

Monthly Premiums for Contracting Agencies

Los Angeles Area Region

Los Angeles, San Bernardino, Ventura

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	\$592.78	413 1	1	\$1,185.56	413 2	2	\$1,541.23	413 3	3
Anthem HMO Traditional	713.69	402 1	1	1,427.38	402 2	2	1,855.59	402 3	3
BSC Access+	675.98	144 1	1	1,351.96	144 2	2	1,757.55	144 3	3
Health Net Salud y Más	414.79	443 1	1	829.58	443 2	2	1,078.45	443 3	3
Health Net SmartCare	526.73	408 1	1	1,053.46	408 2	2	1,369.50	408 3	3
Kaiser Permanente	573.89	306 1	1	1,147.78	306 2	2	1,492.11	306 3	3
PERS Choice	637.53	321 1	1	1,275.06	321 2	2	1,657.58	321 3	3
PERS Select	565.33	080 1	1	1,130.66	080 2	2	1,469.86	080 3	3
PERSCare	715.88	326 1	1	1,431.76	326 2	2	1,861.29	326 3	3
PORAC	699.00	207 1	1	1,467.00	207 2	2	1,876.00	207 3	3
UnitedHealthcare	545.71	428 1	1	1,091.42	428 2	2	1,418.85	428 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	316 1	4	\$600.96	316 2	5	\$901.44	316 3	6
Kaiser Senior Adv/Dental ¹	300.48	493 1	4	600.96	493 2	5	901.44	493 3	6
PERS Choice Med Supp	353.63	331 1	4	707.26	331 2	5	1,060.89	331 3	6
PERS Select Med Supp	353.63	081 1	4	707.26	081 2	5	1,060.89	081 3	6
PERSCare Med Supp	389.76	336 1	4	779.52	336 2	5	1,169.28	336 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	382 1	4	648.42	382 2	5	972.63	382 3	6
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	324.21	383 1	4	648.42	383 2	5	972.63	383 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	\$874.37	342 4	7	\$1,218.70	342 5	8	\$945.29	342 6	9
Kaiser Senior Adv/Dental ¹	874.37	503 4	7	1,218.70	503 5	8	945.29	503 6	9
PERS Choice/Med Supp	991.16	347 4	7	1,373.68	347 5	8	1,089.78	347 6	9
PERS Select/Med Supp	918.96	353 4	7	1,258.16	353 5	8	1,046.46	353 6	9
PERSCare/Med Supp	1,105.64	358 4	7	1,535.17	358 5	8	1,209.05	358 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	869.92	369 4	7	1,197.35	369 5	8	975.85	369 6	9
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	869.92	370 4	7	1,197.35	370 5	8	975.85	370 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	\$874.37	342 7	10	\$1,174.85	342 8	11	\$1,218.70	342 9	12
Kaiser Senior Adv/Dental ¹	874.37	503 7	10	1,174.85	503 8	11	1,218.70	503 9	12
PERS Choice/Med Supp	991.16	347 7	10	1,344.79	347 8	11	1,373.68	347 9	12
PERS Select/Med Supp	918.96	353 7	10	1,272.59	353 8	11	1,258.16	353 9	12
PERSCare/Med Supp	1,105.64	358 7	10	1,495.40	358 8	11	1,535.17	358 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	869.92	369 7	10	1,194.13	369 8	11	1,197.35	369 9	12
UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision	869.92	370 7	10	1,194.13	370 8	11	1,197.35	370 9	12

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