

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

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 HMO Select	\$659.03	478 1	1	\$1,318.06	478 2	2	\$1,713.48	478 3	3
Anthem HMO Traditional	799.15	407 1	1	1,598.30	407 2	2	2,077.79	407 3	3
BSC Access+	778.45	142 1	1	1,556.90	142 2	2	2,023.97	142 3	3
Health Net Salud y Más	473.46	412 1	1	946.92	412 2	2	1,231.00	412 3	3
Health Net SmartCare	537.20	414 1	1	1,074.40	414 2	2	1,396.72	414 3	3
Kaiser Permanente	599.54	308 1	1	1,199.08	308 2	2	1,558.80	308 3	3
PERS Choice	714.43	323 1	1	1,428.86	323 2	2	1,857.52	323 3	3
PERS Select	633.46	082 1	1	1,266.92	082 2	2	1,647.00	082 3	3
PERSCare	802.24	328 1	1	1,604.48	328 2	2	2,085.82	328 3	3
PORAC	699.00	207 1	1	1,467.00	207 2	2	1,876.00	207 3	3
Sharp	614.46	420 1	1	1,228.92	420 2	2	1,597.60	420 3	3
UnitedHealthcare	549.76	432 1	1	1,099.52	432 2	2	1,429.38	432 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	318 1	4	\$600.96	318 2	5	\$901.44	318 3	6
Kaiser Senior Adv/Dental ¹	300.48	492 1	4	600.96	492 2	5	901.44	492 3	6
PERS Choice Med Supp	353.63	333 1	4	707.26	333 2	5	1,060.89	333 3	6
PERS Select Med Supp	353.63	083 1	4	707.26	083 2	5	1,060.89	083 3	6
PERSCare Med Supp	389.76	338 1	4	779.52	338 2	5	1,169.28	338 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	386 1	4	648.42	386 2	5	972.63	386 3	6
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	324.21	387 1	4	648.42	387 2	5	972.63	387 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
Kaiser/Senior Adv	\$900.02	343 4	7	\$1,259.74	343 5	8	\$960.68	343 6	9
Kaiser Senior Adv/Dental ¹	900.02	502 4	7	1,259.74	502 5	8	960.68	502 6	9
PERS Choice/Med Supp	1,068.06	348 4	7	1,496.72	348 5	8	1,135.92	348 6	9
PERS Select/Med Supp	987.09	354 4	7	1,367.17	354 5	8	1,087.34	354 6	9
PERSCare/Med Supp	1,192.00	359 4	7	1,673.34	359 5	8	1,260.86	359 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	873.97	373 4	7	1,203.83	373 5	8	978.28	373 6	9
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	873.97	374 4	7	1,203.83	374 5	8	978.28	374 6	9

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

²Dental 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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Kaiser/Senior Adv	\$900.02	343 7	10	\$1,200.50	343 8	11	\$1,259.74	343 9	12
Kaiser Senior Adv/Dental ¹	900.02	502 7	10	1,200.50	502 8	11	1,259.74	502 9	12
PERS Choice/Med Supp	1,068.06	348 7	10	1,421.69	348 8	11	1,496.72	348 9	12
PERS Select/Med Supp	987.09	354 7	10	1,340.72	354 8	11	1,367.17	354 9	12
PERSCare/Med Supp	1,192.00	359 7	10	1,581.76	359 8	11	1,673.34	359 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	873.97	373 7	10	1,198.18	373 8	11	1,203.83	373 9	12
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	873.97	374 7	10	1,198.18	374 8	11	1,203.83	374 9	12

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