

## 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

### 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	\$783.46	454 1	1	\$1,566.92	454 2	2	\$2,037.00	454 3	3
Anthem HMO Traditional	990.05	450 1	1	1,980.10	450 2	2	2,574.13	450 3	3
BSC Access+	1,024.85	102 1	1	2,049.70	102 2	2	2,664.61	102 3	3
HealthNet SmartCare	733.29	375 1	1	1,466.58	375 2	2	1,906.55	375 3	3
Kaiser Permanente	733.39	104 1	1	1,466.78	104 2	2	1,906.81	104 3	3
PERS Choice	830.30	106 1	1	1,660.60	106 2	2	2,158.78	106 3	3
PERS Select	736.27	126 1	1	1,472.54	126 2	2	1,914.30	126 3	3
PERSCare	932.39	122 1	1	1,864.78	122 2	2	2,424.21	122 3	3
PORAC	699.00	207 1	1	1,467.00	207 2	2	1,876.00	207 3	3
UnitedHealthcare	1,062.26	426 1	1	2,124.52	426 2	2	2,761.88	426 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	114 1	4	\$600.96	114 2	5	\$901.44	114 3	6
Kaiser Senior Adv/Dental <sup>1</sup>	300.48	490 1	4	600.96	490 2	5	901.44	490 3	6
PERS Choice Med Supp	353.63	116 1	4	707.26	116 2	5	1,060.89	116 3	6
PERS Select Med Supp	353.63	136 1	4	707.26	136 2	5	1,060.89	136 3	6
PERSCare Med Supp	389.76	132 1	4	779.52	132 2	5	1,169.28	132 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	380 1	4	648.42	380 2	5	972.63	380 3	6
UnitedHealthcare <sup>2</sup> Group Med Adv/PPO Health/Dental/Vision	324.21	381 1	4	648.42	381 2	5	972.63	381 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	\$1,033.87	340 4	7	\$1,473.90	340 5	8	\$1,040.99	340 6	9
Kaiser Senior Adv/Dental <sup>1</sup>	1,033.87	500 4	7	1,473.90	500 5	8	1,040.99	500 6	9
PERS Choice/Med Supp	1,183.93	345 4	7	1,682.11	345 5	8	1,205.44	345 6	9
PERS Select/Med Supp	1,089.90	351 4	7	1,531.66	351 5	8	1,149.02	351 6	9
PERSCare/Med Supp	1,322.15	356 4	7	1,881.58	356 5	8	1,338.95	356 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	1,386.47	367 4	7	2,023.83	367 5	8	1,285.78	367 6	9
UnitedHealthcare <sup>2</sup> Group Med Adv/PPO Health/Dental/Vision	1,386.47	368 4	7	2,023.83	368 5	8	1,285.78	368 6	9

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

<sup>2</sup>Dental 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	\$1,033.87	340 7	10	\$1,334.35	340 8	11	\$1,473.90	340 9	12
Kaiser Senior Adv/Dental <sup>1</sup>	1,033.87	500 7	10	1,334.35	500 8	11	1,473.90	500 9	12
PERS Choice/Med Supp	1,183.93	345 7	10	1,537.56	345 8	11	1,682.11	345 9	12
PERS Select/Med Supp	1,089.90	351 7	10	1,443.53	351 8	11	1,531.66	351 9	12
PERSCare/Med Supp	1,322.15	356 7	10	1,711.91	356 8	11	1,881.58	356 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	1,386.47	367 7	10	1,710.68	367 8	11	2,023.83	367 9	12
UnitedHealthcare <sup>2</sup> Group Med Adv/PPO Health/Dental/Vision	1,386.47	368 7	10	1,710.68	368 8	11	2,023.83	368 9	12

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