Monthly Premiums for Contracting Agencies

Los Angeles Area Region

Los Angeles, San Bernardino, Ventura

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		$543.47	413	1	$1,086.94	413	2	$1,413.02	413	3
Anthem HMO Traditional		610.64	402	1	1,221.28	402	2	1,587.66	402	3
BSC Access+		566.53	144	1	1,133.06	144	2	1,472.98	144	3
BSC NetValue		576.46	062	1	1,152.92	062	2	1,498.80	062	3
Health Net Salud y Más		466.11	443	1	932.22	443	2	1,211.89	443	3
Health Net SmartCare		585.39	408	1	1,170.78	408	2	1,522.01	408	3
Kaiser Permanente		543.83	306	1	1,087.66	306	2	1,413.96	306	3
PERS Choice		598.75	321	1	1,197.50	321	2	1,556.75	321	3
PERS Select		547.55	080	1	1,095.10	080	2	1,423.63	080	3
PERSCare		666.91	326	1	1,333.82	326	2	1,733.97	326	3
PORAC		699.00	207	1	1,399.00	207	2	1,789.00	207	3
UnitedHealthcare		492.24	428	1	984.48	428	2	1279.82	428	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	316	1	$594.46	316	2	$891.69	316	3
PERS Choice Med Supp		366.38	331	1	732.76	331	2	1,099.14	331	3
PERS Select Med Supp		366.38	081	1	732.76	081	2	1,099.14	081	3
PERSCare Med Supp		408.04	336	1	816.08	336	2	1,224.12	336	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	382	1	641.96	382	2	962.94	382	3
UnitedHealthcare[1] Group Med Adv/PPO Health/Dental/Vision		320.98	383	1	641.96	383	2	962.94	383	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		$841.06	342	4	$1,167.36	342	5	$920.76	342	6
PERS Choice/Med Supp		965.13	347	4	1,324.38	347	5	1,092.01	347	6
PERS Select/Med Supp		913.93	353	4	1,242.46	353	5	1,061.29	353	6
PERSCare/Med Supp		1,074.95	358	4	1,475.10	358	5	1,216.23	358	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		813.22	369	4	1,108.56	369	5	937.30	369	6
UnitedHealthcare[1] Group Med Adv/PPO Health/Dental/Vision		813.22	370	4	1,108.56	370	5	937.30	370	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	Party Code	Employee in B 2+ Dependents in M	Plan Code	Party Code	Employee in B & 1 Dependent in B 1+ Dependents in M	Plan Code	Party Code
Kaiser Permanente/Sr Adv		$841.06	342	7	$1,138.29	342	8	$1,167.36	342	9
PERS Choice/Med Supp		965.13	347	7	1,331.51	347	8	1,324.38	347	9
PERS Select/Med Supp		913.93	353	7	1,280.31	353	8	1,242.46	353	9
PERSCare/Med Supp		1,074.95	358	7	1,482.99	358	8	1,475.10	358	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		813.22	369	7	1,134.20	369	8	1,108.56	369	9
UnitedHealthcare[1] Group Med Adv/PPO Health/Dental/Vision		813.22	370	7	1,134.20	370	8	1,108.56	370	9

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