

Monthly Premiums for Contracting Agencies

Sacramento Area Region

El Dorado, Placer, Sacramento, Yolo

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	\$907.08	446 1	1	\$1,814.16	446 2	2	\$2,358.41	446 3	3
Anthem HMO Traditional	1,286.41	442 1	1	2,572.82	442 2	2	3,344.67	442 3	3
BSC Access+	859.42	101 1	1	1,718.84	101 2	2	2,234.49	101 3	3
HealthNet SmartCare	672.66	376 1	1	1,345.32	376 2	2	1,748.92	376 3	3
Kaiser Permanente	690.56	103 1	1	1,381.12	103 2	2	1,795.46	103 3	3
PERS Choice	723.47	105 1	1	1,446.94	105 2	2	1,881.02	105 3	3
PERS Select	641.47	125 1	1	1,282.94	125 2	2	1,667.82	125 3	3
PERSCare	812.40	121 1	1	1,624.80	121 2	2	2,112.24	121 3	3
PORAC	699.00	207 1	1	1,467.00	207 2	2	1,876.00	207 3	3
UnitedHealthcare	756.78	424 1	1	1,513.56	424 2	2	1,967.63	424 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	113 1	4	\$600.96	113 2	5	\$901.44	113 3	6
Kaiser Senior Adv/Dental ¹	300.48	489 1	4	600.96	489 2	5	901.44	489 3	6
PERS Choice Med Supp	353.63	115 1	4	707.26	115 2	5	1,060.89	115 3	6
PERS Select Med Supp	353.63	135 1	4	707.26	135 2	5	1,060.89	135 3	6
PERSCare Med Supp	389.76	131 1	4	779.52	131 2	5	1,169.28	131 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	378 1	4	648.42	378 2	5	972.63	378 3	6
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	324.21	379 1	4	648.42	379 2	5	972.63	379 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	\$991.04	341 4	7	\$1,405.38	341 5	8	\$1,015.30	341 6	9
Kaiser Senior Adv/Dental ¹	991.04	499 4	7	1,405.38	499 5	8	1,015.30	499 6	9
PERS Choice/Med Supp	1,077.10	346 4	7	1,511.18	346 5	8	1,141.34	346 6	9
PERS Select/Med Supp	995.10	352 4	7	1,379.98	352 5	8	1,092.14	352 6	9
PERSCare/Med Supp	1,202.16	357 4	7	1,689.60	357 5	8	1,266.96	357 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	1,080.99	365 4	7	1,535.06	365 5	8	1,102.49	365 6	9
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	1,080.99	366 4	7	1,535.06	366 5	8	1,102.49	366 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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PLAN	Employee in B 1 Dependent in M	Plan Code	Party Rate	Employee in B 2+ Dependents in M	Plan Code	Party Rate	Employee in B & 1 Dependent in B 1+ Dependents in M	Plan Code	Party Rate
Kaiser/Senior Adv	\$991.04	341 7	10	\$1,291.52	341 8	11	\$1,405.38	341 9	12
Kaiser Senior Adv/Dental ¹	991.04	499 7	10	1,291.52	499 8	11	1,405.38	499 9	12
PERS Choice/Med Supp	1,077.10	346 7	10	1,430.73	346 8	11	1,511.18	346 9	12
PERS Select/Med Supp	995.10	352 7	10	1,348.73	352 8	11	1,379.98	352 9	12
PERSCare/Med Supp	1,202.16	357 7	10	1,591.92	357 8	11	1,689.60	357 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	1,080.99	365 7	10	1,405.20	365 8	11	1,535.06	365 9	12
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	1,080.99	366 7	10	1,405.20	366 8	11	1,535.06	366 9	12

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