Subscriber ZIP Code	928	9		Fixed		MSUBPSTC = ''	
111	N404	MSUBCNTR	Subscriber Country Code	937	3		Fixed		MSUBCNTR = ''	
	Loop 2300 - Health Coverage (REQUIRED when adding, changing, and removing coverage from a member)									
112	HD01	HCMTCD	Maintenance Type Code	940	3	See Table 10	Flex Table		See Table 10	
113	HD03	ILCD	Insurance Line Code	943	3	See Table 11	Flex Table		See Table 11	
114	HD04	PLANDESC	Plan Coverage Description	946	50		Flexible		PLANDESC = ''	
115	HD05	COVCD	Coverage Level Code	996	3	See Table 12	Flex Table	IF Record_type = 'E'	See Table 12	
	Loop 2300 - Health Coverage Dates (REQUIRED)									
116	DTP01	MAINTQ	Date/Time Qualifier	999	3	303	Fixed	IF MAINT NOT = ''	MAINTQ = '303'	
117	DTP02	MAINTFQ	Date/Time Format Qualifier	1002	2	D8	Fixed	IF MAINT NOT = ''	MAINTFQ = 'D8'	
118	DTP03	MAINT	Coverage Period	1004	8		**Standard**		MAINT = today()	
119	DTP01	BENBEGQ	Date/Time Qualifier	1012	3	348	Fixed	IF BENBEG NOT = ''	BENBEGQ = '348'	
120	DTP02	BENBEGFQ	Date/Time Format Qualifier	1015	2	D8	Fixed	IF BENBEG NOT = ''	BENBEGFQ = 'D8'	
121	DTP03	BENBEG	Coverage Period	1017	8		**Standard**	IF Record_type='E'	BENBEG = FlexElection.eff_dt. Converts date variable to character variable CCYYMMDD.	
							Standard	IF Record_type='D'	BENBEG = AOEFFDT2. Converts date variable to character variable CCYYMMDD.	
122	DTP01	BENENDQ	Date/Time Qualifier	1025	3	349	Fixed	IF BENEND NOT = ''	BENENDQ = '349'	
123	DTP02	BENENDFQ	Date/Time Format Qualifier	1028	2	D8	Fixed	IF BENEND NOT = ''	BENENDFQ = 'D8'	
124	DTP03	BENEND	Coverage Period	1030	8		**Standard**	Note see term logic tab. For TERMs, use FlexElection.eff_dt-1 of new option; else this field is blank.	BENEND = **(Always Blank on FF file, will be populated on FT,CO, CF files)**	
	Loop 2300 - Health Coverage Policy (SITUATIONAL)									
125	AMT01	AMTQCD1	Amount Qualifier Code	1038	3	B9	Fixed	IF COINSACT NOT= ''	AMTQCD1 = 'B9'	

126	AMT02	COINSACT	Co-insurance amount	1041	18		Fixed		COINSACT= ''	
127	AMT01	AMTQCD2	Amount Qualifier Code	1059	3	C1	Fixed	IF COPAYAMT NOT= ''	AMTQCD2 = 'C1'	
128	AMT02	COPAYAMT	Co-Payment Amount	1062	18		Fixed		COPAYAMT = ''	
129	AMT01	AMTQCD3	Amount Qualifier Code	1080	3	D2	Fixed	IF DECDUAMT NOT= ''	AMTQCD3 = 'D2'	
130	AMT02	DECDUAMT	Deductible Amount	1083	18		Fixed		DECDUAMT = ''	
131	AMT01	AMTQCD4	Amount Qualifier Code	1101	3	P3	Fixed	IF PREMAMT NOT= ''	AMTQCD4 = 'P3'	
132	AMT02	PREMAMT	Premium Amount	1104	18		Fixed		PREMAMT = ''	
	Loop 2300 - Health Coverage Policy Number (SITUATIONAL)									
133	REF01	HPOLIDQ1	Reference ID Qualifier	1122	3	17, ZZ 1L - This qualifier can be used in this Loop (2300) or Loop 2000 (POLID), but not both	Flexible	IF HCPOLID1 NOT = ''	HCPOLIDQ1 = '1L'	
134	REF02	HCPOLID1	Insured Group/Policy Number	1125	30		Flexible		HCPOLID1 = ''	
135	REF01	HPOLIDQ2	Reference ID Qualifier	1155	3	17, ZZ 1L - This qualifier can be used in this Loop (2300) or Loop 2000 (POLID), but not both	Flexible	IF HCPOLID2 NOT = ''	HPOLIDQ2 = 'ZZ'	
136	REF02	HCPOLID2	Insured Group/Policy Number	1158	30		Flexible		HCPOLID2 = ''	
	Loop 2300 - Identification Card (SITUATIONAL)									
137	IDC01	IDCDESC	Plan Coverage Description	1188	50	0 or Vendor defined value	Not used		IDCDESC = ''	
138	IDC02	IDCCARD	ID Card Type Code	1238	1	See Table 13	Not used		IDCCARD = ''	
139	IDC03	IDCCNT	ID Card Count	1239	2		Not used		IDCCNT = ''	
140	IDC04	IDCACTN	Action Code	1241	2	See Table 14	Not used		IDCACTN = ''	
	Loop 2310 - Provider Information (SITUATIONAL)									
141	LX01	LXNUM	Assigned Number	1243	2		Standard		LXNUM = ''	
							Fixed	ELSE	LXNUM = ''	
	Loop 2310 - Provider Name (SITUATIONAL)									
142	NM101	PENIDCD	Entity Identifier Code	1245	3	See Table 15	Flex Table	IF LXNUM NOT = ''	See Table 15	
143	NM102	PENTQ	Entity Type Qualifier	1248	1	1,2	Fixed	IF LXNUM NOT = ''	PENTQ = '1'	
144	NM103	PRVLNAM	Provider Last Name	1249	35		Not used		PRVLNAM = ''	
145	NM104	PRVFNAM	Provider First Name	1284	25		Not used		PRVFNAM = ''	
146	NM105	PRVMNAM	Provider Middle Name	1309	1		Not used		PRVMNAM = ''	
147	NM106	PRVPFIX	Provider Name Prefix	1310	10		Not used		PRVPFIX = ''	
148	NM107	PRVSFIX	Provider Name Suffix	1320	10		Not used		PRVSFIX = ''	
149	NM108	PRVIDCDQ	ID Code Qualifier	1330	2	34, FI, XX, SV	Standard	IF PRVIDCD NOT = ''	PRVIDCDQ = ''	
150	NM109	PRVIDCD	ID Code	1332	14		Standard		PRVIDCD = ""	
151	NM110	PRVRELCD	Entity Relationship Code	1346	2	See Table 16	Flex Table	IF LXNUM NOT = ''	See Table 16	
	Loop 2100B - Incorrect Member Name (SITUATIONAL - Send only when making corrections)									
152	NM101	BADIDCD	Entity Identifier Code	1348	3	70	Fixed		BADIDCD =''	
153	NM102	BADIDQ	Entity Type Qualifier	1351	1	1	Fixed		BADIDQ =''	
154	NM103	BADLNAM	Prior Incorrect Insured Last Name	1352	30		Fixed		BADLNAM =''	

155	NM104	BADFNAM	Prior Incorrect Insured First Name	1382	30		Fixed		BADFNAM ="	
156	NM105	BADMNAM	Prior Incorrect Insured Middle Name	1412	1		Fixed		BADMNAM ="	
157	NM106	BADPFIX	Prior Incorrect Insured Name Prefix	1413	10		Fixed		BADPFIX ="	
158	NM107	BADSFIX	Prior incorrect Insured Name Suffix	1423	10		Fixed		BADSFIX ="	
159	NM108	BADIDCDQ	ID Code Qualifier	1433	2	34, ZZ	Fixed		BADIDCDQ ="	
160	NM109	BADSSN	Prior Incorrect Insured Identifier	1435	9		Fixed		BADSSN ="	
	Loop 2100B - Incorrect Member Demographics (SITUATIONAL - Send only when making corrections)									
161	DMG01	BADDTPQ	Date Time Period Format Qualifier	1444	3	D8	Fixed		BADDTPQ ="	
162	DMG02	BADBD	Prior Incorrect Insured Birth Date	1447	8		Fixed		BADBD ="	
163	DMG03	BADGENDR	Prior Incorrect Insured Gender Code	1455	1	F, M, U	Fixed		BADGENDR ="	

Tables

PLEASE NOTE: The values within each table are the only values allowed within the ANSI sta
You may choose to use some or all of these values, but you may not add any values not alrea
If you do not need to pass any value for a particular field, just leave the table empty.

Table #	ACS table.field and/or logic	ACS Description	ANSI Values
Table 1	**ACS Condition**	**ACS Description**	**ACS Action - (INS02 Value)**
	IF Relationship Code from BMPC table 5 =		**RELCD=**
	S	**spouse**	01
			03
			04
			05
			06
			07
			08
			09
			10
			11
			12
			13
			14
			15
			17
	If REC_TYPE = 'E'		18
	B, C, F, H, K, M, N	**Child, Full time student, Handicap dependents, legal, adopted or court appointed dependent, Domestic Partner Child, Domestic Partner FT Student;Domestic Partner Handicapped Child**	19
			23
			24
			25

Tables

			26
			31
			32
			33
	Default		38
			48
			49
	J		53

Table 2	**ACS Condition**	**ACS Description**	**ACS Action-(INS03 Value)**
	If CHGTYPE =		**MTCD =**
Please note; These values are not passed on FF file. A constant of '030' is passed on FF and will remai			
			001
			021
			024
			025
	Constant		030

Table 3	**ACS Condition**	**ACS Description**	**ACS Action-(INS04 Value)**
	If MTCD =		**MRCD=**
			01
			02
			03
			04
			05
			06
			07
			08
			09
			10
			11
			14
			15
			16

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			17
			18
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			22
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			37
			38
			39
			40
			41
			43
	Else	Use as a catch all code.	AI
	Constant	Use for Audit/Compare (INS03 = 030).	XN
			XT

Table 4	ACS Condition	ACS Description	ACS Action-(INS05 Value)
	IF Eligibility Status from BMPC table 2 =		**BSCD=**
	A, R, Z, L, I		A
			C
	X, S		S
			T

Table 4.25	ACS Condition	ACS Description	ACS Action-(INS06 Value)
			MPCD=

Tables

Fixed		Not used by ACS	A
Fixed		Not used by ACS	B
Fixed		Not used by ACS	C
			D
	Constant		E

Table 4.5	ACS Condition	ACS Description	INS07 Value
	If BSCD =		COBRAQ=
	C'		1
			2
			3
			4
			5
			6
			7
			8

Table 5	ACS Condition	ACS Description	INS08 Value
	IF REC_TYPE = 'E' and Eligibility Status from BMPC table 2 =		EMPSTACD=
			AO
			AU
	A, C, X, Z	default	FT
	L, I		L1
			PT
	R, S		RT
	T, D		TE

Table 6	ACS Condition	ACS Description	INS09 Value

Tables

	IF REC_TYPE = 'D' and PersonRelation.relation_cd =		STUSTACD=
	F,M		F
			N
		Not used by ACS	P
	Else		

Table 8	ACS Condition	ACS Description	DMG04 Value
	If REC_TYPE = 'E'		MARSTA=
			B
			D
			I
			M
	Constant		R
			S
			U
			W
			X

Table 9	ACS Condition	ACS Description	ICM01 Value
			ICMFREQ=
			1
			2
			3
			4
			6
			7
			8
			9
			B
			C
			H
			Q
			S

Tables

			U

CONSTANT

Table 10	ACS Condition	ACS Description	HD01 Value
			HCMTCD=
Must Match INS03			
			001
			002
			021
			024
			025
			026
			030
			032

Table 11	ACS Condition	ACS Description	HD03 Value
			ILCD=
			AG
			AH
			AJ
			AK
			DCP
			DEN
			EPO
			FAC
			HE
			HLT
			HMO
			LTC
			LTD
	Constant		MM
			MOD

Tables

			PDG
			POS
			PPO
			PRA
			STD
			UR
			VIS

Table 12	ACS Condition	ACS Description	HD05 Value
	If FlexElection.category_nr in		COVCD=
			CHD
			DEP
	02		E1D
			E2D
			E3D
	04		E5D
	03		E6D
			E7D
			E8D
			E9D
			ECH
	01		EMP
			ESP
			FAM
			IND
			SPC
			SPO
			TWO
	Else		

Table 13	ACS Condition	ACS Description	IDC02 Value
			IDCCARD=
			D
			H
			P

Tables

Table 14	ACS Condition	ACS Description	IDC04 Value
			IDCACTN=
			1
			2
			RX

Table 15	ACS Condition	ACS Description	NM101 Value
			PENIDCD=
			3D
			OD
			P3
			QA
			QN
			Y2

Table 16	ACS Condition	ACS Description	DMG04 Value
	IF FlexDependentType.patient_ind=		PRVRELCD=
Fixed	Y	Patient Indicator	25
Fixed	N	Patient Indicator	26
Fixed	ELSE	Patient Indicator	72

Tables

ndards.
ıdy in the table.

ANSI Code Value Descriptions
INS02 **Description**
Spouse
Father or Mother
Grandfather or Grandmother
Grandson or Granddaughter
Uncle or Aunt
Nephew or Niece
Cousin
Adopted Child
Foster Child
Son-in-law or Daughter-in-law
Brother-in-law or Sister-in-law
Mother-in-law or Father-in-law
Brother or Sister
Ward
Stepson or Stepdaughter
Self
Child
Sponsored Dependent (19 - 25 not attending school)
Dependent of a Minor Dependent
Ex-Spouse

Tables

Guardian
Court Appointed Guardian
Mother-in-law or Father-in-law
Father or Mother
Collateral Dependent
Stepfather
Stepmother
Life Partner

INS03 **Description**
n on FF, FT, CO, CF, unless otherwise noted
Change
Addition
Termination
Reinstatement
Audit/Compare

INS04 **Description**
Divorce
Birth
Death
Retirement
Adoption
Strike
Termination of Benefits
Termination of Employment
COBRA
COBRA premium paid
Surviving Spouse
Voluntary Withdrawal
PCP Change
Quit

Tables

Fired
Suspended
Active
Disability
Plan Change
Change in Identifying data elements
Declined Coverage
Pre-Enrollment
Initial enrollment
Benefit Selection
Legal Separation
Marriage
Personnel Data
LOA with Benefits
LOA without Benefits
Lay Off with Benefits
Lay Off without Benefits
Re-enrollment
Change of Location
No Reason Given
Notification Only
Transfer

INS05 **Description**
Active
COBRA
Surviving Insured
TEFRA

INS06 **Description**

Tables

Mediccare Part A
Mediccare Part B
Mediccare Part A and B
Medicare - Part Unknown
Not Medicare

INS07 **Description**
Termination of Employment
Reduction of Work Hours
Medicare
Death
Divorce
Separation
Ineligible Child
Bankruptcy of Retired Employee

INS08 **Description**
Active Military - Overseas
Active Military - USA
Full-time
LOA
Part-time
Retired
Terminated

INS09 **Description**

Tables

Full-time
Not a Student
Part-time

DMG04 **Description**
Registered Domestic Partner
Divorced
Single
Married
Unreported
Separated
Unmarried
Widowed
Legally Separated

ICM01 **Description**
Weekly
Biweekly
Semi-monthly
Monthly
Daily
Annual
Two Calendar Months
Lump-Sum Separation Allowance
Year-to-Date
Single
Hourly
Quarterly
Semi-annual

Tables

Unknown

Blank

HD01 **Description**
Change
Delete
Addition
Termination
Reinstatement
Correction
Audit or Compare
Employee Info Not Applicable

HD03 **Description**
Preventive Care / Wellness
24 Hour Care
Medicare Risk
Mental Health
DMO
Dental
Exclusive Provider Organization
Facility
Hearing
Health
HMO
Long-Term Care
Long-Term Disability
Major Medical
Mail Order Drug

Tables

Prescription Drug
Point of Service
Preferred Provider Organization
Practitioners
Short-Term Disability
Utilization Review
Vision

HD05 **Description**
Children Only
Dependents Only
Employee and One Dependent
Employee and Two Dependents
Employee and Three Dependents
Employee and One or More Dependents
Employee and Two or More Dependents
Employee and Three or More Dependents
Employee and Four or More Dependents
Employee and Five or More Dependents
Employee and Children
Employee Only
Employee and Spouse
Family
Individual
Spouse and Children
Spouse Only
Two Party

IDC02 **Description**
Dental
Health Insurance
Prescription Drug

Tables

IDC04 Description
Add
Change (Update)
Replace (No change in data)

NM101 Description
OBGYN
Doctor of Optometry
PCP
Pharmacy
Dentist
Managed Care Organization

DMG04 Description
Established Patient
Not Established Patient
Unknown

2008 Employee Health Plan Rate Table
for Employees Represented by OCEA, OCMA and Non-Represented Employees

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
PREMIER WELLWISE**					
EMPLOYEE ONLY	$448.41	$446.82	$10.35	$234.62	$108.29
EMPLOYEE / 1 DEPENDENT	$829.57	$659.68	$95.72	$325.15	$250.12
EMPLOYEE W/TWO OR MORE DEPENDENTS	$1,121.03	$886.61	$129.35	$437.57	$336.60
PREMIER SHAREWELL***					
EMPLOYEE ONLY	$179.37	$248.39	($31.86)	$179.37	$0.00
EMPLOYEE / 1 DEPENDENT	$313.89	$372.55	($27.07)	$139.71	$80.39
EMPLOYEE W/TWO OR MORE DEPENDENTS	$412.54	$462.40	($23.01)	$173.40	$110.37
KAISER					
EMPLOYEE ONLY	$322.06	$305.96	$7.44	$161.03	$74.33
EMPLOYEE / 1 DEPENDENT	$644.12	$483.09	$74.33	$241.55	$185.81
EMPLOYEE W/TWO OR MORE DEPENDENTS	$911.46	$683.60	$105.17	$341.80	$262.92
CIGNA					
EMPLOYEE ONLY	$369.85	$351.36	$8.54	$184.93	$85.35
EMPLOYEE / 1 DEPENDENT	$731.02	$548.27	$84.35	$274.14	$210.87
EMPLOYEE W/TWO OR MORE DEPENDENTS	$1,017.15	$762.87	$117.37	$381.44	$293.41

** County cost includes Wellwise incentive

*** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)

(Effective every pay period beginning with pay period 01'08, January 11, 2008)

Apr 7, 2010 3:15:06 PM PDT
County of Orange
Bid 056-201003-DB

Bid 056-201003-DB

Exhibit A

2009 Employee Health Plan (HMO) Rate Table

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
KAISER					
EMPLOYEE ONLY	$348.13	$330.73	$8.04	$174.07	$80.34
EMPLOYEE / 1 DEPENDENT	$696.26	$522.20	$80.34	$261.10	$200.85
EMPLOYEE W/TWO OR MORE DEPENDENTS	$985.24	$738.93	$113.69	$369.47	$284.21
CIGNA PRIVATE PRACTICE					
EMPLOYEE ONLY	$404.99	$384.75	$9.35	$202.50	$93.46
EMPLOYEE / 1 DEPENDENT	$800.47	$600.36	$92.36	$300.18	$230.91
EMPLOYEE W/TWO OR MORE DEPENDENTS	$1,113.78	$835.34	$128.52	$417.67	$321.29

* County cost includes Wellwise incentive

** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)

(Effective every pay period beginning with pay period 01'09, January 09, 2009)

County of Orange

Apr 7, 2010 3:15:06 PM PDT

Bid 056-201003-DB

Exhibit A

2009 Employee PPO Health Plan Rate Table

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
PREMIER WELLWISE*					
EMPLOYEE ONLY	$520.09	$497.21	$12.00	$261.61	$120.74
EMPLOYEE / 1 DEPENDENT	$962.18	$727.26	$111.03	$362.93	$279.18
EMPLOYEE W/TWO OR MORE DEPENDENTS	$1,300.25	$982.06	$150.03	$490.17	$377.05
PREMIER SHAREWELL**					
EMPLOYEE ONLY	$208.04	$277.06	($31.86)	$208.04	$0.00
EMPLOYEE / 1 DEPENDENT	$364.06	$422.72	($27.07)	$136.52	$105.02
EMPLOYEE W/TWO OR MORE DEPENDENTS	$478.49	$528.35	($23.01)	$179.43	$138.03

* County cost includes Wellwise incentive

** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)

(Effective every pay period beginning with pay period 01'09, January 09, 2009)

County of Orange

Apr 7, 2010 3:15:06 PM PDT

County of Orange 2008 Experience
Month by Month Claims Experience Summary for CIGNA HMO Actives

Actives

Monthly	Subcribers	Members	Billed Premium	FFS Medical	Capitation	Pharmacy	Total Claims	Total Claims PMPM
Jan-08	6,784	15,357	$ 4,570,262	$ 1,991,524	$ 1,294,438	$ 601,911	$ 3,887,873	$ 253.17
Feb-08	6,796	15,391	$ 4,489,795	$ 1,691,282	$ 1,338,325	$ 676,460	$ 3,706,067	$ 240.79
Mar-08	6,766	15,355	$ 4,549,381	$ 1,601,667	$ 1,316,476	$ 590,266	$ 3,508,410	$ 228.49
Apr-08	6,759	15,344	$ 4,588,248	$ 2,410,672	$ 1,340,808	$ 620,836	$ 4,372,316	$ 284.95
May-08	6,795	15,414	$ 4,592,203	$ 2,523,248	$ 1,323,775	$ 627,696	$ 4,474,719	$ 290.30
Jun-08	6,790	15,416	$ 4,609,862	$ 1,636,270	$ 1,336,990	$ 627,661	$ 3,600,921	$ 233.58
Jul-08	6,795	15,428	$ 4,602,460	$ 1,737,798	$ 1,337,607	$ 614,206	$ 3,689,611	$ 239.15
Aug-08	6,804	15,424	$ 4,587,395	$ 1,416,857	$ 1,347,743	$ 645,543	$ 3,410,142	$ 221.09
Sep-08	6,805	15,419	$ 4,649,990	$ 2,251,345	$ 1,329,435	$ 653,582	$ 4,234,362	$ 274.62
Oct-08	6,812	15,342	$ 4,565,592	$ 2,194,749	$ 1,347,220	$ 652,827	$ 4,194,795	$ 273.42
Nov-08	6,803	15,329	$ 4,605,724	$ 2,553,062	$ 1,339,413	$ 671,146	$ 4,563,621	$ 297.71
Dec-08	6,796	15,342	$ 4,601,588	$ 2,004,428	$ 1,341,094	$ 625,735	$ 3,971,258	$ 258.85
Total	81,505	184,561	$ 55,012,501	$ 24,012,900	$ 15,993,324	$ 7,607,868	$ 47,614,093	$ 257.99
Avg Contract Size		2.26						

County of Orange

Apr 7, 2010 3:15:06 PM PDT



This Report contains Proprietary and Confidential Information

COUNTY OF ORANGE

CLAIMS EXCEEDING REPORT

January 2009 thru December 2009

Claims Exceeding : $150,000.00

RELATIONSHIP	*CLAIMANT TOTAL*
SP	**$183,157**
CH	**$403,570**
SP	**$177,495**
CH	**$349,908**
SP	**$219,321**
CH	**$162,916**
CH	**$422,126**
SP	**$176,630**
EE	**$152,203**
CH	**$497,668**
CH	**$155,505**
EE	**$1,220,657**
EE	**$216,151**
CH	**$690,846**
SP	**$159,912**
EE	**$204,688**
SP	**$460,273**
SP	**$241,031**
EE	**$1,255,496**
EE	**$191,592**
EE	**$1,042,241**
EE	**$161,910**
CH	**$157,078**

Question and Answers for Bid #056-201003-DB - Request for Proposal for Health Maintenance Organization (HMO)

OVERALL BID QUESTIONS

Question 1
In order for us to most accurately price The County's HMO, it would help, and is industry standard, to get 24 months of experience and a large claims tab with at least with diagnosis and dollar amounts. Is this feasible? (Submitted: Mar 31, 2010 9:36:40 AM PDT)

Answer

- Please refer to the claims experience provided in Appendix C of the RFP. Additional claims information has also been issued in Addendum # 4 to this RFP. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 2
On page 29 question a, we just wanted to clarify which region you were looking for these stats? Orange County? Southern California? All of CA? (Submitted: Mar 31, 2010 9:38:56 AM PDT)

Answer

- Orange County would be preferable but Southern California would be acceptable. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 3
On your option E request on page 62 for a Self-Funded HMO plan, are you willing to accept a self-funded EPO option or a minimum premium HMO option? It is our understanding there may be state restrictions on self-funding a true HMO plan. (Submitted: Mar 31, 2010 9:49:31 AM PDT)

Answer

- Responses should follow the RFP specifications. A proposal for self-funded EPO option or minimum premium HMO option may be acceptable as an alternative self-funded plan proposal. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 4
On your early retiree HMO plans you have offered a "Value" HMO Plan offering with BC Select HMO. Are you willing to accept similar quotes on the active HMO side? (Submitted: Mar 31, 2010 9:51:59 AM PDT)

Answer

- Responses must meet the specifications in the RFP. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 5
Please provide a large claim listing for all claims >$50,000, including prognosis/diagnosis information and status. (Submitted: Mar 31, 2010 11:32:23 AM PDT)

Answer

- A large claims listing for all claims > $150,000 for 2009 has been posted as an addendum to this RFP. Please refer to Addendum #5 provided for this RFP. (Answered: Apr 7, 2010 3:05:28 PM PDT)

Question 6
Please provide a listing of membership enrolled by medical group for the Cigna HMO plan. (Submitted: Mar 31, 2010 11:32:44 AM PDT)

Answer

- This information will not be provided. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 7
Please provide the utilization for the disruption reports. (Submitted: Mar 31, 2010 11:33:10 AM PDT)

Answer

- Please refer to the Provider List provided in Appendix B of the RFP. The utilization information will not be provided. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 8
Please describe how Cigna coordinates the HMO benefit for Medicare retirees enrolled in the HMO plan. (Submitted: Mar 31, 2010 11:33:29 AM PDT)

Answer

- Please refer to the Group Services Agreements provided in Appendix D (1) and D (2) of the RFP. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 9
Are the HMO benefits bargained and will an approval from the unions be required to make any benefit changes? How is this factored into the decision making criteria outlined in the RFP? (Submitted: Mar 31, 2010 11:33:56 AM PDT)

Answer

- HMO benefits are bargained and subject to agreements with union groups. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 10
Will the County disclose the weighting by category used by the selection committee at any time during or after the selection process? (Submitted: Mar 31, 2010 11:34:22 AM PDT)

Answer

- Proposals and evaluations will not be considered public information until action is filed with the Board of Supervisors for the specific purpose of making an award. It is County policy that RFP evaluation forms, which contain the criteria and weighting used during the RFP evaluation process, accompany the agency/department agenda item requesting contract approval to the Board of Supervisors. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 11
Can you provide the historical rates for plan years 2008 and 2009? (Submitted: Mar 31, 2010 11:34:43 AM PDT)

Answer

- Historical Rates for 2008 and 2009 have been posted as Addendums to this RFP. Please refer to Addendum #2 for 2008 rates and Addendum #3 for 2009 rates. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 12
Can you provide claim dollars to correspond to provider lists included in Appendix B? (Submitted: Mar 31, 2010 11:38:06 AM PDT)

Answer

- Please refer to the Provider List provided in Appendix B of the RFP. The claim dollars will not be provided (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 13
Does the current arrangement include a maximum percentage increase in premium clause? If so, what were these percentages in 2008 and 2009? (Submitted: Mar 31, 2010 11:38:45 AM PDT)

Answer

- No. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 14
What is CIGNA currently providing to the County of Orange regarding Wellness and Disease Management programs today? Please provide specific information on the number and types of Wellness meetings that are currently in place. (Submitted: Mar 31, 2010 11:39:25 AM PDT)

Answer

- CIGNA provides a variety of Wellness programs and services including, but not limited to, Health Risk Assessments (HRA), a 24-Hour Health Information Line and a Healthy Rewards Discount Program which offers opportunities for savings on a variety of health and wellness products and services. At no additional cost, CIGNA also provides on-site Wellness lunch and learn seminars as requested by the County, at a location determined by the County throughout the year on topics selected by the County. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 15

Page 8, Proprietary Information: This caveat states that our entire proposal must not be marked confidential and we can comply. However, some documents (i.e. provider disruption and references) are considered confidential and have to be marked accordingly. Please confirm in small instances this will be considered acceptable. (Submitted: Mar 31, 2010 11:40:00 AM PDT)

Answer

- All proposals submitted in response to the RFP may be subject to public disclosure as permitted by the California Public Records Act. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 16

Page 23, Benefits Administration (Participant Self-Service): Please provide a copy of the eligibility file that is needed for ACS and the frequency at which we will be required to submit to ACS. (Submitted: Mar 31, 2010 11:40:27 AM PDT)

Answer

- The standard layout used is ANSI 834. Please refer to sample file format included in Addendum #1 provided for this RFP. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 17

Page 7, Second Paragraph at Top: Proposal states the following:

Each Offeror must submit its Proposal in strict accordance with all requirements of this RFP and compliance must be stated in the Proposal. Deviations, clarifications and/or exceptions must be clearly identified and listed separately as alternative items for the County's consideration. The Scope of Work specifications as detailed in Section II are mandatory and the County will not accept any deviations or exceptions.

Please confirm deviations, if necessary, are acceptable to all sections of the proposal except the scope of work (section 2). (Submitted: Mar 31, 2010 11:41:05 AM PDT)

Answer

- Any proposed deviations or exceptions will be evaluated and considered on a case by case basis. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 18

What is the current pooling point on the CIGNA HMO? Can we quote our standard? (Submitted: Mar 31, 2010 11:48:54 AM PDT)

Answer

- The current pooling point is $300,000. Proposals at other pooling points may be considered. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 19

Has there been any benefit changes over the past 24 months on the HMO? (Submitted: Mar 31, 2010 11:49:22 AM PDT)

Answer

- A global step therapy pharmacy program was added in 2009. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 20

Can you please provide a list of member counts by PMG for the CIGNA HMO? (Submitted: Mar 31, 2010 11:52:06 AM PDT)

Answer

- This information will not be provided. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 21
The RFP states that no large claims are available for the HMO enrollees. This is very surprising given the size of this opportunity - Can you please explain why large claims in excess of $100k are not available and can the County confirm whether there are any claims in excess of $100k for the experience period of January 2009 through December 2009? (Submitted: Mar 31, 2010 2:57:37 PM PDT)

Answer

- A large claims listing for all claims > $150,000 for 2009 has been posted as an addendum to this RFP. Please refer to Addendum #5 provided for this RFP. (Answered: Apr 7, 2010 3:05:28 PM PDT)

Question 22
Can we get a summary report of monthly claims and membership from calendar year 2008 by HMO carrier? (Submitted: Mar 31, 2010 2:58:27 PM PDT)

Answer

- Monthly claims and membership information for 2009 is included in the RFP. 2008 claims information has been provided in Addendum # 4 to this RFP. 2008 membership information will not be provided. Proposals should be based on the claims experience provided and the demographic and risk factors of the group. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 23
Need COBRA enrollment - prefer 3 years but need monthly for 12 months. (Submitted: Mar 31, 2010 3:03:32 PM PDT)

Answer

- COBRA enrollment is included within the member counts in the experience information. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 24
Is updated experience and enrollment available? (Submitted: Mar 31, 2010 3:03:52 PM PDT)

Answer

- Monthly claims and membership information for 2009 is included in the RFP. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 25
Need large claims experience that matches the experience reporting provided with the RFP. If available, please provide 3 years claims and enrollment history, 3 years large claims that match the experience period, and 3 years of rate history. (Submitted: Mar 31, 2010 3:04:11 PM PDT)

Answer

- A large claims listing for all claims > $150,000 for 2009 has been posted as an addendum to this RFP. Please refer to Addendum #5 provided for this RFP. (Answered: Apr 7, 2010 3:05:28 PM PDT)

Question 26
Is there any expected change to the County's contribution amount? (Submitted: Mar 31, 2010 3:04:30 PM PDT)

Answer

- Current County contributions are included in the RFP. Contribution amounts for 2011 have not yet been finalized. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 27
Please confirm if the CIGNA Outpatient Hospital Services for professionals is a $15 copay or No Charge as

stated in the certificate (CIGNA group service agreement). (Submitted: Mar 31, 2010 3:04:49 PM PDT)

Answer

- Physician Services as listed on page 28 of the Group Service Agreement are subject to a $15 Copayment per office visit. Outpatient Facility Services as listed on page 79 of the Group Services Agreement are at No Charge. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 28

Please confirm if the CIGNA Outpatient Hospital Services for professionals is a $15 copay or No Charge as stated in the certificate (CIGNA group service agreement). (Submitted: Mar 31, 2010 3:05:02 PM PDT)

Answer

- As stated in response to question #27, Physician Services as listed on page 28 of the Group Service Agreement are subject to a $15 Copayment per office visit. Outpatient Facility Services as listed on page 79 of the Group Services Agreement are at No Charge. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 29

Please clarify the CIGNA $5 eye refraction and the $10 glasses benefits, especially with respect to the Allowance Amounts. (Submitted: Mar 31, 2010 3:05:43 PM PDT)

Answer

- Vision care services are subject to a $5 copayment for eye exams and a $10 copayment for one pair of approved glasses. Eye exams are limited to one every 12 months. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 30

Starting on page 62 of the “Active Health Plan RFP Final," there is a section on the HMO on an ASO basis. Is the County interested in seeing an ASO arrangement in addition to the fully-insured? (Submitted: Mar 31, 2010 3:06:19 PM PDT)

Answer

- Yes. Please refer to the specifications outlined in the RFP. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 31

Does the County plan on making any plan changes, if so what changes do you anticipate? (Submitted: Mar 31, 2010 3:06:45 PM PDT)

Answer

- Plan design decisions for 2011 have not yet been finalized. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 32

Does the County receive any of the Drug rebates from the CIGNA plan? (Submitted: Mar 31, 2010 3:07:05 PM PDT)

Answer

- No. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 33

Can we get large claims about $100k by HMO carrier from calendar year 2008? (Submitted: Mar 31, 2010 3:07:22 PM PDT)

Answer

- A large claims listing for all claims > $150,000 for 2009 has been posted as an addendum to this RFP. Please refer to Addendum #5 provided for this RFP. (Answered: Apr 7, 2010 3:05:28 PM PDT)

Question 34

Can we get a member by provider report for PCP for current HMO enrollees by carrier? (Submitted: Mar 31, 2010 3:20:27 PM PDT)

Answer

- Please refer to the Provider List included as Appendix B of the RFP. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 35
Can the County confirm whether there were any plan changes for the policy periods of 2008, 2009 and 2010? (Submitted: Mar 31, 2010 3:21:11 PM PDT)

Answer

- A global step therapy pharmacy program was added in 2009. There were no plan changes to the HMO for 2010. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 36
Will the County be providing updated monthly claims and membership for the 2010 policy year when they become available from their current HMO carriers? (Submitted: Mar 31, 2010 3:21:38 PM PDT)

Answer

- Monthly claims and membership information for 2009 is included in the RFP (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 37
Does the County have a top 20 provider report for facility and professional based upon paid claims for the periods of calendar year 2008 and 2009 by HMO carrier? (Submitted: Mar 31, 2010 3:22:02 PM PDT)

Answer

- Please refer to the Provider List included as Appendix B of the RFP. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 38
Does the County have a top 50 prescription drug based upon paid claims for the periods of calendar year 2008 and 2009 by HMO carrier? (Submitted: Mar 31, 2010 3:23:14 PM PDT)

Answer

- This information will not be provided. Proposals should be based on the claims experience provided and the demographic and risk factors of the group. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 39
Does the county currently have any performance guarantees with their current HMO vendors? If so, the County send us their compliance reports from their current HMO carriers? (Submitted: Mar 31, 2010 3:23:41 PM PDT)

Answer

- Please refer to Attachment A in the RFP specifications. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 40
Can the County provide the actual projected claims and renewal calculations from their current HMO carriers for policy years 2008, 2009 and 2010? (Submitted: Mar 31, 2010 3:24:10 PM PDT)

Answer

- This information will not be provided. Proposals should be based on the claims experience provided and the demographic and risk factors of the group. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 41
Regarding the request for ASO quotes - is the County considering reinsurance coverage and if so does the County want both individual and aggregate coverage and what levels and terms? (Submitted: Mar 31, 2010 3:25:03 PM PDT)

Answer

- Proposals should follow the specifications outlined in the RFP, and need not include reinsurance provisions unless specified in the RFP. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 42

Will the employee and family contribution change based on the requested scenarios, i.e. Cigna replacement, or alongside Cigna and Kaiser? (Submitted: Mar 31, 2010 3:31:14 PM PDT)

Answer

- Current County contributions are included in the RFP. Contribution amounts for 2011 have not yet been finalized. (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question 43

Will the County reconsider releasing a large claims report of claims over $25,000 for the past 24 months? (Submitted: Mar 31, 2010 3:32:24 PM PDT)

Answer

- A large claims listing for all claims > $150,000 for 2009 has been posted as an addendum to this RFP. Please refer to Addendum #5 provided for this RFP. (Answered: Apr 7, 2010 3:05:28 PM PDT)

Question 44

The County has provided a premium vs. claims report for the past 12 months. Will the County provide a month by month by member experience report for the past 24 months? (Submitted: Mar 31, 2010 3:33:45 PM PDT)

Answer

- Monthly claims and membership information for 2009 is included in the RFP. 2008 claims experience has been provided in Addendum # 4 to this RFP. 2008 membership information will not be provided. Proposals should be based on the claims experience provided and the demographic and risk factors of the group (Answered: Apr 7, 2010 8:33:25 AM PDT)

Question Deadline: Mar 31, 2010 4:00:00 PM PDT