

Monthly Premiums for Contracting Agencies

Sacramento Area Region

El Dorado, Placer, Sacramento, Yolo

Effective Date: 1/1/2016 - 12/31/2016

Basic Monthly Rate (B)

PLAN	If you are ⇒	Employee Only	Plan Code	Party Code	Employee & 1 Dependent	Plan Code	Party Code	Employee & 2+ Dependents	Plan Code	Party Code
Anthem HMO Select		\$902.07	446	1	\$1,804.14	446	2	\$2,345.38	446	3
Anthem HMO Traditional		1,112.54	442	1	2,225.08	442	2	2,892.60	442	3
BSC Access+		885.33	101	1	1,770.66	101	2	2,301.86	101	3
BSC NetValue		900.73	123	1	1,801.46	123	2	2,341.90	123	3
HealthNet SmartCare		747.55	376	1	1,495.10	376	2	1,943.63	376	3
Kaiser Permanente		695.11	103	1	1,390.22	103	2	1,807.29	103	3
PERS Choice		727.58	105	1	1,455.16	105	2	1,891.71	105	3
PERS Select		665.35	125	1	1,330.70	125	2	1,729.91	125	3
PERSCare		810.40	121	1	1,620.80	121	2	2,107.04	121	3
PORAC		699.00	207	1	1,399.00	207	2	1,789.00	207	3
UnitedHealthcare		686.36	424	1	1,372.72	424	2	1,784.54	424	3

Supplement/Managed Medicare Monthly Rate (M)

PLAN	If you are ⇒	Employee Only	Plan Code	Party Code	Employee & 1 Dependent	Plan Code	Party Code	Employee & 2+ Dependents	Plan Code	Party Code
Kaiser Permanente SR Adv		\$297.23	113	1	\$594.46	113	2	\$891.69	113	3
PERS Choice Med Supp		366.38	115	1	732.76	115	2	1,099.14	115	3
PERS Select Med Supp		366.38	135	1	732.76	135	2	1,099.14	135	3
PERSCare Med Supp		408.04	131	1	816.08	131	2	1,224.12	131	3
PORAC Med Supp		442.00	208	1	881.00	208	2	1,408.00	208	3
UnitedHealthcare Group Med Adv/PPO Health Only		320.98	378	1	641.96	378	2	962.94	378	3
UnitedHealthcare ¹ Group Med Adv/PPO Health/Dental/Vision		320.98	379	1	641.96	379	2	962.94	379	3

Combination Monthly Rate

PLAN	If you are ⇒	Employee in M 1 Dependent in B	Plan Code	Party Code	Employee in M 2+ Dependents in B	Plan Code	Party Code	Employee in M & 1 Dependent in M 1+ Dependents in B	Plan Code	Party Code
Kaiser Permanente/Sr Adv		\$992.34	341	4	\$1,409.41	341	5	\$1,011.53	341	6
PERS Choice/Med Supp		1,093.96	346	4	1,530.51	346	5	1,169.31	346	6
PERS Select/Med Supp		1,031.73	352	4	1,430.94	352	5	1,131.97	352	6
PERSCare/Med Supp		1,218.44	357	4	1,704.68	357	5	1,302.32	357	6
PORAC/Med Supp		1,142.00	158	4	1,532.00	158	5	1,271.00	158	6
UnitedHealthcare Group Med Adv/PPO Health Only		1,007.34	365	4	1,419.16	365	5	1,053.78	365	6
UnitedHealthcare ¹ Group Med Adv/PPO Health/Dental/Vision		1,007.34	366	4	1,419.16	366	5	1,053.78	366	6

B=Basic Health Plan, M=Medicare Health Plan

¹Dental and Vision coverage is an additional \$26.32 per member, per month premium. UnitedHealthcare will bill you directly for this amount

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PLAN	If you are ⇒	Employee in B 1 Dependent in M	Plan Code	Plan Code	Employee in B 2+ Dependents in M	Plan Code	Plan Code	Employee in B & 1 Dependent in B 1+ Dependents in M	Plan Code	Party Code
Kaiser Permanente/Sr Adv		\$992.34	341	7	\$1,289.57	341	8	\$1,409.41	341	9
PERS Choice/Med Supp		1,093.96	346	7	1,460.34	346	8	1,530.51	346	9
PERS Select/Med Supp		1,031.73	352	7	1,398.11	352	8	1,430.94	352	9
PERSCare/Med Supp		1,218.44	357	7	1,626.48	357	8	1,704.68	357	9
PORAC/Med Supp		1,138.00	158	7	1,665.00	158	8	1,528.00	158	9
UnitedHealthcare Group Med Adv/PPO Health Only		1,007.34	365	7	1,328.32	365	8	1,419.16	365	9
UnitedHealthcare ¹ Group Med Adv/PPO Health/Dental/Vision		1,007.34	366	7	1,328.32	366	8	1,419.16	366	9