

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

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 EPO Del Norte		\$795.57	174	1	\$1,591.14	174	2	\$2,068.48	174	3
Anthem EPO Monterey		795.57	484	1	1,591.14	484	2	2,068.48	484	3
Anthem HMO Select		839.10	470	1	1,678.20	470	2	2,181.66	470	3
Anthem HMO Traditional		964.91	466	1	1,929.82	466	2	2,508.77	466	3
BSC Access+		879.96	303	1	1,759.92	303	2	2,287.90	303	3
BSC EPO		879.96	482	1	1,759.92	482	2	2,287.90	482	3
BSC NetValue		895.17	147	1	1,790.34	147	2	2,327.44	147	3
Kaiser Permanente		755.27	307	1	1,510.54	307	2	1,963.70	307	3
PERS Choice		795.57	322	1	1,591.14	322	2	2,068.48	322	3
PERS Select		727.47	053	1	1,454.94	053	2	1,891.42	053	3
PERSCare		886.15	327	1	1,772.30	327	2	2,303.99	327	3
PORAC		699.00	207	1	1,399.00	207	2	1,789.00	207	3
UnitedHealthcare		794.80	430	1	1,589.60	430	2	2,066.48	430	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	317	1	\$594.46	317	2	\$891.69	317	3
PERS Choice Med Supp		366.38	332	1	732.76	332	2	1,099.14	332	3
PERS Select Med Supp		366.38	054	1	732.76	054	2	1,099.14	054	3
PERSCare Med Supp		408.04	337	1	816.08	337	2	1,224.12	337	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	384	1	641.96	384	2	962.94	384	3
UnitedHealthcare ¹ Group Med Adv/PPO Health/Dental/Vision		320.98	385	1	641.96	385	2	962.94	385	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
Anthem Del Norte EPO/Med Supp		\$1,161.95	377	4	\$1,639.29	377	5	\$1,210.10	377	6
Anthem Monterey EPO/Med Supp		1,161.95	362	4	1,639.29	362	5	1,210.10	362	6
Kaiser Permanente/Sr Adv		1,052.50	344	4	1,505.66	344	5	1,047.62	344	6
PERS Choice/Med Supp		1,161.95	349	4	1,639.29	349	5	1,210.10	349	6
PERS Select/Med Supp		1,093.85	355	4	1,530.33	355	5	1,169.24	355	6
PERSCare/Med Supp		1,294.19	360	4	1,825.88	360	5	1,347.77	360	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		1,115.78	371	4	1,592.66	371	5	1,118.84	371	6
UnitedHealthcare ¹ Group Med Adv/PPO Health/Dental/Vision		1,115.78	372	4	1,592.66	372	5	1,118.84	372	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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Combination Monthly Rate

PLAN	If you are ⇒	Employee in B	Plan	Plan	Employee in B	Plan	Plan	Employee in B &	Plan	Party
		1 Dependent in M	Code	Code	2+ Dependents in M	Code	Code	1 Dependent in B 1+ Dependents in M	Code	Code
Anthem Del Norte EPO/Med Supp		\$1,161.95	377	7	\$1,528.33	377	8	\$1,639.29	377	9
Anthem Monterey EPO/Med Supp		1,161.95	362	7	1,528.33	362	8	1,639.29	362	9
Kaiser Permanente/Sr Adv		1,052.50	344	7	1,349.73	344	8	1,505.66	344	9
PERS Choice/Med Supp		1,161.95	349	7	1,528.33	349	8	1,639.29	349	9
PERS Select/Med Supp		1,093.85	355	7	1,460.23	355	8	1,530.33	355	9
PERSCare/Med Supp		1,294.19	360	7	1,702.23	360	8	1,825.88	360	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		1,115.78	371	7	1,436.76	371	8	1,592.66	371	9
UnitedHealthcare ¹ Group Med Adv/PPO Health/Dental/Vision		1,115.78	372	7	1,436.76	372	8	1,592.66	372	9