Monthly Premiums for Contracting Agencies
Bay Area Region

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yuba

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		$721.79	454	1	$1,443.58	454	2	$1,876.65	454	3
Anthem HMO Traditional		855.42	450	1	1,710.84	450	2	2,224.09	450	3
BSC Access+		1,016.18	102	1	2,032.36	102	2	2,642.07	102	3
BSC NetValue		1,033.86	124	1	2,067.72	124	2	2,688.04	124	3
HealthNet SmartCare		808.44	375	1	1,616.88	375	2	2,101.94	375	3
Kaiser Permanente		746.47	104	1	1,492.94	104	2	1,940.82	104	3
PERS Choice		798.36	106	1	1,596.72	106	2	2,075.74	106	3
PERS Select		730.07	126	1	1,460.14	126	2	1,898.18	126	3
PERSCare		889.27	122	1	1,778.54	122	2	2,312.10	122	3
PORAC		699.00	207	1	1,399.00	207	2	1,789.00	207	3
UnitedHealthcare		955.44	426	1	1,910.88	426	2	2,484.14	426	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	114	1	$594.46	114	2	$891.69	114	3
PERS Choice Med Supp		366.38	116	1	732.76	116	2	1,099.14	116	3
PERS Select Med Supp		366.38	136	1	732.76	136	2	1,099.14	136	3
PERSCare Med Supp		408.04	132	1	816.08	132	2	1,224.12	132	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	380	1	641.96	380	2	962.94	380	3
UnitedHealthcare[1] Group Med Adv/PPO Health/Dental/Vision		320.98	381	1	641.96	381	2	962.94	381	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		$1,043.70	340	4	$1,491.58	340	5	$1,042.34	340	6
PERS Choice/Med Supp		1,164.74	345	4	1,643.76	345	5	1,211.78	345	6
PERS Select/Med Supp		1,096.45	351	4	1,534.49	351	5	1,170.80	351	6
PERSCare/Med Supp		1,297.31	356	4	1,830.87	356	5	1,349.64	356	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		1,276.42	367	4	1,849.68	367	5	1,215.22	367	6
UnitedHealthcare[1] Group Med Adv/PPO Health/Dental/Vision		1,276.42	368	4	1,849.68	368	5	1,215.22	368	6

B=Basic Health Plan, M=Medicare Health Plan

[1]Dental 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		$1,043.70	340	7	$1,340.93	340	8	$1,491.58	340	9
PERS Choice/Med Supp		1,164.74	345	7	1,531.12	345	8	1,643.76	345	9
PERS Select/Med Supp		1,096.45	351	7	1,462.83	351	8	1,534.49	351	9
PERSCare/Med Supp		1,297.31	356	7	1,705.35	356	8	1,830.87	356	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		1,276.42	367	7	1,597.40	367	8	1,849.68	367	9
UnitedHealthcare[1] Group Med Adv/PPO Health/Dental/Vision		1,276.42	368	7	1,597.40	368	8	1,849.68	368	9

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