

Monthly Premiums for Contracting Agencies Other Southern California Region

Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo,
Santa Barbara, Tulare

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		\$634.75	478	1	\$1,269.50	478	2	\$1,650.35	478	3
Anthem HMO Traditional		710.79	407	1	1,421.58	407	2	1,848.05	407	3
BSC Access+		654.87	142	1	1,309.74	142	2	1,702.66	142	3
BSC NetValue		666.35	064	1	1,332.70	064	2	1,732.51	064	3
Health Net Salud y Más		535.98	412	1	1,071.96	412	2	1,393.55	412	3
Health Net SmartCare		596.98	414	1	1,193.96	414	2	1,552.15	414	3
Kaiser Permanente		605.05	308	1	1,210.10	308	2	1,573.13	308	3
PERS Choice		683.71	323	1	1,367.42	323	2	1,777.65	323	3
PERS Select		625.20	082	1	1,250.40	082	2	1,625.52	082	3
PERSCare		761.50	328	1	1,523.00	328	2	1,979.90	328	3
PORAC		699.00	207	1	1,399.00	207	2	1,789.00	207	3
Sharp		561.34	420	1	1,122.68	420	2	1,459.48	420	3
UnitedHealthcare		493.99	432	1	987.98	432	2	1,284.37	432	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	318	1	\$594.46	318	2	\$891.69	318	3
PERS Choice Med Supp		366.38	333	1	732.76	333	2	1,099.14	333	3
PERS Select Med Supp		366.38	083	1	732.76	083	2	1,099.14	083	3
PERSCare Med Supp		408.04	338	1	816.08	338	2	1,224.12	338	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	386	1	641.96	386	2	962.94	386	3
UnitedHealthcare ¹ Group Med Adv/PPO Health/Dental/Vision		320.98	387	1	641.96	387	2	962.94	387	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		\$902.28	343	4	\$1,265.31	343	5	\$957.49	343	6
PERS Choice/Med Supp		1,050.09	348	4	1,460.32	348	5	1,142.99	348	6
PERS Select/Med Supp		991.58	354	4	1,366.70	354	5	1,107.88	354	6
PERSCare/Med Supp		1,169.54	359	4	1,626.44	359	5	1,272.98	359	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		814.97	373	4	1,111.36	373	5	938.35	373	6
UnitedHealthcare ¹ Group Med Adv/PPO Health/Dental/Vision		814.97	374	4	1,111.36	374	5	938.35	374	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		\$902.28	343	7	\$1,199.51	343	8	\$1,265.31	343	9
PERS Choice/Med Supp		1,050.09	348	7	1,416.47	348	8	1,460.32	348	9
PERS Select/Med Supp		991.58	354	7	1,357.96	354	8	1,366.70	354	9
PERSCare/Med Supp		1,169.54	359	7	1,577.58	359	8	1,626.44	359	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		814.97	373	7	1,135.95	373	8	1,111.36	373	9
UnitedHealthcare ¹ Group Med Adv/PPO Health/Dental/Vision		814.97	374	7	1,135.95	374	8	1,111.36	374	9

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