

## Monthly Premiums for Contracting Agencies Other Northern California Region

Apline, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

### Actives and Annuitants

Effective Date: 1/1/2017 - 12/31/2017

#### Basic Monthly Rate (B)

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Anthem EPO Del Norte	\$820.38	174 1	1	\$1,640.76	174 2	2	\$2,132.99	174 3	3
Anthem EPO Monterey	820.38	484 1	1	1,640.76	484 2	2	2,132.99	484 3	3
Anthem HMO Select	892.13	470 1	1	1,784.26	470 2	2	2,319.54	470 3	3
Anthem HMO Traditional	1,169.87	466 1	1	2,339.74	466 2	2	3,041.66	466 3	3
BSC Access+	954.51	303 1	1	1,909.02	303 2	2	2,481.73	303 3	3
BSC EPO	954.51	482 1	1	1,909.02	482 2	2	2,481.73	482 3	3
Kaiser Permanente	733.99	307 1	1	1,467.98	307 2	2	1,908.37	307 3	3
PERS Choice	820.38	322 1	1	1,640.76	322 2	2	2,132.99	322 3	3
PERS Select	727.45	053 1	1	1,454.90	053 2	2	1,891.37	053 3	3
PERSCare	921.24	327 1	1	1,842.48	327 2	2	2,395.22	327 3	3
PORAC	699.00	207 1	1	1,467.00	207 2	2	1,876.00	207 3	3
UnitedHealthcare	882.35	430 1	1	1,764.70	430 2	2	2,294.11	430 3	3

#### Supplement/Managed Medicare Monthly Rate (M)

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Kaiser Senior Adv	\$300.48	317 1	4	\$600.96	317 2	5	\$901.44	317 3	6
Kaiser Senior Adv/Dental <sup>1</sup>	300.48	491 1	4	600.96	491 2	5	901.44	491 3	6
PERS Choice Med Supp	353.63	332 1	4	707.26	332 2	5	1,060.89	332 3	6
PERS Select Med Supp	353.63	054 1	4	707.26	054 2	5	1,060.89	054 3	6
PERSCare Med Supp	389.76	337 1	4	779.52	337 2	5	1,169.28	337 3	6
PORAC Med Supp	464.00	208 1	4	924.00	208 2	5	1,477.00	208 3	6
UnitedHealthcare Group Med Adv/PPO Health Only	324.21	384 1	4	648.42	384 2	5	972.63	384 3	6
UnitedHealthcare <sup>2</sup> Group Med Adv/PPO Health/Dental/Vision	324.21	385 1	4	648.42	385 2	5	972.63	385 3	6

#### Combination Monthly Rate

PLAN	Employee in M 1 Dependent in B	Plan Code	Party Rate	Employee in M 2+ Dependents in B	Plan Code	Party Rate	Employee in M & 1 Dependent in M 1+ Dependents in B	Plan Code	Party Rate
Anthem Del Norte EPO/Med Supp	\$1,174.01	377 4	7	\$1,666.24	377 5	8	\$1,199.49	377 6	9
Anthem Monterey EPO/Med Supp	1,174.01	362 4	7	1,666.24	362 5	8	1,199.49	362 6	9
Kaiser/Senior Adv	1,034.47	344 4	7	1,474.86	344 5	8	1,041.35	344 6	9
Kaiser Senior Adv/Dental <sup>1</sup>	1,034.47	501 4	7	1,474.86	501 5	8	1,041.35	501 6	9
PERS Choice/Med Supp	1,174.01	349 4	7	1,666.24	349 5	8	1,199.49	349 6	9
PERS Select/Med Supp	1,081.08	355 4	7	1,517.55	355 5	8	1,143.73	355 6	9
PERSCare/Med Supp	1,311.00	360 4	7	1,863.74	360 5	8	1,332.26	360 6	9
PORAC/Med Supp	1,232.00	158 4	7	1,641.00	158 5	8	1,333.00	158 6	9
UnitedHealthcare Group Med Adv/PPO Health Only	1,206.56	371 4	7	1,735.97	371 5	8	1,177.83	371 6	9
UnitedHealthcare <sup>2</sup> Group Med Adv/PPO Health/Dental/Vision	1,206.56	372 4	7	1,735.97	372 5	8	1,177.83	372 6	9

<sup>1</sup>Dental benefit is an additional \$14.33 per member per month premium. You will be billed directly for this amount.

<sup>2</sup>Dental and Vision coverage is an additional \$27.47 per member per month premium. You will be billed directly for this amount.

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### Combination Monthly Rate

PLAN	Employee in B 1 Dependent in M	Plan Code	Party Rate	Employee in B 2+ Dependents in M	Plan Code	Party Rate	Employee in B & 1 Dependent in B 1+ Dependents in M	Plan Code	Party Rate
Anthem Del Norte EPO/Med Supp	\$1,174.01	377 7	10	\$1,527.64	377 8	11	\$1,666.24	377 9	12
Anthem Monterey EPO/Med Supp	1,174.01	362 7	10	1,527.64	362 8	11	1,666.24	362 9	12
Kaiser/Senior Adv	1,034.47	344 7	10	1,334.95	344 8	11	1,474.86	344 9	12
Kaiser Senior Adv/Dental <sup>1</sup>	1,034.47	501 7	10	1,334.95	501 8	11	1,474.86	501 9	12
PERS Choice/Med Supp	1,174.01	349 7	10	1,527.64	349 8	11	1,666.24	349 9	12
PERS Select/Med Supp	1,081.08	355 7	10	1,434.71	355 8	11	1,517.55	355 9	12
PERSCare/Med Supp	1,311.00	360 7	10	1,700.76	360 8	11	1,863.74	360 9	12
PORAC/Med Supp	1,159.00	158 7	10	1,712.00	158 8	11	1,568.00	158 9	12
UnitedHealthcare Group Med Adv/PPO Health Only	1,206.56	371 7	10	1,530.77	371 8	11	1,735.97	371 9	12
UnitedHealthcare <sup>2</sup> Group Med Adv/PPO Health/Dental/Vision	1,206.56	372 7	10	1,530.77	372 8	11	1,735.97	372 9	12

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